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

Date of Notification (1)
July 10, 2015

Name of Building Owner/Operator (2)
PATH Harrison Station / Port Authority

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Amendment # 2
☐ Emergency (including justification)
☐ Cancellation

Street Address
241 Erie Street Room 236

City, State, Zip Code
Jersey City, NJ 07310

Name of Contact
U. Mehta, Manager, Environmental Field

Name of Facility Where Abatement is Taking Place (3)
PATH Harrison Station

Street Address
1000 Frank E Rodgers Blvd S

City (5)
Harrison NJ

County Code (7)
Hudson County

County Code (6)
Hudson County

Name of Monitoring Firm Hired by Building Owner (8)
Weston Solutions

ASCM No.
00136

Name of Abatement Contractor (9)
Gramercy Group, Inc.

Street Address
205 Campus Drive

City, State, Zip Code
Edison, New Jersey 08837

Telephone No.
732-417-5800

License No.
516-876-0020

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor
Danny Garcia

Start Date (10)
9-03-15

Scheduled Completion Date (11)
6-30-16

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe:

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥260 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

☐ Yes
☐ No
☐ N/A

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Arm int (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Location of Asbestos-Containing Material (ACM) TO BE ABATED

Cut lines on Steel beams

ACM Paint on steel beams

3,511 sf

Name of Registered Waste Hauler
Horwith Trucking

NJ/DEP Waste Hauler ID No.
PA-263

Cubic Yards of Waste

Name of Registered Landfill
Enviro Safe Services

Disposal Date
City, State
876 Otter Creek Rd

City, State
1449 Nor Bath Road

Complied by
Robert Lewin

Title
Environmental Coordinator

Signature

Date
12-28-15

* Do not use this form for asbestos licensure exempted activities.
### Notification of Asbestos Abatement

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator (2)**  
Genslers

**Street Address**  
10 North Park Place
Morristown NJ

**Name of Contact**  
Brian Neil

**Name of Facility Where Abatement is Taking Place (3)**  
Genslers

**Street Address**  
10 North Park Place 4th floor

**City (5)**  
Morristown

**County (6)**  

**County Code (7)**  

**Square Feet**  
60000

**# of Flrs**  
5

**Bldg Age**  
90 yrs

**Type of Facility (4)**  
Subchapter 8 (Other than K-12)

**Current Use**  
Commercial office space

**Name of Monitoring Firm Hired by Building Owner (8)**  
Hillman Consulting LLC

**ASCM No.**  

**Name of Abatement Contractor (9)**  
Shoreline Contracts, Inc.

**Street Address**  
13 Fullerton Ave
Yonkers NY 10704

**Telephone No.**  
914-966-0033

**License No.**  
01230

**Name of OSHA Monitor**  
Hillman Consulting LLC

**Start Date (10)**  
1/09/2015

**Scheduled Completion Date (11)**  
1/09/2017

**Facility Closed/Vacated During Entire Period of Abatement**  
Yes

**Abatement Performed Outside of Normal Facility Hours**  
No

**Scope of Work (Check All That Apply)**

- [ ] 43 sf or < 43 if
- [ ] 460 sf or ≥ 260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and/or Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**  
In Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Sp Cty SF + LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th Fl. suite #400 Southeast</td>
<td>Yes</td>
<td>VAT, mastic</td>
<td>24 ft</td>
</tr>
<tr>
<td>4th Fl. suite #400 Southwest</td>
<td>No</td>
<td>roof flashing</td>
<td>72 ft</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Asbestos Transportation Co

**Waste Hauler ID No.**  
1A-371

**Location of Waste**  
NUDEP Waste Landfill

**Cubic Yards of Waste**  
1A-371

**Name of Registered Landfill**  
A&L Savage Inc

**Disposal Date**  

**City, State**  
Shirley NY

**Completed by**  
Michael Coleman  
**Title**  
President  
**Signature**  

**Date**  
12/28/15

---

*Do not use this form for asbestos licensure exempted activities.*
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2/1/18/115</td>
<td>Rendina Health Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>661 University Boulevard, Suite 200</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment</td>
<td>Jupiter, FL 33458</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bayonne, NJ 07002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Teleph. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Mock</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**

**Abandoned Building**

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>519 Broadway</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (? State use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bayonne</td>
<td>Hudson</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
<td>(973)596-6869</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>00378</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

**Type of Facility**

- School (K - 12)
- Subchapter 8 (Other than K-12)
- Private/Commercial Bldg., Homes, etc.

<table>
<thead>
<tr>
<th>Current Use</th>
<th>Former C:</th>
</tr>
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<tbody>
<tr>
<td>Commercial Buildings</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prior if being demolished</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/05/2016</td>
<td>02/19/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility closed/vacated during entire period of abatement.</td>
</tr>
<tr>
<td>Abatement performed outside of normal facility hours.</td>
</tr>
<tr>
<td>Describe:</td>
</tr>
<tr>
<td>Other/Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Full Containment/ Negative pressure</td>
</tr>
<tr>
<td>Mini-enclosure</td>
</tr>
<tr>
<td>Non-friable procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st fl Main room</td>
<td>VAT &amp; mastic</td>
</tr>
<tr>
<td>1st fl sunken storage rooms</td>
<td>roofing &amp; flashing including Tar</td>
</tr>
<tr>
<td>Roof</td>
<td>paper pipe insulation</td>
</tr>
<tr>
<td>1st fl sunken storage room</td>
<td>black tar waterproofing</td>
</tr>
<tr>
<td>1st fl brick wall to sunken storage rm</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler (16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>19563</td>
<td>200</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill Recovery Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/05/16 - 02/19/16</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordana Luna</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary/Treasurer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordana Luna</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/18/2015</td>
</tr>
</tbody>
</table>
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
12/1/2016

**Name of Building Owner/Operator (2)**
Rendina Health Care

**Street Address**
661 University Boulevard, Suite 200
Jupiter, FL 33458

**Name of Contact**
Brian Mock

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Abandoned Building</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>509 - 513 Broadway</td>
</tr>
<tr>
<td><strong>City (4)</strong></td>
<td>Bayonne, NJ 07002</td>
</tr>
<tr>
<td><strong>County (5)</strong></td>
<td>Hudson</td>
</tr>
<tr>
<td><strong>County Code (7)</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor (9)**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road
Lincoln Park, NJ 07035

**Telephone Number**
(973)996-6869

**Name of Abatement Contractor (9)**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road
Lincoln Park, NJ 07035

**License Number**
00378

**Scheduled Start Date (10)**
01/07/2016

**Sched. Completion Date (11)**
02/21/2016

**Occupancy Status During Abatement (Check only one)**

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other-Describe:

