

Print Form

OK# 225110		NOTII I)	FICATIO	tate of N N OF AS t to NJA	BESTOS	ABATE	MENT	Γ	Parameter 1	3. 16. 10.10.	Sand P	-		
Date of Notification (1) 8/28/2017				of Building					Dir	L U	3	T N	TE	Ir
Agencies Notified Type Notification X EPA Initial				Address ROUTE	E 23, SI	JITE 3	30	January Tonas		AUG	3 1	201	7	
DEP Amended Amendment				tate, Zip (NE, NJ					L	,		201	/	1
▼ DOH				of Contac		DI		L	AS Te	lephone Nu	mber	41:11	JL 8	i.
N			FAC	ILITY INF	ORMAT	ION			-					-
Name of Facility Where Abatement is Takin FORMER UNION HOSPITAL	g Place (3)					-	of Facility (School (K-1						
Street Address 1000 GALLOPING HILL ROAD							×	Subchapter	8 (Oth	er than K-1 & commerci	2) al bui	ldings	, hom	es,
City (5) UNION								re Feet	iŧ o	f Floors		Bldg. A	Age	
County (6) UNION				Code (7) USE ONL	y)		Curre	nt Use (Prid	or if be	ng demolisi	ned)			
Name of Monitoring Firm Hired by Building CENVIROVISION CONSULTANTS,	owner (8)		ASCI	M No.				tement Con		(9) TRACTIN	IG			
Street Address 20-21 WAGARAW ROAD, BUIDLIN	NG 35E					Street	Addres							
City, State, Zip Code FAIR LAWN, NJ 07410						City, S	tate, Z	ip Code NJ 0751		•				
Project Manager for Monitoring Firm WILLIE MORALES			Telepho	ne No. 36-9145		Teleph		D.		License N	0.		201	
Start Date (10) 9/7/2017	Schedule 9/20/20			Date (11)	***	Name	of OSF	A Monitor	/	00494	-			
Occupancy Status During Abatement (Check						Street		(9) ABO	VE					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A	Abaten	nent					p Code		4				
Scope of Work (Check All That Apply)					_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	tenova emolit				×	Min Glo	i-Enclosure vebag Proc	edure	Negative P			9	
Location of		Locati	7		_							Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solei intenar odial S (12)	ly by nce/	Asbes (i.e.	tos Conta thermal surfac	scription aining M systems sing, VAT siscelland	aterial insula T, or	(ACM) tion,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	No	N/A								-		ite	O	
BOILER ROOM			В	OILER			G		0 SF	Х				
					FII	TINGS	5		4:5 (JNITS	X			
Name of Registered Waste Hauler		NI.	JDEP W	note	Cubic	/I-		N (B						
TWO BROTHERS CONTRACTING		Ha	auler ID 3743		of Was			Name of R WASTE	X	ed Landfill IAGEMEN	IT G	.R.O	.W.S	3.
City, State CLIFTON, NJ					Disposa 9/20/2			City, State MORRIS	SVILL	E, PA				
Completed by VIVECA RAMOS	Title SECF	RETA	RY		Si	gnature	. 9 11)	Dat	e 8/20	17		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 8/28/2017	<i>.</i>				f Building N CITY				s II			in E	\	W [
Agencies Notified	Type Notification Initial			Street A	ddress BERGE	N TUR	NPIKE		The second secon	A STATE OF THE STA	AUG	3 1	20	117	And the second second second	
DEP DOL	Amended Amendment				ate, Zip Co N CITY,		087		- versionsy	- Artiful and the second					Same	
☑ DOH DCA	Emergency (injustification) Cancellation	ncluding			f Contact N MER	CADO				ASIel	enhone	Num	ber i	· (OL	.8.	Allejórszendas
	_			FACI	LITY INF	ORMAT	ION								_	neglimenal
Name of Facility Where A ROOSEVELT ELEN			3)					Туре	of Facility (School (K-1	6.2. % 6						
Street Address 4507 HUDSON AVI	ENUE								Subchapter Other (i.e. petc.)					dings,	home	es,
City (5) UNION CITY		W						Squa	are Feet	# 0	f Floors		В	ldg. A	ge	
County (6) HUDSON					Code (7) USE ONLY	<i></i>		Curr	ent Use (Pri	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm RJB ENVIRONMEN		wner (8)	ASCN	l No.				atement Cor			TINC	5, IN	C.		
Street Address 56 EAST BRIDGE S	STREET	3					Street 11 V		ess LAND AV	ENUE						
City, State, Zip Code MORRISVILLE, PA	19067								Zip Code ., NJ 0751	2						
Project Manager for Mon RICK BEACH	toring Firm		Telepho 267-99	ne No. 91-9212		Teleph 973-	one N -956-			Licens 0049						
Start Date (10) 8/28/2017		Schedul 8/30/2		npletion	Date (11)				HA Monitor S (9) ABO	VE						
Occupancy Status During	Abatement (Check	Only O	ne)				Street									
Facility Closed/Vaca Abatement Performe Other – Describe: 3	ed Outside of Norma	eriod of a al Facility	Abatem / Hours	nent i			City, S	tate, Z	ip Code		<u>\(</u> \)	- XIII				
Scope of Work (Check Al	l That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1.000000	_	Renova Demolit					Mi Gle	II Containme ni-Enclosure ovebag Proc on-Exempted	edure					e	
Location	of	1	Locati	ly		De	scription	of					2.	Abate Ty		
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Ma Cus	ed Sole intenar todial S (12)	nce/ Staff?		tos Cont thermal surfa	aining M	fateria s insula T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									7,5		(D	
BOILER R	BOILER ROOM X						T MAT	-1-11.55850		1	5 SF		Х			
				(V	VRAP	& CUT	ONL	.Y)								
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Name of Registered Was	e Hauler		10000	JDEP W		Cubic			Name of I	Registe	red Lan	ndfill				
TWO BROTHERS C	ONTRACTING		1993	auler ID 8743	No.	of Was			WASTE		NAGEI	MEN	IT G	.R.O	.W.S	3.
City, State TOTOWA, NJ						8/30/2			City, State		E, PA					
Completed by VIVECA RAMOS		Title PRO	JECT	COOF	RDINAT		ignature (/,U	vil (in Xi.	vtr	-	Date 8/2	e 8/20	17		

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Date of Notification (1) B/28/2017				_	Name	of Building	Owner/	Operato	(2)	5	-	i i ,ti	(G)	3	1017	,
1	Type Noth	100000		_	Stree	Address BERGE	- India				-		IH	W	3.711	_
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DOH OCA	Z Emer Justifi Cenc	gency cation) aliation	(Includin	8	Name	of Contact	-				Tel	ephone N	Umber			\dashv
Name of Facility Where At	alement	Takle	d Place	(3)		CILITYINE			TVbs	of Facility	14	-11-	T	<u> </u>	ŗ.	
ROOSEVELT ELEM Street Address 4507 HUDSON AVE		(80)	HOOL			_			K	āchopi (K- Subchapia Other (I.e.	12)	ar than (-	12) clai bui	IdA4	Ghan	3a1 2
CITY (6) UNION CITY										re Foot		Fidore		ildg.		
County (8) HUDSON					Count	Y Code (7)	,		Curre	onl Use (Pr	for if bei	ng dem sili	ASE	L:	CEI	USING
Name of Monitoring Firm R RJB ENVIRONMENT	Red by Bu AL, INC	liding (Ovmer (8	1)	ASC	M No.		Name	of Aba	Isment Co THERS	niractor	(9)	JG IN	10		
Birest Address 56 EAST BRIDGE ST	REET				1			Streat	Addre				10, 11			\dashv
Olly, State, Zip Code MORRISVILLE, PA 1								City. 5	late, Z	ip Code , NJ 075				-		\dashv
Project Manager for Monito RICK BEACH	ring Pirm				Teleph 267-9	one No.		Teleph		0.		Ulcanza I	No.			\dashv
Blart Date (10) 8/28/2017			8/30/2	017	npletler	Date (11)		Name	af OB	A Monitor (9) ABC		00454	•			\dashv
Pocupancy Status During A Facility Closed/Vacates Abatement Performed Other - Describe: 3:30	d Duelmar E	etine F			neni L			Street	Addres		745					
cope of Work (Check All T ≥3 of or ≥3 if ≥160 of or ≥260 if			8	Renova	tion				Min	Containm I-Enclosum vebeg Pro	s cedura					
Location of			1 1	Normall Normall	v		Des	chotion					1	Abeti	emen Pe	
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ompleted by VECA RAMOS			PRO.	JECT	COO	RDINATO	1 81	analities.	Les	MORR		78	28/20	47	_	\dashv

