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

Date of Notification (1)
07/20/2017

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
K. HOVIANIAN HOMES, LLC.

Street Address
110 FIELD CREST AVE. 5TH FLOOR

City, State, Zip Code
EDISON NJ 08837

Name of Contact
BOB KIEFFER

FACILITY INFORMATION

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

Street Address

City (5)
EAST BRUNSWICK

County (6)
MIDDLESEX

Name of Monitoring Firm Hired by Building Owner (8)
HEALTH & SAFETY SERVICES

Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES INC.

Street Address
318 12TH STREET

City, State, Zip Code
HAMMONTON NJ 08037

Telephone No.
609-704-8550

License No.
01145

Occupy 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 lf
☑ ≥160 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)
TO BE ABATED

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
☐ Encapsulate
☐ Enclose

Name of Registered Waste Hauler
ASSURED ENVIRONMENTAL SERVICES

City, State
MULLICA HILL NJ

Completed by
RON SWANSON
Title
GENERAL MANAGER
Signature
Date
07/20/2017

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:136)

**Date of Notification (1)**  
07/20/2017

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

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

**Name of Building Owner/Operator (2)**  
K. HOVYANIAN HOMES, LLC.

**Street Address**  
110 FIELDCREST AVE, 5TH FLOOR

**City, State, Zip Code**  
EDISON, NJ 08837

**Name of Contact**  
BOB KIEFFER

**Telephone Number**

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

**Square Feet**  
2104

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

**County (5)**  
MIDDLESEX

**Name of Monitoring Firm Hired by Building Owner (6)**  
ASCOM No.

**Name of Abatement Contractor (9)**  
ASSURED ENVIRONMENTAL SERVICES INC.

**Street Address**  
570 CLEM'S RUN

**City, State, Zip Code**  
MULLICA HILL NJ 08082

**Project Manager for Monitoring Firm**  
JIM PROCTOR

**Telephone No.**  
810-304-4678

**License No.**  
01-145

**Start Date (10)**  
07/21/2017

**Scheduled Completion Date (11)**  
07/25/2017

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

**Abatement Performed Outside of Normal Facility Hours**  
- Difficulty Described:

**Scope of Work (Check All That Apply)**  
- 23 of 25

**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>Amount (Specify SF or LP)</th>
<th>Abatement Type</th>
<th>Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTSIDE</td>
<td>X</td>
<td>2150 SF</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
ASSURED ENVIRONMENTAL SERVICES

**City, State**  
MULLICA HILL NJ

**Disposal Date**  
07/25/2017

**City, State**  
WAYNESBURG, OH

**Completed by**  
RON SWANSON

**Title**  
GENERAL MANAGER

**Signature**  
[Signature]

**Date**  
07/20/2017

*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)

CHECK# 23915/23925/24401/24174/24335/24358/24420

Date of Notification (1)
07-20-17

Name of Building Owner/Operator (2)
Unilever

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☒ Amended
☐ Amendment # 6
☐ Emergency (including justification)
☐ Cancellation

Street Address
700 Sylvan Avenue

City, State, Zip Code
Englewood Cliffs, NJ

Name of Contact
Mohnish Joshi

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

county

Name of Monitoring Firm Hired by Building Owner (8)
ALC Environmental

ASCM No.

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

Square Feet

# of Floors

Blg. Age

Commercial

Current Use (Prior if being demolished):

Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

Street Address
200 Broad Street

City, State, Zip Code
Carlstadt, NJ 07072

Project Manager for Monitoring Firm
Shawn Waldron

Telephone No.
(212) 675-5544

Telephone No.
201-939-6565

License No.
00758

Start Date (10)
03-15-17(2)04-04-17

Scheduled Completion Date (11)
(8)09-30-17

Name of OSHA Monitor
Even-Air, Inc.