**Scope of Work (check all that apply)**

- Demolition
- Renovation
- >3 sf or >3 If
- 2-160 sf or >260 sf

**Amount (Specify: LF)**

- Roofing & flashing: 12,300 LF
- Black tar flashing cement: 2,800 sq ft
- Paper pipe insulation: 60 lf
- Tar waterproofing: 400 sq ft
- VAT & mastic: 5,000 sq ft

**Location of asbestos-containing material to be abated in facility (13)**

- Main & rear Upper roof
- Main & upper roof & front facade
- 513 basement
- 513 basement

**Cubic Yards of Waste (14)**

- 520

**Name of Registered Landfill**
Tullytown Resource & Recovery Center

**Disposal Date**
01/07/16 - 02/22/16

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility (1)</th>
<th>Commercial Buildings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scho (K - 12)</td>
<td>Non-friable procedure</td>
</tr>
<tr>
<td>Subchp 8 (Other than K-12)</td>
<td>Glovebag procedure</td>
</tr>
<tr>
<td>Other Bldgs, Homes, etc.</td>
<td>Full Containment w/negative pressure</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**
B & G Restoration, Inc.

**NJDH Hauler ID#**
19563

**Completed by (Print or Type)**
Gordana Luna

**Title**
Secretary/Treasurer

**Signature**
Gordana Luna

**Date**
12/22/2016

*** SEE PAGE 2 with ADDITIONAL LOCATIONS/FOOTAGES ***
Re: One page attachment to 14 day initial notification dated 12/22/2015 for asbestos removal at:
509 – 513 Broadway, Bayonne, NJ 07002
(509 side)

The following materials shall be abated:

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility</th>
<th>Is location normally used solely by maintenance / custodial staff</th>
<th>Description of ACM</th>
<th>Amount (LF or SF)</th>
<th>Remove</th>
<th>Repair</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>NO</td>
<td>Transite pipe &amp; debris</td>
<td>100 sf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basement north-side HVAC unit</td>
<td>NO</td>
<td>Black condenser pipe wrap</td>
<td>15 lf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basement throughout</td>
<td>NO</td>
<td>Floor tile debris</td>
<td>100 sf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basement northeast &amp; southeast corners</td>
<td>NO</td>
<td>Compressed layer paper pipe insulation</td>
<td>20 lf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basement north-side HVAC unit</td>
<td>NO</td>
<td>Flue &amp; joint sealant</td>
<td>3 sf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st floor showroom &amp; storage room/office</td>
<td>NO</td>
<td>VAT &amp; mastic</td>
<td>2,500 sf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st floor rear stock room &amp; closet</td>
<td>NO</td>
<td>VAT &amp; mastic</td>
<td>300 sf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st floor rear closet walls in NW corner stock room</td>
<td>NO</td>
<td>Transite paneling</td>
<td>150 sf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st floor middle/north room</td>
<td>NO</td>
<td>Black mirror mastic dabs</td>
<td>100 sf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st floor rear bathroom (SE corner)</td>
<td>NO</td>
<td>Textured floor tile</td>
<td>40 sf</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**B & G proj. #: 2016-03**

**Date of Notification (1):** [11/2/2016]

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>Amendment</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator (2):** Rendina Health Care

**Street Address:** 661 University Boulevard, Suite 200

**City, State, Zip Code:** Jupiter, FL 33458

**Name of Contact:** Brian Mock

### FACILITY INFORMATION

**Name of facility where abatement is taking place (3):** Abandoned Building

**Street Address:** 505 - 507 Broadway

**City (5):** Bayonne, NJ 07002

**County (6):** Hudson

**County Code (7):** Hudson

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td>0</td>
</tr>
<tr>
<td>Sub-Ch (Other than K-12)</td>
<td>0</td>
</tr>
<tr>
<td>Other Bldgs.</td>
<td>0</td>
</tr>
</tbody>
</table>

**Square Feet: 1,000 ft²**

**# of Floors:** 1

**Bldg. Age:** 105 Ryerson Road

**Current Use (If being demolished):** Commercial Buildings

**Former Use:** Commercial Buildings

### OCCUPANCY STATUS DURING ABAVENTMENT (Check only one)

- [x] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
- [x] Other: Describe:

### SCHEDULED START DATE (10)

- **01/07/2016**

### SCHEDULED COMPLETION DATE (11)

- **02/21/2016**

**Occupancy Status During Abatement:** Facility closed/vacated during entire period of abatement.

**Scope of Work (check all that apply):**

- [x] Demolition
- [ ] Renovation
- [x] >3 sf or >3 ft
- [x] ≥160 sf or ≥380 ft²

**Location of asbestos-containing material to be abated in facility (13):**

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (AGM)</th>
<th>Amount (Specify LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>roof flashing &amp; roofing field</td>
<td>4,200 sf</td>
</tr>
<tr>
<td>tar flashing cement</td>
<td>500 sf</td>
</tr>
<tr>
<td>pipe insulation remnant</td>
<td>20 lf</td>
</tr>
<tr>
<td>ceiling plaster - scratch coat</td>
<td>1,000 sf</td>
</tr>
<tr>
<td>VAT &amp; mastic</td>
<td>900 sf</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

**Disposal Date:** 01/07/16 - 02/22/16

**Completed by (Print or Type):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordana Luna</td>
<td>Secretary/Treasurer</td>
</tr>
</tbody>
</table>

**Signature:**

Gordana Luna

**City, State:** Lincoln Park, NJ

**Date:** 12/22/2015
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

Name of Building Owner/Operator (2)
Rendina Health Care

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amendment
- Cancellation

Street Address
661 University Boulevard, Suite 200

City, State, Zip Code
Jupiter, FL 33458

Name of Contact
Brian Mock

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Abandoned Building

Street Address
501 - 503 Broadway

City (5)
Bayonne, NJ 07002

County (6)
Hudson

County Code (7)

Name of Monitoring Firm Hired by Bldg. Owner (6)
N/A

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-8889

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Sched. Start Date (10)
01/05/2016

Sched. Completion Date (11)
02/19/2016

Occupancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours-
  Describer:
- Other-Describer:

Scope of Work (check all that apply)
- Demolition
- Renovation
- >3 sf or >3 if
- >160 sf or >260 if
- Full Containment w/negative pressure
- Glovebag procedure
- Non-wettable procedure
- Mini-enclosure

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial
staff (12)

Yes  No  N/A

Description of asbestos-containing material (ACM)

Amount (Specify L or LF)

Re-Move  Re-Pair  Re-Encap  Encl

roof
- roof flashing
- 500 sf

basement
- pipe insulation
- 50 if

first floor
- VAT
- 35 sf

first floor
- tar coating on rear of building
- 500 sf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID
19563