State of NJ Notification of Asbestos Abatement

PAID

2017-67C B & G proj. #: (Pursuant to NJAC 8:60-7 and 12:120-7) ***EMERGENCY*** Check # 8545 Date of Notification (1) Name of Building Owner/Operator (2) 10 18 1/12 18 1/11 17 1 DEVCO - New Brunswick Development Corp. Agencies Notified Type Notification Street Address ☐ EPA AUG 31 2017 Tower 1 - 120 Albany Street Initial DEP City, State, Zip Code X DOL Amendment New Brunswick, NJ 08901 WATHOL & CENSING X DOH Name of Contact Telephone Number Cancellation ☐ DCA Garrett Blitz **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) "Former" George Street Playhouse Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial 9 Livingston Avenue Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) New Brunswick Middlesex Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) EHS Environmental n/a B & G Restoration, Inc. Street Address Street Address 411 Southgate Ct., Suite E 105 Ryerson Road City, State, Zip Code City, State, Zip Code Mickleton, NJ 08056 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number Jack Carney (973)696-6869 856-224-0080 00378 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. 08/29/2017 09/16/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: LincolnPark, NJ 07035 Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Glovebag procedure >3 sf or >3 If ≥160 sf or >260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of by maintenance/custodial E asbestos-containing e е Description of asbestos-containing Amount n staff(12) n material to be m p C material (ACM) (Specify SF or abated in facility (13) C 0 a Yes No N/A D cement slab pipe insulation less than 260 If X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center City, State Disposal Date Lincoln Park, NJ 08/30/17-9/15/17 Tullytown, PA Completed by (Print or Type) Signature Date Gordana Luna Gordana Luna Secretary/Treasurer 08/28/2017

Isposal Date

Secretary/Treasurer

08/30/17-9/15/17

Signature

Tullytown, PA

Date:

08/28/2017

City, State

Lincoln Park, NJ

Gordane Luna

Completed by (Print or Type)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

APPROVED BY:
TOM Voorhees, pol
C1: # 3253

Date of Notification (1)					Nam	e of Buildin	g Owner/Operator	(2)		T	MI I	C I	C 400
The state of the s	25 /	17					berdeen Regiona		OF BUSE	!!	<u>₩</u> i	5	
Agencies Notified	Type Notific	ation	Annes II		Stree	t Address		111			*******	11	111
□ EPA					On	e Crest V	Vav	Andrew Co.	AUG 3	1 2	017	# (Charling)	U
	☐ Amende					State, Zip	(5)	162	bear .			-	
□ DHSS	Amendm	_		18		erdeen, I		1					
			cluding	3		of Contac		-	AISE	CUN	1110	Lőı	
(NJAC 5:23-8)	justificati Cancella				55,000	am Nasr	A	Lancaev	Telephone Num	Denvi	3 -	appropriate to	MODICULTURAL
	Caricella	LIOIT											
Name of Facility Where Ab	atement is	Taking	Place	(3)	FA	CILITY IN	NFORMATION	Type of Facility (4)				
Cambridge Park Sch		raiting	1 1000	(0)				School (K-12)	3005				
Street Address								☐ Subchapter 8	(Other than K-12				
1 Aberdeen Terrace								M Other (i.e., proposed homes, etc.)	ivate and comme	cial b	uilding	js,	
City (5)		*1V!!!!	V					Square Feet	# of Floors	В	ldg. A	ge	
Aberdeen													
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Monmouth								School					
Name of Monitoring Firm H		ding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Conn	ection						BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Street Address						
120 North Warren Str	reet						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Trenton, NJ 08608							BRISTOL, PA	19007					
Project Manager for Monito	ring Firm			Tel	ephone	No.	Telephone No.		License No.				
Rollie Jones				6	09-392	2-4200	215-788-6040		00509				
Start Date (10)	200-200	Schedu	ıled C	omple	etion Da	ite (11)	Name of OSHA N	lonitor					
8/28/	17	8	/	_2	<u> </u>	17	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During A	72		50	50.			Street Address						
☐ Facility Closed/Vacated							1123 BEAVE						
						scribe	City, State, Zip Co						
Scope of Work (Check all the	nat apply)						BRISTOL, PA	19007					
		14						ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		110	⊠ Re □ De				☐ Mini-Enc						
			□ De	HOIL	UII			g Procedure mpted (*) and Non	-Friable Procedu	e e			
			Is	Loca	tion					Ab	atem	ent T	vpe
Location of				Norma			Description o			-	1		T -
Asbestos-Containing Ma TO BE ABATE		1)		a Soi intena	ely by ance/		stos Containing Ma		Amount	em	Repair	nca	nclo
IN Facility				odial	Staff?	(1.6	., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	≒.	psu	Enclosure
(13)		F		(12)	T	1	other miscellane		,	-		Encapsulate	G,
			Yes	No	N/A								
Mechanical Room				Duct Co	ollars		6 ea	\boxtimes					
Name of Registered Waste	Hauler			I	IJDEP I	Vaste	Cubic Yards of	Name of Registe	erec Landfill			-	
SERVICE TRANSPOR	T GROUP	, INC		H	lauler II 20990		Waste 1/2	Minerva Lar	ndfill				
City, State							Disposal Date	City, State					
NEW CASTLE, DE 19	720						8/28/17	Waynesbur	g, OH				
Completed By (Print or Type	e)	Title					Signature	<u> </u>	/o Da				
Gino Pizzigoni		Es	timat	or			Minn	Pinnani/	Cru S	100	15-	-1	7

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

APPRIOUED BY:
Tom Voorhees, DOL.
94 3253

Date of Notification (1)8 /25	/	17		1 10000	e of Buildin tua	g Owner/Operato	代2)人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人		<u> </u>	<u>W</u>	E	M
Agencies Notified Type No ☐ EPA ☐ Initia		on		100000	t Address W Stow I	Road, Suite 3		AUG 3	1 2	017		
☑ DOLWD ☐ Ame ☑ DHSS Ame	nded ndment	t #			State, Zip (AND THE RESERVE OF THE PROPERTY OF		The same and the s			-	
		(including	g	Ma	rlton, NJ	08053	THE PERSON NAMED IN	ASE	المارية المارية	1110	18	
(NJAC 5:23-8) justit	fication))	-	Name	of Contac	t	Ĺ	Telephone Kina	HARUT.		79. 5.0	
☐ Cano	cellation	n		Jol	nn Angel	ucci		HT CONTRACTOR OF THE CONTRACTO				***************************************
			-1100 2500 110	FA	CILITY IN	IFORMATION						
Name of Facility Where Abatemen	t is Tak	king Place	(3)				Type of Faci	100 0 TO 100 0 TO 100 0				
Virtua- Berlin Campus							School (F		0)			
Street Address							☐ Subchap	ter 8 (Other than K-1)	2) ercial bu	uilding	is.	
100 Townsend Avenue							homes, e	etc.)				
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Berlin						organization and Carlotte Carlotte						
County (6)				Cour	nty Code (7)(STATE USE ONLY	C. C. Contraction of the Contrac	(Prior if being demoli	shed)			
Camden							Hospital					
Name of Monitoring Firm Hired by	100	g Owner	(8)	ASCM	No.	Name of Abater		10,000				
Vertex Air Quality Services						0	NVIRONMEN	TAL, INC.				
Street Address						Street Address						
700 Turner Way							ER STREET					
City, State, Zip Code						City, State, Zip						
Aston, PA 19014			1= .			BRISTOL, P	A 19007					
Project Manager for Monitoring Fire	m		-10	phone		Telephone No.		License No.				
Start Date (10)	Cah	and the difference of		10-558		215-788-604		00509				
8 / 28 / 17		neduled C				Name of OSHA		TAL INC				
							NVIRONMEN	TAL, INC.				
Occupancy Status During Abatemed Facility Closed/Vacated During						Street Address						
Abatement Performed Outside					cribe		ER STREET					
Time of Abatement: 7:00AM-3					onbo	City, State, Zip (BRISTOL, P						
Scope of Work (Check all that appl	y)					⊠ Full Co	ntainment with	Negative Pressure			3777	
≥3 sf or ≥3 lf			novati	77.075		☐ Mini-Er	nclosure					
☐ ≥160 sf or ≥260 lf		L] De	molitio	n		☐ Gloveb	ag Procedure rempted (*) and	Non-Friable Procedu	ire			
		Is	Locat	ion			on prod () and	110111111111111111111111111111111111111		atem	ent T	vne
Location of			Vorma			Description			-	_		-
Asbestos-Containing Material (/ TO BE ABATED	ACM)		d Sole intena			stos Containing M ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial	Staff?	(1.0	surfacing, VA	T, or	SF or LF)	oval	=	nsd	Sur
(13)			(12)	1	-	other miscellan	eous)				late	Ф
		Yes	No	N/A			9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8					
1st Floor Rest Room					Floor til	le and assoicat	ted mastic	60 SF				
									$\exists \Box$	П	П	П
Name of Registered Waste Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Re	egistered Landfill				
SERVICE TRANSPORT GRO	DUP, II	NC.	Н	auler II 20990		Waste 1/2	Minerva	Landfill				
City, State NEW CASTLE, DE 19720		THE PARTY OF THE P				Disposal Date 8/28/17	City, State	hura CU				
	1-	itle.				0.000	waynes	burg, C·H				
Completed By (Print or Type) Gino Pizzigoni	803	itle Estimat	to-			Signature	0.		ate	1	. 1	7
Omo Fizzigotti		Estima	LOI			ZUND	Pinnego	M1/2/00	8-2	(> .	- /	1