Street Address
10-59 Jackson Avenue

City, State, Zip Code
Long Island City, NY 11101

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
☒ ≥100 sf or ≥250 ft
☐ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Building D: 2nd Floor

Fireproofing

11,000SF

Building D: 1st Floor

VAT

125SF

Building D: 1st Floor

Pipe Insulation

16LF

Building D: 3rd Floor

Fireproofing

11,000SF

Name of Registered Waste Hauler
ATC, Inc. / JBT (50071)

Cubic Yards

TBD

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg, OH 44688

Disposal Date
TBD

Completed by
Richard Doran

Title
Project Manager

Signature

Date
07-20-17

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building D: 2nd Floor</td>
<td>N/A</td>
<td>Pipe &amp; Fittings</td>
<td>1,400LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building D: 3rd Floor</td>
<td>N/A</td>
<td>Pipe &amp; Fittings</td>
<td>1,400LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building B: Basement</td>
<td>N/A</td>
<td>Fireproofing</td>
<td>144SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building B: 2nd Floor</td>
<td>N/A</td>
<td>Mastic</td>
<td>1,200SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building A: Ground Floor</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>6LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building A: Ground Floor</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>11LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building A: Ground Floor</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>10LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building A: Ground Floor</td>
<td>N/A</td>
<td>Debris</td>
<td>100SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building A: 1st Floor</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>6LF</td>
<td>Removal</td>
</tr>
<tr>
<td>(2) Under Pedestrian Bridge between Bldgs. B&amp;C</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>60LF</td>
<td>Removal</td>
</tr>
<tr>
<td>(2) Under Pedestrian Bridge between Bldgs. A&amp;B</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>65LF</td>
<td>Removal</td>
</tr>
<tr>
<td>(3) Building A: 3rd Floor</td>
<td>N/A</td>
<td>Glue Dots</td>
<td>15,000SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(5) Building B: 2 Level Cafeteria</td>
<td>N/A</td>
<td>Mastic</td>
<td>8,000SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building B: 1st Floor</td>
<td>N/A</td>
<td>VAT</td>
<td>200SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building A: 2nd Floor</td>
<td>N/A</td>
<td>Mastic</td>
<td>100SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building A: 4th Floor</td>
<td>N/A</td>
<td>VAT</td>
<td>8,000SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(6) Building D: 3rd Floor</td>
<td>N/A</td>
<td>Fireproofing</td>
<td>120SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(6) Building D: 2nd Floor</td>
<td>N/A</td>
<td>Floor Mastic</td>
<td>200SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(6) Building D: 2nd Floor</td>
<td>N/A</td>
<td>Wall Mastic</td>
<td>100SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(6) Building D: 2nd Floor</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>4LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:60 and 12:120)

**Name of Building Owner/Operator (2):**
Jose Soares

**Agency Notification:**
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DOB

**Street Address:**
[Redacted]

**City, State, Zip Code:**
Jersey City, NJ 07307

**Name of Contact:**
Jose Soares

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Private Home</th>
</tr>
</thead>
</table>

**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:**

**Name of Abatement Contractor (9):**
 Delta Contracting LLC

**Street Address:**
522 7th St.

**City, State, Zip Code:**
Union City NJ 07087

**Name of OSHA Monitor:**
Delta Contracting LLC

**Occupy Status During Abatement (Check Only One):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 7:00 Am - 5:00 Pm

**Scope of Work (Check All That Apply):**
- [ ] ≤ 50 sf or ≤ 50 ft²
- [ ] 51 to 150 sf or ≤ 250 ft²
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (X) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**
- [ ] Basement

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (13):**
- [ ] 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):**
150 LF

**Abatement Type:**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Endorsement

**Name of Registered Waste Hauler:**
Delta Contracting LLC

**NJ/DEP Waste Hauler ID No.:**
35240

**Cubic Yards of Waste:**
2

**Name of Registered Landfill:**
Tullytown Resource Recovery Facility

**City, State:**
Union City, NJ

**Disposal Date:**
08-03-17

**City, State:**
Tullytown, PA

**Completed by:**
Jaime Delgado
**Title:**
Proj. Manager

**Signature:**
[Signature]

**Date:**
07-21-17

*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)