Cubic Yards of Waste
120

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
01/05/16 - 02/19/16

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer

Date
12/18/2015

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

GAC Project # 060-15

Date of Notification (1) December 24, 2015

 Agencies Notified
☑ EPA
☑ DCA
☑ DOL
☑ DEP - No Longer REQUIRED
☑ DOH

Notification Type
☐ Initial Notification
☐ Amended Notification #
☐ Emergency (including justification)
☒ Cancelled

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV. HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
LIPMAN HALL, BLDG# 6025

Street Address
COOK CAMPUS

City (5)
NEW BRUNSWICK
County (6)
MIDDLESEX
County Code (7)
ASCN No.
0098

Name of Monitoring Firm Hired by Bldg. Owner (8)
Cardno ATC

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-386-8800

Scheduled Start Date (10)
12/26/15

Scheduled Completion Date (11)
01/04/2016

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGARAW ROAD

City, State, Zip Code
FAIRLAWN, NJ

Occupancy Status During Abatement (Check only one)
☑ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Perfomed Outside of Normal Facility Hours - Describe
☐ Other - Describe: Shift Hours: 8:00 AM - 5:00 AM (24 hours as needed)

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 3 If
☒ ≥ 160 sf or ≥ 280 If

Location of Asbestos-Containing Material (ACM) in Facility (13)

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)

Various locations (spot abatement)

Name of Rec. Waste Hauler
See Hauler Below #1 & 2

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste:
5 CY

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 28969
Hauler #2) Newark Carting, Inc., Newark, NJ
NJ DEP # 04509

Completed by (Print or Type)
RAYMOND C. PEDALINO
Title SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino

Date December 24, 2015

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney
**State of New Jersey**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12-24-2015</th>
</tr>
</thead>
</table>

**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DCA

**Type Notification**
- [X] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

**Name of Building Owner / Operator (2)**
- Haddon Hills Apartments

**Street Address**
- 210 West Crystal Lake Avenue

**City, State & Zip Code**
- Haddonfield, NJ 08033

**Name of Contact**
- Kasia Krajewski

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
- Apartment Building 233

**Street Address**
- 210 W. Crystal Avenue

**City (5)**
- Haddonfield, NJ

**County (6)**
- Camden

**County Code (7)**
- [ ]

**Type of Facility (4)**
- [ ] School (K-12)
- [X] Subchapter 8 (Other than K-12)
- [X] Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**
- 2,214

**# of Floors**
- 2

**Bidg. Age**
- 66

**Current Use (Prior if being demolished)**
- Apartment Building

**Name of Building Owner (8)**
- ASCM No. 117

**Health and Safety Services**
- Resource Management Group, LLC

**Street Address**
- P.O. Box 365

**City, State & Zip Code**
- Berlin, NJ 08009

**Project Manager for Monitoring Firm**
- Mr. Jim Proctor

**Telephone Number**
- 856-482-1311

**Name of Monitoring Firm Hired by Building Owner (9)**
- J&S Environmental Laboratories Inc

**Street Address**
- 2333 Route 22 West

**City, State & Zip Code**
- Union, NJ 07083

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed during Normal Hours:
  - Describe: 8:30pm-5:30pm
- [ ] Facility Occupied During Abatement

**Scope of Work (Check all that apply)**
- [ ] 2 sf or ≥3 if
- [ ] ≥160 sf ≥260 if
- [X] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**

<table>
<thead>
<tr>
<th>Basement</th>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[X] Pipe Insulation</td>
<td>[ ] Mud Pack</td>
</tr>
<tr>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>[X] Mini-Enclosure</td>
</tr>
<tr>
<td>[ ] Glove Bag Procedures</td>
</tr>
<tr>
<td>[X] Non-Exempted: 1st Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Sp. qty SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 LF</td>
</tr>
<tr>
<td>30 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abeatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Removal</td>
</tr>
<tr>
<td>[ ] Repair</td>
</tr>
<tr>
<td>[ ] Encapsulant</td>
</tr>
<tr>
<td>[X] Enclosure</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- NJDEP Waste Hauler ID No: 0035218

**Resource Management Group, LLC**
- City, State
- Trenton, NJ 08619

**Completed By (Print or Type)**
- Mr. Brian Haney

**Title**
- President

**Signature**
- Brian Haney

**Date**
- 12/24/2015
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12-24-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Haddon Hills Apartments</td>
</tr>
<tr>
<td>Agencies Notified Type Notification</td>
<td>EPA</td>
</tr>
<tr>
<td></td>
<td>DEP</td>
</tr>
<tr>
<td></td>
<td>DOL</td>
</tr>
<tr>
<td></td>
<td>DOH</td>
</tr>
<tr>
<td>Street Address</td>
<td>210 West Crystal Lake Avenue</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Haddonfield, NJ 08033</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kasia Krajewski</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Apartment Building 264</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>Haddonfield, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Camden</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mr. Jim Proctor</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-452-1311</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>01-07-2016</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>01-16-2016</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement (Check only one)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed During Normal Hours: 8:30pm-5:30pm

**Scope of Work (Check all that apply)**

- ≥3 sf or ≥3 l f
- ≥160 sf ≥260 lf
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)**

- 50 LF Pipe Insulation
- 40 LF Mud Pack

**Amount (S: cubic SF or LF)**

- 50 LF
- 40 LF

**Abatement Type**

- Full Containment
- Encapsulate
- Enclosure
- Full Enclosure
- Non-Exempted
- Non-Friable Procedure

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Resource Management Group, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Mr. Brian Haney</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 12/23/2015
Name of Building Owner/Operator (2): Rachel Trobman

Agencies Notified: EPA, DEP, DOL, DOH, DCA
Type Notification: Initial

Street Address: 247 Underhill Rd
City, State, Zip Code: South Orange NJ

Name of Contact: Rachel Trobman
Telephone Number:

Name of Facility Where Abatement Is Taking Place (3):

Street Address:

City (5):

South Orange

County (6):

Essex

County Code (7) (STATE USE ONLY): 

Current Use (Prior if being demolished): 

Name of Monitoring Firm Hired by Building Owner (8):

ASCM No.:

Name of Abatement Contractor (9):

Academy Construction Inc

Street Address:

City, State, Zip Code:

205 Route 46 West
Totowa NJ 07512

Project Manager for Monitoring Firm:

Telephone No.:

Telephone No.:

Licene No.:

Name of OSHA Monitor:

Same as above

Start Date (10):

01/02/2016

Scheduled Completion Date (11):

01/03/2016

Occnpancy Status During Abatement (Check Only One):