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Date of Notification		/17				me		uilding	Owner / Operate	or (2)		di se	G 3 1	2017	The section of the se	III,
Agencies Notified EPA	Type I	Votifica	ation		Str	eet	Add	ress n Stre	et .			AUI	U J	ZULI	-	-
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☐ DEP ☐ DOL		Amer	nded R#3-8/25	5/17				NJ 07				ASELS	CENSI	viiii VG	JI. 0	
□ DOH □ DCA								ontact			Annual Property lies		Teleph	the Control of the Co	lumh	er
□ DCA		Cano	ellation				Bayl									
Name of Facility Wh	nere Ab	ateme	ent is Taking F	Place	(3)	FAC	CILIT	TY INI	Type of Facil	lity (4)						
Market Central O	ffice				(0)				School ((K-12)	4					
Street Address										oter 8 (Other						
95 William Street										e. private & c		cial build			etc.)	
City (5)			County (6)	10			\1 -	/7\	Square Feet				Bldg. Ag			
Newark					oun	ty C	ode	(7)	42500		12			70+	-	
Newalk			Essex						Communic	(Prior if being	demol	ished)				
Name of Monitoring	Firm H	lired b	y Building Ow	ner (8	3)	1000	ASC	CM No		itement Contr	actor (9)				
USA Environmen	tal Inc).							BRISTOL E	NVIRONME						
Street Address 8436 Enterprise A	Tition (1) 7/17/17 Type Notification Initial Amended R#3-8/3 Emergency Cancellation Where Abatement is Taking all Office County (6) Essex County (6) Essex County (6) Essex County (6) Essex Code Code								Street Addres	ss ER STREE	-					
City, State & Zip Coo							-		City, State &			•				
Philadelphia Pa 1									BRISTOL, I	PA 19007						
Mark Jenkins	Monito	ring F	irm				Num 810	ber	Telephone N 215-788-604			License	Number 005			
Scheduled Start Date	e (10)	5	Scheduled Cor	_)	Name of OSH				005	Ja		
8/16/17									BRISTOL E	THE PROPERTY OF STREET	NTAL	INC				
Occupancy Status D Facility Close	uring A	Abaten	nent (Check or	nly or	ne)	۱ha	tomo	nt	Street Addres							
									City, State &							
				iai i ii	Juis	- 1	ann	o opin	BRISTOL, F	3.5						
Facility Occu	pied D	uring /	Abatement						BIGOTOL, I	A 13001						
Scope of Work (Che	ck all th	hat ap	ply)							<u> </u>						
≥3 sf or ≥3 lf					Р		ovatio					nent with	Negative	Pres	sure	
≥160 sf ≥260							olitio				nclosu	re ocedures				
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification (1)										TE	772	Cl	#	NA	25
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Market Central Office	ment is raking	Plac	e (3))			Type of F	acility	(4)						
Street Address								ool (K-1		N.					
95 William Street							Otho	cnapter	8 (Other	r than F	(-12)				
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USA Environmental Inc.	, ,		(-)		1,00	JIVI IVO.	Name of A	Abatem FNI //	ent Cont	tractor	(9)				
Street Address							Street Add	dress	KUNIVI	ENIA	_ INC				
8436 Enterprise Avenue							1123 BE		STRFF	т					
City, State & Zip Code							City, State								
Philadelphia Pa 19153 Project Manager for Monitoring							BRISTOL								
Mark Jenkins	-irm	Tel	epho	one	Numb	er	Telephone		er		License	Numbe	er	-	
	Cobodulad C		5-36				215-788-6						509		
	Scheduled Co 8/30/17	mple	tion	Date	e (11)		Name of C							-	
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Facility Closed/Vacated	During Entire F	Period	d of A	Abat	temen	rt	1123 BEA		TDEET	-					
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Describe: 5 PM - 1:3	0 AM						BRISTOL	PA 10	9007						
Facility Occupied During	Abatement							, . ,	7007						
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17080				-7.7						1/					

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/17/17 Verizon Agencies Notified Type Notification Street Address EPA0690 95 William Street ALIG DEP Initial City, State & Zip Code \boxtimes DOL0669 Amended Newark, NJ X DOH 0706 Emergency Name of Contact DCA Cancellation Alex Baylor FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Market Central Office School (K-12) Street Address Subchapter 8 (Other than K-12) 95 William Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors City (5) Bldg. Age County (6) County Code (7) 425000 Newark Essex Current Use (Prior if being demclished) 70+1-Communications Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Inc. BRISTOL ENVIRONMENTAL INC Street Address Street Address 8436 Enterprise Avenue 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia Pa 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number Mark Jenkins License Number 215-365-5810 215-788-6040 Scheduled Start Date (10) Scheduled Completion Date (11) 00509 Name of OSHA Monitor 7/31/17 8/11/17 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm X City, State & Zip Code Describe: 5 PM - 1:30 AM BRISTOL, PA 19007 Facility Occupied During Abatement cope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Asbestos-Containing Amount Abatement Type Normally Used Asbestos-Containing Material (ACM) (Specify Solely by Material (ACM) TO BE ABATED SF cr LF) Maintenance or Encapsulate Removal (i.e., thermal systems Enclsoure in Facility Repair Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Floor Generator Room PIT Transite Bus Duct ement Cable Room 200 SF Transite Bus Duct Floor Switch Board Room 32 S F Vat/Mastic ement Cable Room 100SF **ACM Putty** 5 LF e of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste VICE TRANSPORT GROUP, INC. 20990 10 MINERVA LANDFILL Disposal Date City, State CASTLE, DE 19720 TBD WAYNESBURG, OH 44688 leted By (Print or Type) Title Signature k T. DeCaro Patrick D. D'Caro / jl Date PROJ. MGR. 7/17/2017 1080

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification (1)		Name	of Building	Owner / O	nerator (2)			<u> </u>	<u>II W</u>
7/17/17		Verize	on	Owner / O	peratur (2)	,	1231		
Agencies Notified Type Notification			Address					AUG 3	1 2017
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Market Central Office	ig Place ((3)			Facility (4)				
Street Address					ool (K-12)	(Other 11 - 14			
95 William Street				Oth	er (i e priv	Other than K	-12) :-//		25 29
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Name of Monitoring Firm Hired by Building (Owner (8)	1	ASCM No.			t Contractor (0)		
USA Environmental Inc.	100 500			BRISTO	L ENVIR	DNMENTAL	INC		
Street Address				Street Ad	dress				
8436 Enterprise Avenue					AVER ST				
City, State & Zip Code Philadelphia Pa 19153				City, State	e & Zip Co	de			
Project Manager for Monitoring Firm	Teleni	hone Nu	ımhor		L, PA 190	07			
Mark Jenkins		65-581		215-788-	Number		License	Number	
Scheduled Start Date (10) Scheduled C					SHA Mon	itor	-	00509	
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Occupancy Status During Abatement (Check	only one))		Street Add	ress	THE	1140		
Facility Closed/Vacated During Entire				1123 BEA		REET			
Abatement Performed Outside of Nor	mal Hour	rs – 7am	to 3pm	City, State					
Describe: 5 PM - 1:30 AM Facility Occupied During Abatement				BRISTOL	, PA 1900	7			
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≥3 sf or ≥3 lf		Renovat	tion		Ø F	ull Containme lini-Enclosure	ent with r	Negative Pre	essure
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rick T. DeCaro	P	ROJ. N			MX	un.	/ .	Date 7/17/2017	
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Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12)		Emergency (in		- H	_						Tele			III	-	<u>normalista</u>
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Ocean		NJ 00000			0 1 (O 1 (71)						a damali	7.00			
N/A Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code Vest Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. S56-753-9800 C0727 Start Date (10) 9/11/17 Start Date (11) Start Date	- Children and Charles and Cha										or it bei	ng demon	sneu)			
Street Address PO Box 329 City, State, Zip Code City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) 9/11/17 Same Start Date (10) 9/11/17 Same Occupancy Status During Abatement (Check Only One) Facility Closed/Nacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code City, State, Zip Code Street Address Facility Closed/Nacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material (ACM) I D BE ABATED In Facility (13) Ves No N/A exterior siding x exterior siding Name of Registered Waste Hauler United Roll Off Non-Exempted Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abat		n Hired by Building Ov	vner (8)		ASCN	No.					ntractor	(9)				
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Project Manager for Monitoring Firm	Oli ost / tudi oso							POI	Box 32	29						
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Salid of recording Salid Salid of recording			I Facility	Hours	<u> </u>			City, S	State, Zi	p Code						
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exterior siding Yes No N/A	TO BE AB	BATED									(5	Specify	R	D D	nca	En
exterior siding Name of Registered Waste Hauler United Roll Off Disposal Date Elm NJ	In Faci	ility	Cusi		otani						SI	or LF)	mo	epa	sde	dos
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Name of Registered Waste Hauler United Roll Off United Roll Off United Roll Off City, State Elm NJ Completed by Title NJDEP Waste Hauler ID No. 22459 Cubic Yards of Waste G.R.O.W.S. Cubic Yards of Waste G.R.O.W.S. City, State Morrisv Ile PA 19067 Date			Yes	No	N/A										O	
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Anthony T Perna President 8/28/17	77 77						1	Signatur	e							
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Anthony T Perna			ident				- Graduit	0				8/2		7	8	
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Agencies Notified	Type Notification			Street A	ddress					The second secon	AUG	3 1	201	17		7
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Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCN	No.		13.33		Abatement Cooling.	contract	or (9)					
Street Address			175.00				Street		dress							
City, State, Zip Code									, Zip Code					-		
									erlin NJ 0	8091						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph 856-		No. 3-9800		Licens 0072					
Start Date (10)				npletion I	Date (11)		Name	of C	SHA Monit	or			-			
9/11/17		9/18/1		-			Sam	1000								
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X Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I	nal Facility	Hour	nent s		_	City, S	State	, Zip Code							
Scope of Work (Check A	All That Apply)					-		- D- 2-12								
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City, State				1	sal Date	:	City, S									
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Completed by Anthony T Perna		ident				Signature	e	7	1		Date 8/2		7			