**CHECK # 24372**

**Date of Notification (1)**
07-19-17

**Agency Notified**
- [ ] EPA
- [X] DEP
- [X] DOL
- [ ] DOH
- [ ] DCA

**Type Notification**
- [ ] Initial
- [X] Amended
- [ ] Amendment # 1
- [ ] Emergency (including justification)
- [ ] Cancellation

**Name of Building Owner/Operator (2)**
Orange & Rockland Utilities

**Street Address**
1 Blue Hill Plaza

**City, State, Zip Code**
Pearl River, NY 10965

**Name of Contact**
Gerard Friedler

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
275 West Grand Avenue

**City (5)**
Montvale

**County (6)**
Bergen

**County Code (7)**

**Current Use (Prior if being demolished)**
O&R Substation

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Name of Monitoring Firm Hired by Building Owner (8)**
Roco Rescue, Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
Pinnacle Environmental Corp.

**Street Address**
200 Broad Street

**City, State, Zip Code**
Carlstadt, NJ 07072

**Project Manager for Monitoring Firm**
Dennis O’Connell

**Telephone No.**
1-800-406-7626

**Telephone No.**
201-939-6565

**License No.**
00756

**Start Date (10)**
07-20-17

**Project Postponed**

**Scheduled Completion Date (11)**
06-31-17

**Name of OSHA Monitor**
EMSL Analytical, Inc.

**Street Address**
307 West 38th Street

**City, State, Zip Code**
New York, NY 10018

**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)**
- [ ] 23 sf or 23 if
- [X] ≥180 sf or ≥260 if
- [ ] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-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, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground: Electric Box</td>
<td>x</td>
<td>Electric Cable Wrap</td>
<td>1,500 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
ATC, Inc. / JBT (50071)

**NJDEP Waste Hauler ID No.**
24310

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Minerva Enterprises

**City, State**
Waynesburg, OH 44688

**Disposal Date**
TBD

**Completed by**
Kevin Moriarty

**Title**
Project Manager

**Signature**

**Date**
07-19-17

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:20-7)

GAC Project # 600-17

Date of Notification (1) July 21, 2017

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

Notification Type
☐ Initial Notification
☒ Amended Notification #1
☐ correct address
☐ 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

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)
SCHOOL OF DENTAL MEDICINE, BLDG # 7253

Street Address
RBHS NEWARK CAMPUS

City (5) NEWARK
County (6) ESSEX
County Code (7) [State Use Only] ASCM No.
0098

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

Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

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

Street Address
268 MAIN STREET

City State, Zip Code
BUTLER, NJ 07405

License Number
00840

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-386-8800

Scheduled Start Date (10)
07/28/17

Scheduled Completion Date (11)
07/31/17

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe

Other - Describe: Schedule: 3PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 3 If
☒ 160 sf or ≥ 260 If

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 SF or LF)
400 SF

Abatement Type
Full Containment with Negative Pressure
Mini-Enclosure
Glove bag Procedure / Wrap & Cut
Non-Exempted (*) and Non-Friable Procedure

Rooms C703, C705, C707,

VAT

Rooms C704

VAT

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID # See Below

Cubic Yards of Waste
10 CY

Name of Registered Landfill
G.R.O.W.S. North Landfill

Disposal Date
07/31/2017

City State
109 New Ford Mill Rd, Morrisville, Pa 19067
215-736-1700

HAULER 1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561
HAULER 2) Newark Carting, Inc., Newark, NJ 07114
NJ DEP # 4509

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

Signature

Date
July 21, 2017

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)

### Agencies Notified
- EPA
- DCA
- DOL
- DEP: No Longer REQUIRED
- DOH

### Notification Type
- Initial Notification
- Amended Notification #
- Emergency (Including justification)
- Cancellation