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other: 

Scope of Work (Check All That Apply):

- 3 or 3.5
- 160 or 200

Renovation Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED:

In Facility (13):

1st Floor Living Room

Is Location Normally Used Solely by Maintenance/Custodial Staff (12):

Yes No N/A

Pipe Insulation

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):

Amount (Specify SF or LF):

30 LF

Abatement Type:

Endorse

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler:

Academy Construction

NJDEP Waste Hauler ID No.:

00334422

Cubic Yards of Waste:

4

Name of Registered Leach Field Landfill:

GROWS Landfill

City, State:

Totowa

City, State:

Morrisville PA

Disposal Date:

TBD

Completed by:

Zlate Geleseki

Title: VP

Signature:

Date: 12/23/2015

* Do not use this form for asbestos lice sure exempted activities.
## NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

### Date of Notification (1)
12-3-2015

### Name of Building Owner/Operator (2)
Kenneth Chung

### Agency Notification
- [x] EPA
- [x] DEP
- [x] DOH
- [ ] DCA

### Type Notification
- [x] Initial
- [ ] Amended
- [ ] Amendment #
- [x] Emergency (including justification)
- [ ] Cancellation

### Street Address
129 Wayne Street

### City, State, Zip Code
Jersey City, NJ 07302

### Name of Contact
Kenneth Chung

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Residential

#### Street Address
129 Wayne Street

#### City (5)
Jersey City, NJ 07302

#### County (6)
Hudson

#### County Code (7)
1873

#### Current Use (Prior to being demolished)
4

#### Square Feet
1873

#### # of Floors
4

#### Bidg. Age
70+

#### Name of Monitoring Firm Hired by Building Owner (8)

#### ASCM No.

#### Name of Abatement Contractor (9)
Green Environmental Services, LLC

#### Street Address
235 Virginia Avenue

#### City, State, Zip Code
Jersey City, NJ 07304

#### Telephone No.
201-333-8865

#### License No.
01174

#### Name of OSHA Monitor
Same as above

#### Project Manager for Monitoring Firm

#### Start Date (10)
12-3-2015

#### Scheduled Completion Date (11)
12-3-2015

#### Occupancy Status During Abatement (Check Only One)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe:

#### Scope of Work (Check All That Apply)
- [x] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥2600 if
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Miniclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

#### Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Location Normally Used Solely by Maintenence/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[x]</td>
<td>Pipe insulation</td>
<td>10 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
Green Environmental Services, LLC

#### NJDEP Waste Hauler ID No.
0034889

#### Cubic Yards of Waste
2

#### Name of Registered Landfill
G.r.o.w.s. Norm Landfill

#### City, State
Morrsville, PA

#### Disposal Date
12-4-2015

#### Completed by
Liliana Serrano

#### Title
Office Manager

#### Signature

#### Date
12-3-2015

---

*Do not use this form for asbestos: Billensure exempted activities.*
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/23/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>CLG Properties, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>720 Monroe St. Suite E513</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hoboken, NJ 07030</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Charlie Groeschke</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>500 Palisade Ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Jersey City NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>235 Virginia Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jersey City NJ 07304</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-333-8855</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>12-23-2015</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12-23-2015</td>
</tr>
</tbody>
</table>

### Scope of Work (Check All That Apply)

- 23 sf or 23 ft
- 260 sf or 260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*)
- Non-Friable Procedure
- Pathological Procedure

### Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>To Be Abated</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Corridor</td>
<td>X</td>
<td>VAT</td>
</tr>
<tr>
<td>2nd Floor Corridor</td>
<td>X</td>
<td>VAT</td>
</tr>
<tr>
<td>2nd Floor Kitchen</td>
<td>X</td>
<td>VAT</td>
</tr>
<tr>
<td>2nd Floor Main Room</td>
<td>X</td>
<td>VAT</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. 0034689</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>12-23-2015</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount Specified (SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>160</td>
<td>Removal</td>
</tr>
<tr>
<td>140</td>
<td>Repair</td>
</tr>
<tr>
<td>150</td>
<td>Encapsulation</td>
</tr>
<tr>
<td>350</td>
<td>Endorsement</td>
</tr>
</tbody>
</table>

### Completed by

- Liliana Serrano
- Title: Office Manager

### Signature

- Date: 12-23-2015

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
12-8-2015

**Name of Building Owner/Operator (2)**
Investment Properties Group, LLC

**Street Address**
2 Lane Avenue

**City, State, Zip Code**
Caldwell, NJ 07006

**Name of Contact**
Josip Kristanovski

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
Residential

**Street Address**
25 S William Street

**City**
Bergenfield, NJ 07621

**County**
Bergen

**Square Feet**
1274

**# of Floors**
2

**Bidg. Age**
89+

**Name of Monitoring Firm Hired by Building Owner (8)**
Green Environmental Services, LLC

**ASCM No.**

**Name of Abatement Contractor (9)**
Green Environmental Services, LLC

**Street Address**
235 Virginia Avenue

**City, State, Zip Code**
Jersey City, NJ 07304

**Project Manager for Monitoring Firm**

**Telephone No.**
201-333-8855

**License No.**
01-74

**Start Date (10)**
12-8-2015

**Scheduled Completion Date (11)**
12-8-2015

**Occupancy Status During Abatement (Check Only One)**
Facility Closed/Vacated During Entire Period of Abatement

**Other – Describe:**

**Scope of Work (Check All That Apply)**
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**

**Description of Asbestos-Containing Material (ACM) [i.e. thermal system insulation, surfacing, VAV, or other miscellaneous]**
Pipe insulation

**Amount (Specified in SF or L)**
100 LF

**Abatement Type**

**Name of Registered Waste Hauler**
Green Environmental Services, LLC

**NJDEP Waste Hauler ID No.**
0034889

**Cubic Yards of Waste**
2

**Name of Registered andfill**
G.r.o.w.s. North andfill

**City, State**
Jersey City, NJ

**Disposal Date**
12-8-2015

**City, State**
Morrisville, PA

**Completed by**
Liliana Serrano

**Title**
Office Manager

**Signature**

**Date**
12-8-2015

*Do not use this form for asbestos license exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
12-21-2015

Name of Building Owner/Operator (2)  
Ellyron Rubin

Agencies Notified  
☑ EPA  
☑ DOL  
☑ DOH  
☐ DCA

Type Notification  
☑ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)

Street Address  
205 US Highway 46  
City, State, Zip Code  
Totowa, NJ 07512

Name of Contact  
Ellyron Rubin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Residential

Street Address  
97 George Street

City (5)  
Tenafly, NJ 07670

County (6)  
Bergen

County Code (7) (STATE USE ONLY)  

Current Use (Prior if being demolished)  

Name of Monitoring Firm Hired by Building Owner (8)  

ASCM No.  