CK# 4294

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN

					8:60 and 12:12		AUG 3) 1	204	9	
Date of Notification (1)	76 17		Nai	ne of Buildi	ng Owner/Operator	(2)			201	-	
	Type Notification	n .	Str	eet Address	EARTHTE	ECH CD	MITICIACTIM	000	5114	21 6	
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Ø DOL	Amendment Emergency		_	G	RELIMFIE	LO MI.	7 08 2			.)	_
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Name of Facility Where A			3)			Type of Facilit	y (4) .				
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Street Address							private & commercia		dings	ě	
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Name of Monitoring Firm		Owner	ASCI	M No.	Name of Abatem						_
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City, State, Zip Code					City, State, Zip C MAPL	E SHAD	E M.J	080	252	<u></u>	_
Project Manager for Moni	toring Firm	7	elephon	e No.	Telephone No.	0 01122	License No.	111		305-23	
					856-77		0041	17			=
Start Date (10) 9 - 8 - 17	Sche	eduled Com	pletion D	ate (11)	Name of OSHA N	MONITOR					_
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Facility Closed/Vacate	d During Entire P	eriod of Ab	atement								_
Abatement Performed	Outside of Norma	al Facility H	ours		City, State, Zip Co	ode	5.				
Other - Describe:							=======================================	-			=
Scope of Work (Check all	that apply)						egative Pressure				
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Name of Registered Waste			Hauler I		of Waste	Traine of reg	1 6 104 11	14			
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City, State MAPLE SHO	ADE IN	T					DBINE		1		_
Completed By	Title		^		Signature_/	054	Date.	28.	-17	1	
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CK # 4294

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)											
Date of Notification (1)	-17		Name of Build	ing Owner/Operator		MITCACTIV	1 6 40-	017	i		
Agencies Notified Ty	rpe Notification		Street Addres				CALI)L 8		
	Amended	1	City, State, Zip		ing i	Management of the second	-		-	_	
⊠ DOL	Amendment # Emergency (includ	ing	G	RELNIFIE	CO NL						
BS DOH □	justification) Cancellation		Name of Conta	UCE		Telephone Num	ber				
			FACILITY IN	FORMATION							
Name of Facility Where Abat		ce (3)			Type of Facilit	y (4)					
	IDENCE				School (K	12) r 8 (Other than K-12	21				
Street Address						private & commerci		dings			
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Street Address					S SPIEL	ICE ALF					
City, State, Zip Code				City, State, Zip C						_	
					E SHAD		080	250		_	
Project Manager for Monitorin	ng Firm	Telep	hone No.	Telephone No. 856-))	9-0472	License No.	44				
Start Date (10)	Scheduled	Completion	on Date (11)	Name of OSHA N	Monitor 1						
8-8-17		16-1			NIP		_			_	
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Other - Describe:											
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	NC	_11	1904	Disposal Date	City, State	1.C.M.U-	p+			-	
City, State	- 141 T			Dispusar Date		DBINE					
Completed By	Title			Signature_A	^ ~	Date	20	i'	7		
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County (6) Ocean					Code (7) USE ONLY)			rrent Use (Pri	io if bei	ng dem	olishe	ed)			
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							POI	Box	329							
City, State, Zip Code							City, S	State,	, Zip Code		-					
							Wes	st Be	erlin NJ 08	091						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 856-		No. 3-9800		Licens 0072		-			
Start Date (10)				pletion	Date (11)		Name	of O	SHA Monitor							
9/7/17		9/15/1					Sam	ne								
Occupancy Status Durin	g Abatement (Check	Only O	ne)		1		Street	Add	ress							
X Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Period of Norma	eriod of all Facility	Abatem y Hours	ent		_	City, S	State,	Zip Code	-	•					
Scope of Work (Check A	II That Apply)															-
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City, State Elm NJ	2					Dispos 9/15/	sal Date 17		City, Stat		A 1906	67				
Completed by	202			S	ignature	37				Date	28	<i></i>				
Anthony T Perna		ident				_(2	281	07		1	

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Aug.25.2017 09:00 AM # 1829

Wm. Minnick

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aject Manager for Monitorin	ig tum		Tel	ephon	e No.	509-481-212	2	1000 Pa.				
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Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT PL#4240 (Pursuant to NJAC 8:60 and 12:120) Name of Building OwnersOperator (2) 8/28/17 JESSE THOMAS Type Notification Street Address Agencies Notified Initial ☐ EPA City, State, Zip Code Amended DEP A\$57015001110L& DOL Amendment# CUFTON Emergency (including Name of Contact DOH iustification) MR THOMAS FACILITY INFORMATION Cancellation D DCA Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) THOMAS School (K-12) Subchapter 8 Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) # of Floors Bldg, Age Square Feet City (5) 1945 2500 CLIFTON Current Use (Prior if being demolished) County Code (7) County (6) 7ASSAIC STATE USE ONLY) TRESIDENCES Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Best Removal Inc Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 00388 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental 9/13/17 Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler Street ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other - Describe: 730 AM TO S:00 PM City, State, Zip Code South Hackensack, NJ 07606 Scope of Work (Check All That Apply) -El Full Comminment with Negative Pressure □ ≥3 sfor≥3 lf Renovation Mini-Enclosure Demolition 2 ≥160 sf or ≥260 lf Glovebag Proced are Non-Exempted (1) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance (Specify (i.e. thermal systems insulation, surfacing, TO BE ABATED Custodial Staff? VAT, or SF or LF) In Facility (12)other miscellaneous) (13) Yes No NA VAT + MASTIC LOOSE BASEMENT Name of Registered Landfill Name of Registered Waste Hauler NUDEP Waste Cubic Yards of Waste Hauler ID No. 21/2075 Minverva Enterprises, LLC Best Removal Inc. 17109 City, State Disposal Date 9/13 Waynesburg, OH 44688 Hackensack, NJ 07601 Completed by Signatun 8/28/17 J. Majorano ON ONE Estimator

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

U# 1420

Date of Notification (1)	ate of Notification (1)						Operat	or (2)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	THE TWO	= 1	7\//	E	M
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Agencies Notified	Type Notification			-	Address	5 1110.							-	
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DEP	Initial Amended				tate, Zip (AUG AUG	0 1	201		Lucional
DOL	Amendment			1000 0000 000	ville, N.		8		***************************************					
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DCA	Cancellation			force and	t Manag				EL SERVICIO DE LA CONTRACTOR DE LA CONTR	relephoneN	umper	NG	-4ptecision	MANUSCRIPPING
					ILITY IN		ION		Dem					
Name of Facility Where	Abatement is Takir	g Place	(3)	170	VILITI IIV	FORWAT	ION	T	ype of Facility (4)				
Building								-	7	0.04.0				
Street Address								1	School (K-1 Subchapter	8 (Other than K-	12)			
600 Rt. 206								X	Other (i.e. p	or vate & commer	cial bu	ilding	s, hon	nes,
City (5)								S	etc.)	# of Figure		DIII		
Raritan								30	quare Feet	# of Floors		Bldg.	Age	
County (6)		-		County	Code (7)			-						
Somerset					USE ONL	Y)		Ct	arrent Use (Prid	or if being demoli				
Name of Monitoring Firm	Hired by Building	Owner (8		ASC	M No.		Man			Building				
Hillmann Consulting,		Owner (c	'/	ASCI	IVI INO.				Abatement Con	100 (0.0)				
Street Address	LLC								CK Group, L	LC.			ve ve	
1605 Vauxhall Rd #1	07						Stree							
City, State, Zip Code	07								gs HWY N,	STE 209				
Union, NJ 07083							1		e, Zip Code					
Project Manager for Moni	toring Firm								ill, NJ 08034	1				
	toling Filli			Telepho			Telep			License	No.			
Project Manager Start Date (10)		Cabada			88-7800		-		9 - 5000	00781				
E-100 (100 (100 (100 (100 (100 (100 (100	e ·	Schedu			Date (11)		The state of the s		SHA Monitor					
9/11/17		0 . 0		12/31/	17		The N	MAC	K Group, Ll	LC.				
Occupancy Status During							Stree	t Add	ress					
Facility Closed/Vaca	ted During Entire F	eriod of	Abate	nent					gs HWY N,	STE 209				
Abatement Performe Other - Describe:	d Outside of Norm	al Facilit	y Hour	S			City,	State	, Zip Code					
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Scope of Work (Check All	rnat Apply)													
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Location	of		Norma	lly		Das							уре	
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(13)	у		(12)			other m	cing, VA			SF or LF)	Remova	Repair	aps	Enclosure
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N	umo of Pogistored Wests III													
Name of Registered Waste	e Hauler			aste	Cubic \		200	Name of R	e jistered Landfill		-L			
lewark / Freehold Car	tina		No.	of Was			0							
City, State	ung					Dines	52			nd Co./ BFI /	GRO	WS.	TRE	RF
lewark / Freehold, NJ						Dispos			City, State	Name				
Completed by		Title					2/31/1		Newburg	/ Imperial / Mo		ille, l	PA	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