### Name of Facility Where Abatement is Taking Place
**SCHOOL OF DENTAL MEDICINE, BLDG# 7253**

### Street Address
**COLLEGE AVENUE CAMPUS**

### City
**NEW BRUNSWICK**

### County
**MIDDLESEX**

### Name of Monitoring Firm Hired by Bldg. Owner
**ATC**

### ASCM No.
0098

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

### Sq. Feet
N/A

### # of Floors
3

### Bldg. Age
60+ years

### Name of Contractor
**GREENWOOD ABATEMENT CONSULTANTS, INC.**

### Street Address
**3 TERRI LANE**

### City
**BURLINGTON, NJ 08016**

### Telephone Number
609-386-8800

### License Number
00840

### Name of OSHA Monitor
**ENVirovision, INC.**

### Street Address
**20-21 WARGARAW ROAD**

### City
**FAIRLAWN, NJ**

### Telephone Number
973-492-0477

### Occupancy Status During Abatement
- Fully Cessated/Unoccupied During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other

### Schedule
- 3PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

### Scope of Work
- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 ft
- Renovation
- Demolition

### Location of Asbestos-Containing Material (ACM) in Facility
- In Location Normally Used Solely by Maint./Custodial Staff

### Yes: NA

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

### Amount (Specify SF or LF)
400 SF

### Abatement Type
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove box Procedure / Wrap & Cut
- Non-Exempted (*) and Non-Fireable Procedure

### Rooms
- C703, C705, C707:
- VAT
- Room C734:
- VAT

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

### Cubic Yards of Waste
10 CY

### Completion Date
**July 18, 2017**

### Signature
Raymond C. Pedalino

### Date
**July 18, 2017**

---

**Copies To:** Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
**State of New Jersey**
**NOTIFICATION OF ASPEROS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 24 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>County of Union - Administration Building</td>
</tr>
<tr>
<td>Street Address</td>
<td>Ellizabeth Plaza</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Elizabeth, NJ 07207</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Ashbrook Golf Course and Club House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1210 Raritan Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Scotch Plains</td>
</tr>
<tr>
<td>County (6)</td>
<td>Union</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>T &amp; M Associates</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Controlled Environmental Systems</td>
</tr>
<tr>
<td>Street Address</td>
<td>1121 N. Bethlehem Pike - Suite 60</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Spring House, PA 19477</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>KEVIN BURNS</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732.676.4000</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8 / 1 / 17</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8 / 30 / 17</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>CES</td>
</tr>
<tr>
<td>Street Address</td>
<td>1121 N. Bethlehem Pike - Suite 60</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Spring House, PA 19477</td>
</tr>
</tbody>
</table>

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

| 10-3 sf or 10-30 sf | Renovation |
| 10-160 sf or 10-260 sf | 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)**

<table>
<thead>
<tr>
<th>Basement Windows</th>
<th>Window Caulking</th>
<th>24 LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offices</td>
<td>Multiple layers of flooring</td>
<td>3555 SF</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

**Abatement Type**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Champion Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Grows-Tullytown</td>
</tr>
<tr>
<td>City, State</td>
<td>Hainesport, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8/30/17</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

| Patricia Visco | Office Manager | Signature | Date | 7/24/17 |

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1) 7 / 25 / 17

Name of Building Owner/Operator (2)
City of Camden

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA
(NJAC 5:23-8)

Type Notification
☐ Initial
☐ Amended
Amendment #________
☐ Emergency (including
Justification)
☐ Cancellation

Street Address
PO Box 95120
City, State, Zip Code
Camden, NJ 08101
Name of Contact
James Rizzo

Name of Facility Where Abatement is Taking Place (3)
1037 N 32nd STREET STRUCTURE

FACILITY INFORMATION

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

Square Feet
varies

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
HOUSING DEEMED UNSAFE

Street Address
1037 N 32nd STREET STRUCTURE
City (5)
Camden
County (6)
CAMDEN

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00AM-5:00PM

Start Date (10)
7 / 25 / 17
Scheduled Completion Date (11)
8 / 31 / 17

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☒ ≥180 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 (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)