Name of Abatement Contractor (9)  
Green Environmental Services, LLC

Street Address  
235 Virginie Avenue

City, State, Zip Code  
Jersey City, NJ 07304

Project Manager for Monitoring Firm

Telephone No.  
201-333-8855

License No.  
01 74

Start Date (10)  
12-22-2015

Scheduled Completion Date (11)  
12-23-2015

Occupancy Status During Abatement (Check Only One)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other – Describe: 

Scope of Work (Check All That Apply)  
☐ ≥23 sf or ≥3 if  
☒ ≥160 sf or ≥260 sf  
☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED  

In Facility (13)

Yes  No  N/A

Location Normalized Used Solely by Maintenance/ Custodial Staff? (12)

Is Location

Not

X

Yes

No

N/A

Description of Asbestos-Containing Material (ACM)  
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Material  

SF  

Non-Exempted(*) and Non-Friable Proceedure

Asbestos-Containing Material (ACM) TO BE ABATED  

Basement-Main room  

X  

X  

X

VAT  

150  

3F  

X

Full Containment with Negative Pressure  

Roof  

X  

X

VAT  

180  

3F  

X

Mini-Enclosure  

Basement-Laundry room  

X  

X

VAT  

35  

F

Glovebag Procedure

Name of Registered Waste Hauler  
Green Environmental Services

Hauler ID No.  
009899

Cubic Yards of Waste  
2

Name of Registered Waste Hauler  
G.r.o.w.s. North Landfill

City, State  
Morristown, PA

Disposal Date  
12-23-2015

City, State  
Jersey City, NJ

Completed by  
Liliana Ferrero  
Office Manager

Title

Signature

Print Form.

Date of Activity  
12-21-2015

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
12/24/2015

<table>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Seagis Edison 2170, LLC c/o Seagis Property Group</td>
<td>Incinia Contracting, Inc.</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
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<td>Amendment #3</td>
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<td>DOH</td>
<td>Emergency (including justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
<td></td>
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**Street Address**  
2170 Route 27 North  
Conshohocken, PA 19428

**City, State, Zip Code**  
Edison, New Jersey 07021  
Conshohocken, PA 19428

**County (6)**  
Middlesex

**Former Location**  
Victoria Classics / Warehousing

**County Code (7) (STATE USE ONLY)**

**Facility Information**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Name of Monitoring Firm (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
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<tbody>
<tr>
<td>School (K-12)</td>
<td>Bio Terra Solutions</td>
<td>ASCM No.</td>
<td>Incinia Contracting, Inc.</td>
</tr>
<tr>
<td>Subchapter 8 (Other K-12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
<td></td>
<td></td>
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**Street Address**  
1130 West Chestnut Street  
Union, NJ 07083

**City, State, Zip Code**  
Clifton, NJ 07012

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rick Eustagulo</td>
<td>(973) 494-3762</td>
<td>1036</td>
</tr>
</tbody>
</table>

**Telephone No.**  
(973) 450-9500

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
</table>

**Occupancy Status During Abatement (Check Only One)**

- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other - Describe: Phased Project (See Attached)

**Scope of Work (Check All That Apply)**

- ≥3 sf or ≥3 if  
- ≥160 sf or ≥260 if  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempt (*) and friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Sp. iffy SF x LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Boiler Breaching, Tanks, Duct</td>
<td>5,371 x 1 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>65 x 1 LF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe Fitting</td>
<td>75 x 1 SF</td>
<td>X</td>
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</table>

**See Attached Documents**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic Carting</td>
<td>NJ-641/UA-464</td>
<td>40</td>
<td>Grand Central Sanitary Landfill</td>
</tr>
</tbody>
</table>

**City, State**  
Wayne, NJ

**Completed by**  
Milena Zoric  
Title: Executive Director  
Signature: [Signature]  
Date: 12/24/2015

---

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/18/15

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #003
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
Impact Environmental

Street Address
135 Main Street

City, State, Zip Code
South Amboy, NJ 08879

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Impact Environmental

Street Address
135 Main Street

City (5)
South Amboy

County (6)
Middlesex County

County Code (7) (STATE USE ONLY) ______

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.

Name of Abatement Contractor (9)
Pro Abatement

Street Address
1009 87th Street Suite A4

City, State, Zip Code
North Bergen, NJ 07047

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10) 12/29/15

Scheduled Completion Date (11) 01/09/16

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe:

Scope of Work (Check All That Apply)
- ≥2,000 sf or ≥280 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Firable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility (13)

Yes No N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler
SAN TON SERVICES

NJDEP Waste Hauler ID No. 22430

Cubic Yards of Waste

Name of Registered Landfill
MEDOWLANCE COMMISSION

Disposal Date

City, State
KENILWORTH, NJ

Completed by
Bryan Parra

Title
Project Manager

Signature

Date 12/18/15

* Do not use this form for asbestos censure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/1/15</td>
<td>Larry Styles</td>
</tr>
</tbody>
</table>

- **Agencies Notified**
  - EPA
  - DEP
  - DOL
  - DOH
  - DCA

- **Type Notification**
  - Initial
  - Amended
  - Amendment 
  - Emergency (including justification)
  - Cancellation

- **Name of Facility Where Abatement is Taking Place (3)**
  - Larry Styles
  - Street Address: 1140 Route 22
  - City: Bridgewater, NJ 08807

- **County (5)**
  - Somerset County

- **County Code (7)**
  - State USE ONLY

- **Facility Information**
  - Type of Facility (4)
    - School (K-12)
    - Subchapter 8 (Other than K-12)
    - Other (i.e. private & commercial buildings, homes, etc.)

- **Square Feet # of Floors Bldg. Age**
  - Current Use (Prior if being renovated/demolished)

- **Name of Monitoring Firm Hired by Building Owner (8)**
  - ASCM No.