	NO		CATION	of New OF ASB to NJAC	ESTOS	ABATE				BU	T.	<u> </u>	7 [
Date of Notification (1)	7	1	Name of	Building	Owner/C	perator	1111	van	And the second second	AUG	31	20.	7	100000000000000000000000000000000000000
Agencies Notified Type Notification		3	Street Ad	ddress		~?							9	1
EPA Initial Amended DEP Amended Amendment #			City, Sta	te, Zip Co	ide) 	T	070	0+-	SL L.O	ENSI	vii: VG	OL &	24
☐ DOH Emergency (ir justification)	cluding			Contact		//			1 7 .		14-4-14			
DCA Cancellation			Eric Pl	ackis	DMATI	ON								
Name of Facility Where Abatement is Taking	Place (3)		PAGII	LITTINE	NINIALL	ON	Туре	of Facility	(4)					
Street Address 17 a		,,,,,,,						School (K- Subchapte Other (i.e. etc.)	r 8 (Othe			dings,	home	es,
City (5) AUPUL.								re Feet	# of	Floors 2	В	ldg. A	74	
County (6)	K			Code (7) ISE ONLY			Curre	ent Use (Pr	ior if t ei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	l No.				atement Co Istries In		(9)				
Street Address		Street P.O.	Addre Box											
City, State, Zip Code	CONTRACTOR OF THE PROPERTY OF		ip Code w Jersey	087:23										
Project Manager for Monitoring Firm		T	elephor	ne No.		Teleph (732		o. 7499		License N 01196	No.			
Start Date (10) { 29 17	Scheduled	Com	pletion [Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During Abatement (Check	Only One)		,			Street	Addre	ss						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Aba I Facility Ho	teme ours	ent			City, S	tate, Z	ip Code						
Scope of Work (Check All That Apply)														
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Location of		mally	/		De	scription	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	enan	ce/	Asbes (i.e.	tos Cont thermal surfa	aining M systems cing, VA niscellar	fateria s insula T, or	ation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
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	PIF	R				SOL	+	1						
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Name of Registered Waste Hauler		1 000	IDEP W		Cubic			Name of	Registe	red Landfil	1			
Brick Industries Inc.			fuler ID 602	NO.	of Wa	14/1-	7	GROV	VS Inc.					
City, State Brick, New Jersey		1			Dispos	sal Date	4	City, Sta	te					
Completed by Eric Plackis	pleted by Title										ate X / 8	5/1-	1	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Check# 10085

							THE A METER				
Date of Notification (1) 8 - 29-	17		Name o	f Building Owner	Operator (2)	L	rain	9		6	
Agencies Notified Type Notification	•		Street A			11, 1'		77			
☐ EPA ★ Initial		30.	City St	ate, Zip Code	<u>us</u>	Highi	May a	XX	_		
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☐ Emergency (ir	ncluding		Name o	f Contact	19 1100	110	Telephone	lumbar	5	m	
DOH justification)				nK.	٠,				-		
 			9	LITY INFORMAT	TION	tiil			- 11	T 111	
Name of Facility Where Abatement is Taking					Туре	e of Facility	(4) AUG 3 1	2017	1	9	
Dingle tamily	\mathcal{L})W	ellin	5		School (K-	(2)		1		
Street Address J_	l .	-		_		Subchapter	8 (Other than k	(-12)	No.0E	home	
					~	etc.)	L CENS	ING			Ĩ.
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County (6)				Code (7) USE ONLY)			or if being demo	(lished)	/		
Name of Monitoring Firm Hired by Building O	wner (8)		ASCA	4 No. a	Name of Ab		fractor (9)	100	Jeil	12	<u> </u>
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P.O. Box 33	37			***	P.O.	Box	337				
City, State, Zip Code	2 4	33	00	599	City State,	Zip Code	. 119	PA	P) E	7 9	9
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Project Manager for Monit ri g Firm		1	Telepho		Telephone N		License	No.	A	4 8	
Steve Schenken				7 <i>58-33</i> 65	The state of the s		25 (10°	T		
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Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma					City, State, 2	Zin Code	201				
Other – Describe:						Egypt	AIT	083	53	3	
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Asbestos-Containing Material (ACM)		Solel		Asbestos Cor	ntaining Materia		Amount			Ш	
TO BE ABATED	5/25/5/5/5	idial S			al systems insu- acing, VAT, or	lation, .	(Specify SF or LIF)	Ren	Re	ncar	incl
In Facility (13)		(12)		■ 2007 (1977)	miscellaneous))	Or Or Erry	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		100000	JDEP Wauler ID		c Yards		Registered Land				
EPC Technologies		n	170		2	Wast	e Manag	ement	101	FP	A
City, State					osal Date	City, Stat	e			-	
	VJ.	· \		19.	12-17	Morn	isville	PA			
Constitution Off	Title	Α.			Signature	CI	1	Date	20	2 1	7
Steve Schenker	Pres	sid	ent		Sleens	DOCKE	de	8	di	!-/	t

Cr#146	Q			CATION	N OF ASB	ESTOS	ABATE		24			THE STATE OF	<u> </u>	/ E	I
Date of Notification (1) 08/26/2017					of Building Zlotnick	Owner/	Operator	(2)					Ambie 1 Green		-
Agencies Notified	Type Notification			Street A		V	_				AUG	3 1	20	17_	111
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× DOH	Emergency (justification)	(including		Name o	f Contact					Te	ephone N	ımher	THE PERSON NAMED IN		Outre Color
DCA	Cancellation			Alex Z	Zlotnick					1					
				FACI	ILITY INFO	ORMAT	ION			-				_	
Name of Facility Where A	Abatement is Takin	g Place (3)					Type	of Facility	(4)					
House									School (K-						
Street Address								×	Subchapte Other (i.e. petc.)				dings	, home	es,
City (5) Teaneck									re Feet	# o	f Floors	9.0	Bidg. A	\ge	
County (6)			T		Code (7)	,		Curre	nt Use (Pri				****		
Bergen Name of Monitoring Firm	Hired by Building (Owner (8)	ASCN			Name	Hous of Aba	se tement Co	ntractor	(9)				
N/A							D&S	Abate	ement, Ir		(0)				
Street Address								Addres osenç	ss gren Ave	nue					
City, State, Zip Code									p Code J 07512						
Project Manager for Moni	toring Firm	***************************************	- 1	Telepho	ne No.			none No			License	No.			
Start Date (10)		Cabada			D-1- (44)			345-8			01311				
09/06/2017		09/07/		mpietion	Date (11)				IA Monitor ement, Ir						
Occupancy Status During			(80)					Addres	s gren Ave	nue					
Facility Closed/Vaca Abatement Performe	ed Outside of Norm	eriod of al Facilit	Abater y Hour	nent s					p Code		- III III				100040
Scope of Work (Check All						_	Toto	wa, N	J 07512						
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Location Asbestos-Containing			Norma ed Sole		A - 1		scription		(1010				Τ,		
TO BE ABA		Ma	intena	nce/			taining N				mount Specify	Z	_	E	Щ
In Facilit	У	Cus	todial ((12)	Statt?		surfa	cing, VA	T, or			or LF)	Removal	Repair	aps	ıclo
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baseme	nt	Х			pipe	insula	tion		7	0 LF	X				
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												+			
Name of Registered Wast	e Hauler			JDEP W	l /aste	Cubic	Yards		Name of	Registe	ered Landf	ill			
D&S Abatement, Inc.				lauler ID 0996	No.	of Wa	ste				gement				
City, State Totowa, NJ						Dispos TBD	sal Date	ıli.	City, Stat Morrisv		J				
Completed by									/			ate		- 1/0	-
Oliver Hegedis		ect Ma	anager	-	11	_			8/26/2	2017					