Abatement Type
Removal
Repair
Encapsulate
Endoscope

See Attached Notice of Hazard
☐ ☐ ☑

See Attached Notice of Hazard
200 YD per res

Name of Registered Waste Hauler
Waste Management of NJ

Name of Registered Landfill
GROWS

Disposal Date
8/31/17
City, State
Tullytown PA

Cubic Yards of Waste
200/residence

Completed By (Print or Type)
Patricia Visco
Title
Office Manager

Signature

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7  /  26  /  17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>✑ EPA</td>
<td>Type Notification</td>
</tr>
<tr>
<td>✑ DOLWD</td>
<td>✑ Initial</td>
</tr>
<tr>
<td>✑ DOH</td>
<td>☑ Amended</td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-5)</td>
<td>☑ Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>☑ Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>East Brunswick BOE</td>
</tr>
<tr>
<td>Street Address</td>
<td>760 NJ-18</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>East Brunswick, NJ 08816</td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - Frost School
- **Type of Facility (4)**
  - School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (i.e., private and commercial buildings, homes, etc.)
- **Square Feet**
- **# of Floors**
- **Bldg. Age 50+**
- **County Code (7) (STATE USE ONLY)**
- **Current Use (Prior if being demolished)**
  - School

**Name of Monitoring Firm Hired by Building Owner (6)**
- Environmental Design Inc

**ASCM No.**

**Name of Abatement Contractor (9)**
- Controlled Environmental Systems

**Street Address**
- 5434 King Avenue, Suite 101

**City, State, Zip Code**
- Pennsauken, NJ 08109

**Telephone No.**
- 856 516 9516

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-7:00PM - PM - AM

**Scope of Work (Check all that apply)**
- ☑ Renovation
- ☑ Demolition
- ☑ Full Containment with Negative Pressure
- ☑ Mini-Enclosure
- ☑ Glovebag Procedure "Wrap & Cut"
- ☑ Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**
- Storage Closet
  - ACM Fittings - (Wrap & Cut) 8 LF

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

**Amount (Specify SF or LF)**

**Abatement Type**
- Repair
- Encapsulation

**Name of Registered Waste Hauler**
- Champion Waste Removal

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**
- 1

**Name of Registered Landfill**
- Grows-Tullytown

**City, State**
- Hainesport, NJ

**Disposal Date**
- 8/11/17

**City, State**
- Morrisville, PA

**Completed By (Print or Type)**
- Patricia Visco

**Title**
- Office Manager

**Signature**
- [Signature]

**Date**
- 7/26/17

---

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1) 7 / 26 / 17

Agencies Notified
☒ EPA
☒ DOLWD
☒ DOH
☐ DCA
(JNAC 5:23-8)

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

Name of Building Owner/Operator (2)
East Brunswick BOE

Street Address
760 NJ-18

City, State, Zip Code
East Brunswick, NJ 08816

Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Warnsdorfer School

Street Address
8 Harden Lane

City (5)
East Brunswick

County (6)
Middlesex

County Code (?)/(STATE USE ONLY)

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Design Inc

ASCM No.

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
5434 King Avenue, Suite 101

City, State, Zip Code
Pennsauken, NJ 08109

Project Manager for Monitoring Firm
Jay Murray

Telephone No.
856 616 9516

Start Date (10)
8 / 7 / 17

Scheduled Completion Date (11)
8 / 11 / 17

Name of OSHA Monitor
CES

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-7:00PM/ PM-AM

Scope of Work (Check all that apply)

☐ >3 sf or >3 If
☐ ≥180 sq ft or ≥280 If
☒ Renovation
☒ Demolition

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)

Abatement Type

Gym Storage Room

☐ ACM Fittings -(Wrap & Cut) 8 LF

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frible Procedure

☐ Repair
☐ Removal
☐ Encapsulate
☐ Enclose

Name of Registered Waste Hauler
Champion Waste Removal

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Grows-Tulltown

City, State
Hainesport, NJ

Disposal Date 8/11/17

City, State
Morrisville, PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date 7/24/17

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