- **Name of Abatement Contractor (9)**
  - Pro Abatement
  - Street Address: 1009 87th Street Suite A4
  - City, State, Zip Code: North Bergen, NJ 07047
  - Telephone No.: 201-293-6305
  - License No.: 1223

- **Name of OSHA Monitor**
  - HILMANN CONSULTING LLC
  - Street Address: 1500 ROUTE EAST SUITE 107
  - City, State, Zip Code: UNION NJ 07083

- **Start Date (10)**
  - 12/21/15

- **Scheduled Completion Date (11)**
  - 12/31/15

- **Abbreviated Status During Abatement (Check Only One)**
  - Facility Closed/Vacated During Entire Period of Abatement
  - Abatement Performed Outside of Normal Facility Hours
  - Other — Describe:

- **Scope of Work (Check All That Apply)**
  - Renovation
  - Demolition
  - Full Containment with Negative Pressure
  - Mini-Enclosure
  - Glovebag Procedure

- **Name of Registered Waste Hauler**
  - SAN TON SERVICES
  - NJDEP Waste Hauler ID No. 22430

- **Cubic Yards of Waste**
  - VAT: 3500 SF ×
  - VAT: 2000 SF ×

- **Name of Registered Landfill**
  - MEDOWL STONES COMMISION
  - City, State: KEARNY, NJ

- **Completed by**
  - Bryan Parra

- **Signature**

**Note:** This form has been marked as asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/23/2015

Name of Building Owner/Operator (2)
Private Property

Agencies Notified
☐ EPA  ☐ Initial
☐ DEP  ☐ Amended
☐ DOL  ☐ Amendment #
☐ DOH  ☐ Emergency (including justification)
☐ DCA  ☐ Cancellation

Type Notification
Street Address
36 Route 35
City, State, Zip Code
Neptune NJ
Name of Contact
Richard Dunn
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Private Property

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private commercial buildings, homes, etc.)

Square Feet
4000
# of Floors
1
Bldg. Age
+50

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ABS Environmental Services LLC

Name of Abatement Contractor (9)
Dinago Environment LLC

Street Address
Po Box 483
City, State, Zip Code
Glenwood NJ

Street Address
339 Lafayette St
City, State, Zip Code
Newark NJ 07015

Project Manager for Monitoring Firm
Scott Higgins
Telephone No.
877-434-6041

License No.
01240

Start Date (10)
12/28/2015
Scheduled Completion Date (11)
1/8/2016

Name of OSHA Monitor
J&S Environmental Corp

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe:

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥260 ft

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes ☐ No ☐ N/A ☐

Description of Asbestos Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF) (14)

Abatement Type
Removal ☐ Repair ☐ Encapsulation ☐ Enclosure ☐

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
04609

Cubic Yards of Waste

Name of Registered Landfill
ISES-Bethlehem Landfill

City, State, Zip Code
Newark NJ 07105
Disposal Date
2335 Appleburn Rd Bethlehem PA

Completed by
Carlos Gomes
Title
President
Signature
Date
12/23/2015

* Do not use this form for asbestos exemptions.

ASS-41 (R–05–08)
### State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**GAC Project # 544-2016**

**Date of Notification (1)**

**December 24, 2015**

**Name of Building Owner/Operator (2)**

**BUY RITE CORPORATION**

**Agencies Notified**

- [x] EPA
- [ ] DCA
- [x] DOL
- [x] DEP - No Longer REQUIRED
- [x] DOH

**Notification Type**

- [x] Initial Notification
- [ ] Amended Certification
- [ ] Emergency (including justification)
- [ ] Cancelled

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**

**BUY RITE CORPORATION**

**Street Address**

**661 ROUTE 33**

**City (5)**

**EAST HAMILTON**

**County (6)**

**MERCER**

**County Code (7)**

**State Use Only**

**Name of Monitoring Firm Hired by Bldg. Owner (8)**

**RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.**

**ASCM No.**

**0090**

**Type of Facility (4)**

- [x] School (K-12)
- [ ] Subchapter 8 (other than K-12)
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

**Sq. Feet:**

- [ ] 0
- [ ] 10,000 SF
- [x] 40+ years

**Current Use (prior if being demolished):**

**LIQUOR STORE**

**Type of Contract (9)**

**Name of Contractor**

**GREENWOOD ABATEMENT CONSULTANTS, INC.**

**Street Address**

**268 MAIN STREET**

**City, State, Zip Code**

**BUTLER, NJ 07405**

**Telephone Number**

**973-492-0477**

**License Number**

**01840**

**Occuapancy Status During Abatement (Check only one)**

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe

**SHIFT HOURS 6PM - 6AM (as needed)**

**Source of Work (Check all that apply)**

- [x] 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260

**Renovation**

- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) In Facility (13)**

- Is Location Normally Used Solely by Maint/Custodial Staff (12)
  - [x] YES
  - [ ] NO
  - [ ] NA

**Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)**

**Amount (Specify SI or LF)**

- [ ] Full Encapsulation with Negative Pressure
- [ ] Mini Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Abatement Type**

- [ ] Remove
- [ ] Repair
- [ ] Encase
- [ ] Enclose

**Name of Registered Landfill**

**G.R.O.W.S. North Landfill**

**Notes: None**

**Completed by (Print or Type)**

**Raymond C. Pedalino**

**Title**

**Senior Project Manager**

**Signature**

**December 24, 2015**

**Disposal Date**

**01/05/16**

**Copies To:**

- BUY RITE Attn: Mr. Reddy Bathena and RK O&E, Attn: Jon Gilbert
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16

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<td>□ Emergency (including justification)</td>
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<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>RUTGERS, THE STATE UNIVERSITY OF NJ</td>
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<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</td>
</tr>
<tr>
<td>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</td>
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<tr>
<th>City, State, Zip Code</th>
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<tr>
<td>PISCATAWAY, NJ 08854</td>
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<table>
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<tr>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</td>
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<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>JOHNSON APTS, BLDG# 3734, 3735</td>
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<table>
<thead>
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<th>Street Address</th>
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<tbody>
<tr>
<td>BUSCH CAMPUS</td>
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<td>(State Use Only)</td>
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<td>ASCM No. 0098</td>
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| Name of Monitoring Firm Hired by Bldg. Owner (8) |
| ATC GROUP SERVICES LLC |

| Name of Contractor (9) |
| GREENWOOD ABATEMENT CONSULTANTS, INC. |

<table>
<thead>
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<th>Street Address</th>
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<tbody>
<tr>
<td>3 TERRI LANE</td>
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<tr>
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<tr>
<td>BURLINGTON, NJ 08016</td>
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| Project Manager for Monitoring Firm |
| BRIAN KEARNY |

<table>
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<tr>
<th>Telephone Number</th>
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<td>609-386-8800</td>
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<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe</td>
</tr>
<tr>
<td>□ Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥ 3 sf or ≥ 3 lf</td>
</tr>
<tr>
<td>□ ≥ 160 sf or ≥ 260 lf</td>
</tr>
<tr>
<td>□ Removal</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Container with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebox Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Room 004 (APTS 816-831) &amp; Room 005 (APTS 832-851)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</td>
</tr>
<tr>
<td>280 SF</td>
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<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>See Hauler Below #1 &amp; 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ DEP Waste Hauler ID #</th>
</tr>
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<tbody>
<tr>
<td>See Below</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 CY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G. O.W.S. North Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hauler #1 - Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hauler #2 - Newark Carting, Inc., Newark, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/07/16</td>
</tr>
</tbody>
</table>