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Date of Notification (1) 8/28/17				f Building ain LLC		r/Operator	(2)	Total Library		= (j	Į,	1	\mathbb{W}	E	M
Agencies Notified Type Notification EPA Initial			Street A	ddress Mailbu D	Drive			March Company	The Park of the Pa	AUG	3	1	2017	200	IJ,
DEP Amended Amendment				ate, Zip Co 700d, NJ		01			L.					SPECIFICAL LANCES	located
DOH Emergency (in justification) Cancellation	riciualing		Name of Ruslar	f Contact n Balk		4				500.000	A II com	HAr	T af	N &	
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Name of Facility Where Abatement is Taking Street Address	Place (3	3)			Hell			of Facility (School (K-1 Subchapter Other (i.e. petc.)	12) 8 (Oth private 8	& comme		l build			es,
City (5) Cream Ridge							Squar	e Feet	# ()	f Floors		D	ldg. A	ge	
County (6) Monmouth	10,11			Code (7) USE ONLY,	,		Currei	nt Use (Pri	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	И No.				ement Cor PROFE							
Street Address							Addres	SOVE C	OURT						
City, State, Zip Code							State, Zi EWOC	p Code DD, NJ 0	8701		-524				
Project Manager for Monitoring Firm			Telepho	ne No.		100000000000000000000000000000000000000	none No 668-90			Licens 1200	e No				
8/29/17	8/31/17	7	npletion	Date (11)				A Monitor PROFE	SSIO	NALS					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P			nent				Addres	s DOVE CO	DUR1						
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours					State, Zij EWOC	p Code DD, NJ 0	8701						
Scope of Work (Check All That Apply)	NAME TO N									2					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Min Glo	Containm i-Enclosure vebag Pro- n-Exempte	e cedure					۵	
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Location of		Normal d Sole		A = h = =		Description		(0.000)							
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Attic	Attic								2	20SF		х			
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Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W auler ID 4509		100000000000000000000000000000000000000	ic Yards Vaste		Name of IESI	Registe	ered Lan	idfill				
City, State NEWARK, NJ					200000000	oosal Date 1/17		City, Stat BETHL		И РА					
Completed by JOSEPH PERLSTEIN	Title OWN	IER				Signature	9				Dat	е			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1)				Nam	e of Buildi	ina Ov	wner/Operator	(2)	45-11419						
8 /29	/17			250	ty of Car			(-)							
Agencies Notified				100000	et Address				MEG	OF THE	1	/ E			
⊠ DOLWD ☐ Amer				1	D Box 95	11/11/11				MARKEN	ends comm	Linksonina	Π		
☑ DOH Amer	ndment#		_	4	State, Zip				4110	0.4	00	4 40			
□ DCA ⊠ Emer	gency (in	cludin	g	-	ımden, N		101		L IS AUG	3 1	20	1/	1		
(NJAC 5:23-8) justifi	cation)			A CONTRACTOR	e of Conta				Telephone Num	her					
Cano	eliation			Ja	mes Rizz	zo						HOL			
N GE WAR				FA	CILITY	NFO	RMATION			ENS	ING				
Name of Facility Where Abatement 1530 GREENWOOD AVE ST			e (3)					Type of Facility							
Street Address	INOCIC	JIL	-20					School (K-1	12) r 8 (Other than K-12	1					
1530 GREENWOOD AVE ST	TRUCTU	JRE				Other (i.e., private and commercial buildings, homes, etc.)									
City (5)								Square Feet	# of Floors	E	Bldg. A	Age			
Camden								varies	varies		50+				
County (6)				Cou	nty Code ((7)(STA	ATE USE ONLY)	Current Use (F	Prior if being demolis	hed)	20-31-572				
CAMDEN								HOUSING	DEEMED UNSAF	Ε					
Name of Monitoring Firm Hired by E	Building C	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9	9)						
						(Controlled E	nvironmental	Systems						
Street Address						Street Address									
						1121 N. Bethlehem Pike - Suite 60									
City, State, Zip Code						City, State, Zip Code									
						S	Spring House	e, PA 19477							
Project Manager for Monitoring Firm	Tele	phone	No.	Tel	ephone No.		L cense No.				-				
						2	15 542 7000		00847						
Start Date (10)	Schedi	uled C	omple	tion Da	ite (11)	Nar	me of OSHA M	lonitor							
8 /30 /17	1	0_/	30	/ .	17	C	ES								
Occupancy Status During Abatemer						Stre	eet Address								
Facility Closed/Vacated During E	ntire Peri	od of	Abate	nent		1	121 N Bethle	hem Pike -Su	ite 60						
Abatement Performed Outside of	Normal	Facility	/ Hour	s - Des	cribe	-	, State, Zip Co						-		
Time of Abatement: 7:00AM-5:0	10PM/	PN	1	_AM		100000	pring House								
Scope of Work (Check all that apply))														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati molitio				☐ Mini-Encl ☐ Glovebag	Procedure	gative Pressure on-Friable Procedure	ə					
			Locat							_	atem	ent T	vne		
Location of Asbestos-Containing Material (A)	20.0		lormal d Sole				Description of				_	1			
TO BE ABATED	JIVI)	Mai	ntena	nce/	Asbe	estos (Containing Mat rmal systems in	erial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure		
IN Facility		Cust	odial S (12)	Staff?	(SI	urfacing, VAT,	or	SF or LF)	oval	=	psu	Sur		
(13)	+	Yes	No	N/A		oth	er miscellaned	ous)				late	е		
See Attached Notice of Hazard				\boxtimes	See Att	ache	d Notice of I	Hazard	200 YD per res						
							4 110400 01 1	ruzuru	200 1D per les						
				-		-31-							Ш		
			Ц												
Name of Registered Waste Hauler			100000000000000000000000000000000000000	IDEP V		FAR 25000 0	c Yards of	Name of Regis	tered Landfill						
Waste Management of NJ			1000	uler ID 17273	4970 7000	Was 20	te 0/residenc	GROWS							
City, State				osal Date	City, State		-								
Fairless Hills, PA			10	/30/17	Tullytown	wn PA									
Completed By (Print or Type)				Signature	1.	Date	4								
Patricia Visco	Off	ice M	anag	er			Patrice	1/1	8/	ý.	1/2				
		111-57/		Language .			rounce	UE VIUCE		-	10	417			

									P	AI	D			Pr	int F
UC# (153			CATION	ate of New N OF ASBE to NJAC 8:	STOS AB					E C			\mathbb{W}	E	Ī
Date of Notification (1) 08-26-17				of Building O Level Dev				COUNTRACTOR		AU	IG 3	1	201	7	
Agencies Notified Type Notification EPA Initial			Street A 418 P	ddress alisades /	Ave.			The same of the sa					LUI		
DEP Amended Amendment		_		ate, Zip Cod y City, NJ				L	A	SD 5	CEN			OL	<u> </u>
■ DOH Emergency (justification) ■ DCA Cancellation			Name o Danny	f Contact / Goff					l Tel	enhone	Numh	er _	-		
Name of Facility Where Abatement is Takin	g Place (3	3)	FACI	ILITY INFO	RMATION	Į.	Туре	of Facility ((4)		. =				
Private Property Street Address				<u> </u>				School (K-1 Subchapter		er than I	K-12)				
	ere editalentari		Other (i.e. private & commercia etc.)								build	lings,	home	es,	
City (5) Jersey City					Square Feet if of Floors Bld							dg. A	ge		
County (6) Hudson				Code (7) USE ONLY)		-	Curre	ent Use (Pri	rior if being demolished)						
Name of Monitoring Firm Hired by Building (N/A)	Owner (8))	ASCN	ΛNo.				tement Cor tracting L	Contractor (9)						
Street Address							Addre 7th St	5.54							
City, State, Zip Code								ip Code / NJ 0708	 37						
Project Manager for Monitoring Firm		Telepho	ne No.	1.0		none N 216-9			Licens 01206						
Start Date (10) 09-06-17	Scheduled Completion Date (11) Name of OSHA Monitor Delfa Contracting LLC														
Occupancy Status During Abatement (Chec	k Only Or	ne)			1		Addre								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of an all Facility	Abater y Hour	nent												
Scope of Work (Check All That Apply)						JI 110	II City	7 143 0700			-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				Full Containment vith Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
Location of		Locat Norma	lly		Descri	intion		II-LXemple	u () ain	<u> </u>	Tiable		Abate	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial (12)	ince/ Staff?	(i.e. th	os Contain hermal sys surfacing other miso	ing N stems g, VA	lateria s insula T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									_		ate	ci ci
Roof	-	X	-	F	Roofing					50 SF					
Ground Floor		X			Pipe In	sula	tion			50 LF	2			V	
Name of Registered Waste Hauler		1	NJDEP W	/aste	Cubic Ya	rds		Name of	Registe	red Lan	ndfill				
Delfa Contracting LLC		F	Hauler ID 3524	0	of Waste 20	9		Tullytov	vn Re			OVE	ery F	acili	ty
City, State Jnion City, NJ				Disposal 09-13-	17		City, Stat		١						
Completed by Jaime Delgado	Title Signature Date Proj. Manager. 08-26-17														

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)



CV# 1154	ı		CATION	I OF ASBE to NJAC 8	ESTOS	ABATE		(T		A		D					
Date of Notification (1) 08-14-17				f Building (onstructi			(2)				(G		1	W [E I		
Agencies Notified Type Notification		- 1	Street A 49 Hei	ddress rmon St.	99					The state of the s			<u> </u>	17 1	3		
DEP Amended Amendment #				te, Zip Cork, NJ 07					4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Total Control	AU6	3	1 2	017	A STATE OF THE PARTY OF THE PAR		
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	cluding	100		f Contact n Espino	sa				Tel	ephone	Num	ber		1810	L&		
			FACI	LITY INFO	RMATI	ON							-10				
Name of Facility Where Abatement is Taking Commercial Building	Place (3	3)					Ту	pe of Facility School (K-	\$35 								
Street Address 688 Avenue E					8 (Other than K-12) private & commercial buildings, homes,												
City (5) Bayonne	***************************************		Square Feet # of Floors									В	dg. A	ge			
County (6) Hudson				Code (7) USE ONLY)			Cu	rrent Use (Pr	Prior if being demolished)								
Name of Monitoring Firm Hired by Building On N/A	wner (8)		ASCN	1 No.				batement Co		(9)							
Street Address	3 75	L			Street 522	Add	Iress										
City, State, Zip Code		City, State, Zip Code Union City NJ 0708							87								
Project Manager for Monitoring Firm	T	Γelepho	ne No.		Teleph	none			Licens 0120					\neg			
	Schedule 08-27-		pletion l	Date (11)		Name	of C	SHA Monitor							-		
Occupancy Status During Abatement (Check						Street									\rightarrow		
Facility Closed/Vacated During Entire Pe	973	37				522 7											
Abatement Performed Outside of Normal Other – Describe:	I Facility	Hours	City, State, Zip Code Union City NJ 0708														
Scope of Work (Check All That Apply)															\neg		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	Renovat Demoliti		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur									e				
		Location			485-305-60	7444031-5003	20.iniu						Abate Ty	ment			
Location of		Normalled Solel				scription							1 9	T	-		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenan todial S (12)	taff?		thermal surfac		s ins	r	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure		
-	Yes	No	N/A														
Roof 2nd Floor		X			Roo	f Flash VAT	ing			50 SF 50 SF		X					
2110 F1001		X				VAI				00 31		Δ			-		
Name of Desirtured Wests Useds	150	IDED IA		0.1:-	V			Deviate	d (- dell							
Name of Registered Waste Hauler Delfa Contracting LLC	2000	JDEP Wauler ID 3524	No.	Cubic of Was			Name of Tullyto				COV	ery F	acilit	у			
City, State Union City, NJ				Dispos 08-30	sal Date		City, Sta Tullyto		١								
Completed by Jaime Delgado	ger.		S	ignature		18_			Dat 08	e -14-	17						
	ividila	90				//					dint.	ioski -					