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
**GAC Project # 060-15**

**Date of Notification:** December 23, 2015

### Agencies Notified
- [ ] EPA
- [ ] NDEA
- [ ] DOL
- [x] DEP - No Longer REQUIRED
- [ ] DOH

### Notification Type
- [ ] Initial Notification
- [x] Amended Notification #
- [ ] Emergency (including justification)
- [ ] Canceled

### Name of Building Owner/Operator
- **RUTGERS, THE STATE UNIVERSITY OF NJ**
  - **Street Address:** ENVIRONMENTAL HEALTH & SAFETY DEPT.
  - **City, State, Zip Code:** PISCATAWAY, NJ 08854

### FACILITY INFORMATION
- **Name of Facility Where Abatement is Taking Place:** LIPMAN HALL, BLDG# 8025
  - **City:** COOK CAMPUS
  - **County:** NEW BRUNSWICK
  - **Telephone Number:** 609-386-8800
  - **Telephone Number:** 973-492-0477

### Name of Contractor
- **GREENWOOD ABATEMENT CONSULTANTS, INC.**
  - **Street Address:** 268 MAIN STREET
  - **City State Zip Code:** BUTLER, NJ 07405

### Project Manager for Monitoring Firm
- **BRIAN KEARNY**

### Scheduled Start Date
- **01/15/2016**

### Occupational Status During Abatement
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: Shift Hours: 8:00 AM - 5:00 AM (24 hours as needed)

### Scope of Work
- [ ] ≥ 3 sf or ≥ 3 if
- [ ] ≥ 160 sf or ≥ 260 ft
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### Abatement Type
- [ ] Remove
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

### Location of Asbestos-Containing Material (ACM) in Facility
- [ ] Yes
- [ ] No

### Description of Asbestos Containing Material (ACM)
- [ ] Identification of Material: Insulation, surfacing, etc.

### Surface Area
- **Location:** SURFACING MATERIALS
- **Surface Area:** 140 SF

### Name of Registered Landfill
- **Name:** G.R.O.W.S. North Landfill

### Hauler Information
- **Name:** Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
  - **NJDEP No.:** 28969
- **Name:** Newark Carting, Inc., Newark, NJ
  - **NJDEP No.:** 04509

### Disposal Date
- **01/19/16**

### Copies To
- Rutgers, REHS, Attn: Mike Smith
- Cardno ATC, Attn: Brian Kearney
### GAC Project # 060-15

**Date of Notification (1)**

**December 22, 2015**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
<td>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</td>
</tr>
<tr>
<td>DCA</td>
<td>Amended Notification #</td>
<td>27 ROAD 1, BLDG 4086, LIVINGTON CAMPUS</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DEP - No Longer REQUIRED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Canceled</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator (2)**

RUTGERS, THE STATE UNIVERSITY OF NJ

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGINEERING, BLDG# 3558</td>
</tr>
</tbody>
</table>

**Street Address**

BUSCH CAMPUS

**City (6)**

PISCATAWAY

**County (8)**

MIDDLESEX

**County Code (7)**

(State Use Only)

**Name of Monitoring Firm Hired by Bldg. Owner (8)**

Cardno ATC

**ASCN No.**

0098

**Name of Contractor (9)**

GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**

3 TERRI LANE

**City, State, Zip Code**

BURLINGTON, NJ 08016

**Telephone Number**

609-386-8800

**License Number**

973-492-0477

**Current Use (prior if being demolished)**

ACADEMIC

**Type of Facility (4)**

- School (K-12)
- Subchapter 8 (other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

**SQ. Feet**

N/A

**Number of Floors**

2

**Occupancy Status During Abatement (Check only one)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -
  Describe (24 hours as needed)
- Shift Hours: 5:00 PM – 5:00 AM

**Scope of Work (Check all that apply)**

- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 if
- Renovation
- Demolition
- Full Container with Negative Pressure
- Wastes Encased/Enclosed
- Glovebag Procedure
- Non-Exempted (*)

**Location of Asbestos-Containing Material (ACM) in Facility (13)**

D127, D128, D130

**NO**

**YES**

**VAT**

**TSI**

**<9 LF**

**Amount (Specify SF or LF)**

400 SF

**Location of Registered Landfill**

G.R.O.W.S. North Landfill

**Disposal Date**

01/11/15

**Name of Registered Hauler**

See Below

**Name of Registered Landfill**

See Below

**Name of Registered Hauler**

NUDEP Waste Hauler ID #

See Below

**Hauler #1**

Greenwood Abatement Consultants, Inc. – BUTLER, NJ 07405

NUDEP # 28969

**Hauler #2**

Newark Carting, Inc., Newark, NJ

NUDEP # 04959

**Completed by**

Raymond C. Pedalino

**Title**

SENIOR PROJECT MANAGER

**Signature**

Raymond C. Pedalino...

**Date**

December 22, 2015

---

**Copies To:** Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>December 23, 2015</th>
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<tr>
<th>Agencies Notified</th>
<th>EPA</th>
<th>DCA</th>
<th>DOL</th>
<th>DEP- No Longer REQUIRED</th>
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</table>

| Notification Type | Initial Notification | Amended Notification # | Emergency (including justification) | Cancelled |

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>RUTGERS, THE STATE UNIVERSITY OF NJ</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</th>
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<tbody>
<tr>
<td></td>
<td>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>PISCATAWAY, NJ 08854</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
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<tbody>
<tr>
<td></td>
<td>Subchapter 8 (other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc)</td>
</tr>
<tr>
<td>Sq. Feet</td>
<td>N/A</td>
</tr>
</tbody>
</table>

| Current Use (prior if being demolished) | ACADEMIC |

<table>
<thead>
<tr>
<th>Name of Contractor (9)</th>
<th>GREENWOOD ABATEMENT CONSULTANTS, INC.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>268 MAIN STREET</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>City State Zip Code</th>
<th>BUTLER, NJ 07405</th>
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<tr>
<th>Name of OSHA Monitor</th>
<th>ENVIROVISION, INC.</th>
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<tr>
<th>Street Address</th>
<th>20-21 WARGARAW ROAD</th>
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<table>
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<tr>
<th>City State Zip Code</th>
<th>FAIRLAWN, NJ</th>
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<table>
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<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ATC GROUP SERVICES LLC</th>
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<table>
<thead>
<tr>
<th>ASCM No</th>
<th>0098</th>
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<table>
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<tr>
<th>Street Address</th>
<th>3 TERRI LANE</th>
</tr>
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<tr>
<th>City State Zip Code</th>
<th>BURLINGTON, NJ 08016</th>
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<tr>
<th>Project Manager for Monitoring Firm</th>
<th>BRIAN KEARNY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>609-386-8800</th>
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<tr>
<th>Telephone Number</th>
<th>973-492-0477</th>
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<tr>
<th>License Number</th>
<th>00340</th>
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<th>Names of OSHA Monitor</th>
<th>ENVIROVISION, INC.</th>
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<tr>
<th>Scope of Work (Check all that apply)</th>
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<th>Demolition</th>
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<table>
<thead>
<tr>
<th>Full Container</th>
<th>with Negative Pressure</th>
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<tr>
<th>Mini-Enclosure</th>
<th>Glovebag Procedure</th>
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<thead>
<tr>
<th>Non-Exempted (non-Friable)</th>
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<tr>
<th>Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>YES</th>
<th>NO</th>
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| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | |

<table>
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<tr>
<th>Amount (Specify Sf or LF)</th>
<th>1200 SF</th>
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<tr>
<th>Cubic Yards of Waste</th>
<th>20 CY</th>
</tr>
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</table>

<table>
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<tr>
<th>Name of Reg. Waste Hauler</th>
<th>See Hauler Below &amp; 2</th>
</tr>
</thead>
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<thead>
<tr>
<th>Hauler #1</th>
<th>Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hauler #2</td>
<td>Newark Carling, Inc., Newark, NJ</td>
</tr>
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<table>
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<tr>
<th>Disposal Date</th>
<th>01/11/16</th>
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<table>
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<tr>
<th>City State Zip Code</th>
<th>100 New Ford Mill Rd. Morrisville, Pa 19067</th>
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<table>
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<tr>
<th>Name of Registered Landfill</th>
<th>G. R.O.W.S. North Landfill</th>
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<tr>
<th>Completed by [Print or Type]</th>
<th>RAYMOND C. PEDALINO</th>
</tr>
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<table>
<thead>
<tr>
<th>Title</th>
<th>SENIOR PROJECT MANAGER</th>
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<table>
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<tr>
<th>Signature</th>
<th>Raymond C. Pedalino</th>
</tr>
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Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15

Date of Notification (1)  
December 23, 2015

Agencies Notified  
☐ EPA  ☐ DOA  ☐ DOL  ☐ DEP - No Longer REQUIRED  ☐ DOH

Notification Type  
☐ Initial Notification  ☐ Amended Notification # 2 -
New Start & Completion Dates
☐ Additional Areas & Materials
☐ Emergency (including justification)
☐ Cancelled

Name of Building Owner/Operator (2)  
RUTGERS, THE STATE UNIVERSITY OF NJ

Address  
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON, NEW JERSEY 07039

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact  
MICHAEL SMITH, ENV. HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
PHARMACY, BLDG# 3750

Street Address  
BUSCH CAMPUS

City (5)  
PISCATAWAY

County (6)  
MIDDLESEX

County Code (7)  
(State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (6)  
Cardno ATC

Telephone Number  
609-386-8800

Name of Contractor (9)  
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address  
268 MAIN STREET

City, State, Zip Code  
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm  
BRIAN KARNEY

SCHEDULED START DATE (10)  
01/05/2016

SCHEDULED COMPLETION DATE (11)  
01/10/2016

Type of Facility (4)  
☐ School (K-12)  ☐ Subchapter 8 (other than K-12)
☐ Other (i.e. private & commercial buildings: homes, etc.)

Sq. Feet: N/A  # of Floors: 6  Bl g. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

Name of OSHA Monitor  
ENVIROVISION, INC.

Street Address  
20-21 WARGA VAI ROAD

City, State, Zip Code  
FAIR LAWN, NJ

Scope of Work (Check all that apply)  
☐ ≥ 3 sf or ≥ 3 lf
☐ ≥ 180 sf or ≥ 260 lf

☐ Renovation  ☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)  
Is Location Normally Used Solely by Maint./Custodial Staff (12)?
YES  ☐ NO  ☐ NA

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)

Amount (Specify S or LF)  
Abatement Type  
Removes, Repair, Enclose, Seal

EXTERIOR  

☐ 5th Floor (various locations)  ☐ 6th Floor (various locations)  ☐ 7th Floor (various locations)

Name of Reg. Waste Hauler  
See Hauler Below #1 & 2

Cubic Yards of Waste: 15 CY

Disposal Date  
1/12/201

City, State  
100 New Ford Mill Rd., Morrisville, PA 19067

Name of Registered Landfill  
GROW'S North Landfill

Hauler #1  
Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 28569

Hauler #2  
Newark Carting, Inc., Newark, NJ
NJ DEP # 04509

Completed by (Print or Type)  
RAYMOND C. PEDALINO

Title  
SENIOR PROJECT MANAGER

Signature  
Raymond C. Pedalino

Date  
December 23, 2015

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/23/15

Name of Building Owner/Operator (2)
124 West 5th St LLC

EPA
DEP
DOL
X DOH
DCA

Type Notification
Initial
Amended
Amendment #
Emergency (Including Justification)
Cancellation

Street Address
540 Broadway

City, State, Zip Code
Bayonne, NJ

Name of Contact
Mitch

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential House

Residential

Square Feet
3000

Current Use (Prior to being demolished)
Residential House

# of Floors
2

Bidg. Age
50+

Type of Facility (4)

JDG No.
n/a

Name of Abatement Contractor (9)
Harmony Contracting Inc

County Code (7)
Hudson

Name of Abatement Contractor (9)
Harmony Contracting Inc

Township
Bayonne

Street Address
124 West 5th St

City, State, Zip Code
Union, NJ 07083

Project Manager for Monitoring Firm
Sherill Gelsomino

Telephone No.
908-208-0073

Telephone No.
973-460-6026

License No.
012 55

Start Date (10)
12/28/15

Scheduled Completion Date (11)
01/10/16

Occupancy Status During Abatement (Check Only One)
X Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours
Other – Describe:

Scope of Work (Check All That Apply)
☑ ≥30 sf or ≥5 if
☑ ≥180 sf or ≥260 if
☑ Renovation
☑ Demolition
X Full Containment with Negative Pressure
X Mini-Enclosure
X Glovebag Procedure
X Non-Exempted (*) and Non-Accessible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes
No
N/A

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulation
Enclosure

DEMOLISHED STRUCTURE

Name of Registered Waste Hauler
Rovic Transport

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Morrisville, PA

Complied by
Stevan Lazarevich

Title
President

Signature

Date
12/28/15

ASB-41 (R-06-08)

* Do not use this form for asbestos license exempted activities.