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)																
Date of Notification (1)					Name of Building Owner/Operator (2)											
August 28, 2017					New Jersey Turnp	oike Autho	rity									
Agencies Notified		Notification		Gantina.	Street Address	55	Bu - 1	2015	<i>√</i> ≃ ⊓	7.77						
X EPA		N. 100 - 100		fication	Administrative Bu	liaing, 58	ıvıaın	Street		-\V/	EF					
DCA		Amend			City, State, Zip Code					11- PROFESSION						
x DOL		□ Emerg		ncluding	Woodbridge, NJ	1	1			-	111					
X DEP			cation)		Name of Contact C/O Mr. Chris Chrys, P	KE Mark III				17						
xDOH		□ Cance	illed		Inc.	Kr Wark III,					-					
				FACILITY INF					- Caracita	and the second						
Name of Facility Where Abate					Type of Facility (4)		AS	Et.5%			1L&					
NJTPK Interchange	# – Exte	erior Trenc	h		School (K-12)	less of		L.C	ENSIN	1G						
Street Address					□ Subchapter 8 (other than K-12) ☑ Other (i.e. private & commercia buildings, homes, etc.)											
Interchange # 14- Mil	lepost 1	04.29 Nort	h													
City (5)	County (6	3)	Count	Code (7)	Sq. Feet: Unknown # of Floors: Bldg. Age: Exterior Trench											
Edison	Middle	7.7		Use Only)	rrench											
Laison	imadic	JUX		- Andrews	Current Use (prior if bein	a demulisher	n.									
					(риз. и сел.	5	.,.									
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)											
RJB Environmenta	l. Inc.		0014													
	,				GREENWOOD ABA	TEMENT	ONSL	JLTAN	rs, inc).						
Street Address					Street Address											
56 East Bridge Stree	t				511 MAIN STREET											
City, State, Zip Code	3210	-115			City State, ZipCode											
Morrisville, PA 19067	,				Butler, NJ 07405											
Project Manager for Monitorin	g Firm	Telephone N	Number		Telephone Number		Licen	se Numb	er							
James Frisbee		267.991	9212		7											
Cohod Jod Clad Bata (10)		101111		5	973-492-0477		008	40								
Scheduled Start Date (10) September 7, 2017		Septemb		AND DESCRIPTION OF THE PARTY OF	Name of OSHA Monitor											
September 7, 2017		Septemi	er 12,	2017	EMSL inc.											
Occupancy Status During A	batement	(Check only o	ne)		Street Address											
Facility Closed/Vacate																
Abatement Performed	d Outside o	of Normal Fac	ility Hour	'S -	1056 Stelton Road											
Describe	B#1.11				City, State, Zip Code											
Other - Describe: 7a	m-Wilani	ignt			Piscataway, NJ 08854											
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Source of Work (Check all that	it annly)															
godies of trom (emote all the	т арріт)					Full Conta	nment v	vith Nea	ative Pre	essure						
≥ 3 sf or ≥ 3 l	f			Renovation		Mini-Encl										
□≥ 160 sf or ≥ 2				Demolition		Glovebag		ıre								
				y		x Non-Exe	npted (edure					
Location of Asbestos-Contain		ocation Norma			bestos Containing Material	Amou		Abaten	nent Type	2						
Material (ACM) in Facility (13)		ely by Maint./Co f? (12)	ustodiai	VAT, or other mis	nal systems insulation, surfac	or LF)	ify SF	Remove	e Repair	Encap	Enclose					
	YES		NA		oo,	0.2.										
Exterior Trench			X	Asbestos Tr	ansite Conduit	400	LF	X								
Name of Reg. Waste Hauler		NJDEP Was		ID#	Cubic Yards of Waste:	Name of Re	gistered	Landfill								
See Hauler Below # 1 &	2	See Below		100	GROWS	-Nort	h Lan	dfill F	alls 7	Γwp.						
					Bucks C	tv M	orrisvi	lle PA		1						
Hauler #1) Greenwood	Abateme	ent Consult	ants In	c Butler N.I.	7405	Disposal D			City, Stat							
NJ DEP # 12			Septemi			Falls TW		ks Cty,								
Hauler #2) STG Inc. 58 P	re- NJDEP # A90	01 # 20990/SW2117	2017			PA										
						VIII - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5										
Completed by (Print or Type)		<u>Signature</u>	<u>Date</u>													
Marin Graure	100	SENIOR P		<i>i</i> 1	Marin Grau	re	Aug	ust 28	, 2017							
		MANAGEF		-1010000		1										

MANAGER

Check# 12833 State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) August 25, 2017 RUTGERS, THE STATE UNIMERSITY OF NJ Notification Type Agencies Notified Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. I EPA Amended Notification #1-27 ROAD 1, BLDG 4086, L VINGSTON CAMPUS D DCA Additional Work Area City, State, Zip Code X DOL **L**:CENSING PISCATAWAY, NJ 08854 ☐ Emergency (including DEP- No Longer REQUIRED Name of Contact Telephone Number justification) X DOH MICHAEL SMITH, ENV. □ Cancelled HEALTH & SAFETY FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MEDICAL SCIENCE, BLDG# 7257 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 8 Bldg. Age: 80+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC NEWARK ESSEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN KEARNY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/25/17 08/28/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Con ainment with Negative Pressure $\square > 3$ sf or > 3 lf **X** Renovation ■ Mini-Enclosure ≥ 160 sf or > 260 lf ☐ Demolition ☐ Glove bag Procedure / Wrap & Cut

Location of Asbestos-Containing Material (ACM) in Facility (13)		ion Norma y Maint./C			f Asbestos Containing Material hermal systems insulation, surfacing,	Amour (Speci	77.	Abatement Type					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Staff? (1 YES		NA	VAT, or other		or LF)	D		Repair E	ncap Enclose			
E-506 Suite	trice and AA	X	- Vincenta	VAT	Walking the court of the court	975 9	3F	X					
Name of Reg. Waste Hauler See Hauler Below #1 & 2 NJDEP Waste Hauler See Below		entern det	VAT	THE PERSON STORY BY SAME OF AN ASSOCIATION OF	110 8	3F	X						
			r ID#	# Cubic Yards of Waste: 20			of Registe O.W.S. N						

Disposal Date

City, State

100 New Ford Mill

Hauler #2) Newark Carting, Inc., Ne NJ DEP # 4509	wark, NJ 04509		08/28/2	017	Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature Raymand C. G	Pedalino	Date August	25,2017

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405

NJDEP # 12561

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



GAC Project # 060-17						II II	married 12								
Date of Notification (1) Augus	st 15, 20	17				UTGERS, THE STATE UNIVERSITY OF NJ									
Agencies Notified EPA DCA		Notification Minitial I	Notificated Notice	tification#	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	L HEAL)	H & SA	FETTY DEPT 2017							
区 DOL 区 DEP- No Longer REQU区 DOH	RED		cation)	(including	City, State, Zip Code PISCATAWAY, N. Name of Contact MICHAEL SMITH,		AS Tele	phone/Numbers							
					HEALTH & SAFET		-								
Name of Facility Where Abate	mant in Tal	li DI (0)		FACILITY INI	FORMATION										
MEDICAL SCIENCE,	BLDG#	7257			Type of Facility (4) School (K-12) Subchapter 8 (other th	1/ 40)									
Street Address NEWARK CAMPUS				TO THE PERSON NAMED IN COLUMN	Other (i.e. private & c	ommercial I		omes, etc.) g. Age: 80∻ years							
City (5) NEWARK	County (6 ES	SEX	County (State	y Code (7) Use Only)	Current Use (prior if being demolished): ACADEMIC										
Name of Monitoring Firm Hire ATC	d by Bldg. (Owner (8)	ASCM 0098		Name of Contractor (9)										
					GREENWOOD ABA	ATEMENT	CONS	ULTANTS, INC.							
Street Address 3 TERRI LANE					Street Address	5									
City State Zie Code					268 MAIN STREET										
City, State, Zip Code BURLINGTON, NJ	08016				City State, ZipCode BUTLER, NJ 07405										
Project Manager for Monitoring		Telephone N	lumber		Telephone Number	,	Lican	nse Number							
BRIAN KEARNY		609-386			973-492-0477		0084								
Scheduled Start Date (10) 08/25/17			Completio	on Date (11)	Name of OSHA Monitor										
00/23/1/		08/28/17			ENVIROVISION, IN	IC.									
Occupancy Status During At Pacility Closed/Vacated D	atement (Check only or e Period of Al	ne) patemer	nt	Street Address		,								
Abatement Performed Our Describe					20-21 WARGARAW City, State, Zip Code										
⊠Other – Describe: Schedule: 5PM – 5AM (24	HOURS	& WEEKE	VDS AS	S NEEDED)	FAIRLAWN, NJ										
Scope of Work (Check all that	apply)				771112211111,110										
								with Negative Pressure							
□≥ 3 sf or ≥ 3 lf 区 ≥ 160 sf or ≥ 2	260 If						ag Proced	dure / Wrap & Cut							
Location of Asbestos-Containing	a lelo	cation Normall	v Head	Description of Ash	pestos Containing Material		empted (* ount	*) and Non-Friable Procedure							
Material (ACM) in Facility (13)	Solel	y by Maint./Cu ? (12)			al systems insulation, surface		ecify SF	Abatement Type Remove Repair Encap Enclose							
E-506 Suite		X	34 G 4 A	VAT	Biography and an and an artist and a	97	5 SF	X							
				医甲状状态 新拉克克 代表来源 点是	ALTEROLOGICA CANADA CONTRACTOR	MIGHT RESIDEN	ZERTA I	155 C C C C C C C C C C C C C C C C C C							
Name of Reg. Waste Hauler		NJDEP Was	e Haule	r ID #	Cubia Varda of Maata	20 CY	Name	of Registered Landfill							
See Hauler Below #1 &		See Below		Cubic Yards of Waste:	Disposal	G.R.	O.W.S. North Landfill								
Hauler #1) Greenwood Abater NJDEP # 12561 Hauler #2) Newark Carting, I NJ DEP # 4509		NJ 07405		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700											
Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT MANAGER					Signature Raymand C. T.	Pedalino	Date Aug	ust 15,2017							

State of NJ Notification of Asbestos Abatement E D&S Proj. #: 17-229 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) PATD 0 8 1/2 3 1/1 7 peter and catherine bongiovanni Agencies Notified Type Notification Street Address **ASBESTOS CONTROL & EPA** Initial LICENSING Amended DEP City, State, Zip Code Amendment #: DOL verona, nj 07044 (including **⋈** DOH Name of Contact Telephone Number justification) □ DCA Cancellation jim margitan **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) peter and catherine bongiovanni Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) verona Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 08/29/1717 09/15/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exernpted (*) and Non-friable procedure Is location normally used solely R Location of E E by maintenance/custodial A asbestos-containing Amount n Description of asbestos-containing staff(12) m п material (acm) to be p C (Specify SF or material (ACM) 0 a abated in facility (13) a Yes No N/A p **BUILDING EXTERIOR** Siding 1,700) sq ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 20 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 08/31/17 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 08/23/2017 ASB-41 Do not use this form for asbestos licensure exempted activities

08/23/2017 02:51PM	9733458060		I	280	S RESTORATIO	[77=-	99/	94-
			State o	of I	NJ) <u>E</u>	C	E	T	\mathbb{V}
D&\$ Proj. #: 17-229		No:	ification of Asbe	28	tos Abstement						
		/, 61	suant to NJAC	9;	ou and 12:120)	-		AUG	3	1.2	2017
Date of Notification (1)	Name of E	Building O	wner/Operator (2)	_		Transporters (1	9-H-1-1-1	12.2		,
Agencies Notified Type Notifical			ine bongiovanni			A 647	ASB	EST(OS C	NO	ROL
☐ EPA ☐ Initial	Street Add	regs						(1)	1	7	3
DEP Amended Amendment &	6					. i	111411			1	iiin
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DOM (including justification)	Manage and de	nj 0704	4	His			A ²			Se As	
DCA Cancellation	5.1	rgiten				leleb	one Num	180			
	1,		CILITY INFORMAT	rio.	on .	<u> </u>				-	-
Name of facility where abatement is	taking place (3)			-	<u> </u>	Type of Facilit	v (4)				
peter and catherine bongiovani	ni				1	Sci;	901 (K - 1	*			
Street Address				- Heli		□ Suti	chapter 8	(Othe	than	K-12)	E
200 Santa (2000) 110 Per 110 Santa (2000) 110						Sld()	r (Private) 5./Homes	comr	nerola	1	
City (5)	County (8)		1	Cal	unty Code (7)	Square Feet	# of Flo	aro		Bidg. A	Age
veroga	02SOX				ate use only)	Current Use (Prior II be	ina da	molis	hed)	
Name of Monitoring Firm Hired by B	dg. Owner (8)		ASCM No.	+	Name of Abatement C						
Street Address	Market Mark Associate	No.		1	D& S RESTORA						
21.241.1401603				٦	Street Address	to the second		-			
City, State, Zip Code				-	20 California Av City, State, Zip Code	ð.	Commence 2				
Project Manager for Monitoring Firm		Ordina brigati		1	Paterson, NJ 075	03					
, rotors samuedas tos sociocistos esta	Ph	one Numi	oer .		Talephone Number	The second secon	Licente	Nun	1906	en in	
Start Date (10)	Sched, Completio	n Dasa (1	1		973-345-8020 Name of OSHA Monte	1		0116			-
08/29/1717	00/15/17	··· Dam (1	17		D& S Restoration						
Occupancy Status During Abatement	(Check only one)			1	Street Address		and the second second	The state of			The second
Facility closed/vacated during en Abatement performed outside or	ntire period of abater	ment.	•		20 California Ave City, State, 20 Code	nue	C. Innes				_
Dascribe: NORMAL HO		3+		П							
Scope of Work (check all that apply)				П	Paterson, NJ 075		-				
☐ >3 af or >2 if ☐ R	lanovation				FL	Il Containment (w/negative	pres	lute		
≥180 af or ≥280 IF	emolition				□ GI	ovebeg proced .	170				
Location of to	s location normally us by maintenance/custo	sad sciety		-	LN	n-Exempted (*)	and Non-	friable	Proc	Edura	
	28前(12)		Description of material (ACM	as	sbeetos-containing	Amount (Specify 5	DE my	m	e	n	E
and the second s	Yes No	N/A	1	*		(EP)	11 01	A	B	8	L
BUILDING EXTERIOR	X		Siding			1,700 sq ft	William When p	Š.	-	1	-
			The state of the s			7,17,09,10		F	H	H	#
				J Che					O	D	
				-			- Control of the Cont				
Registered Weste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID		blo Yarda of Waste	5 7	Name of Registered La	ndfill					
City, State	13506	isposel Di	0 yds	_	TULLYTOWN, RI	SOURCER	COVER	Y			
PATERSON; NJ 07503		08/31/17	1		TULLYTOWN, P.	A.	1/2		La constitución de la constituci		
Completed by (Print or Type) BOGDAN JOLDZIC PI	NESIDENT	I	Signature	- d			Date	NAME OF	or I have	PP-1	
400 4			i <u>Salatan ara</u> tan baratan kan				08/23/	2017			

D&S Proj. #: 17-231						estos	s Abatement and 12:120)	B	EC	E I	\mathbb{V}					
Date of Notification (1) 0 8 / 2 4 / 1 7		lame of B felder do	uilding Owr	ner/Op	erator (2)		PAID		AUG	3 1	2017		벵			
Agencies Notified Type Notifica EPA Initial DEP Amended Amendment #		treet Addr	ress Zip Code						ASBESTO LIC	S CON ENSIN	TRO	L&				
DOL Emergency (including justification)	N	millbur ame of Co		41				Tele	pho <mark>n</mark> e Numb	oer						
Cancellation	1]]	Teldel C		UTV	INFORMA	ATION				-						
Name of facility where abatement	is taking nla	rca (3)	FAC	ALII T	INFORIVIA	ATION		Type of Fac	sility (4)							
felder dorn	is taking pla	(0)							school (K - 1 ubchapter 8		han k	(-12)				
Street Address								⊠ ∘	ther (Private	/Comme		,				
							1	Square Fe	ldgs./Homes		В	ldg. A	ae .			
City (5)	Cour	ity (6)					nty Code (7)									
millburn	esse							Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASC	CM No.		Name of Abatemen	45.								
Street Address							Street Address									
City, State, Zip Code							20 California A				and the same					
City, State, Zip Code						H	City, State, Zip Code									
Project Manager for Monitoring Firm	1	P	hone Numb	oer		-	Paterson, NJ 0 Telephone Number 973-345-8020		Licen	se Num 01169						
Start Date (10)	Cahad	Complet	ion Date (1	1\		_ i	Name of OSHA Mor			01107						
09-05-17	09-29	776 	ion Date (1	1)			D & S Restorat	& S Restoration, Inc.								
Occupancy Status During Abateme							20 California A	venue								
Facility closed/vacated during Abatement performed outside Describe:							City, State, Zip Code									
Other-Describe: NORMAL I	IOURS					-11	Paterson, NJ 0	7503								
Scope of Work (check all that appl	y) Renovatio Demolition							Full Containm Mini-enclosur Glovebag pro Non-Exempte	e cedure			edura.				
Location of			used solel	у		-		1 Non-Exemple	a () and No	R	R	E	E			
asbestos-containing material (acm) to be abated in facility (13)	by mainte staff(12) Yes	nance/cu	stodial N/A		Descriptio material (/		sbestos-containing	Amo (Spe L=)	unt cify <mark>S</mark> F or	e m o v	e p a i	n c a p	n c L			
basement			1	1 pip	e insulati	ion		60 I it		e	r		\vdash			
ousement				1 1	C modian	1011		001.1			十	片	旹			
Registered Waste Hauler	INJDE	P Hauler	ID# IC	Subic	Yards of V	Vaste	Name of Registere	d Landfill								
D & S RESTORATION, INC.				1 yd			TULLYTOWN		E RECOVE	ERY						
City, State PATERSON, NJ 07503			Disposal I 09/06/1				City, State TULLYTOWN	I PA								
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT	1		nature		Date 08/24/17									
ASB-41			n for asbest	os lice	ensure exe	empted	d activities.		1 00/2							