**NOTIFICATION OF ASBESTOS ABATEMENT**

**Pursuant to NJAC 8:60 and 12-120**

**Date of Notification (1)**
June 02, 2017

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

**Street Address**
One PATH Plaza

**City, State, Zip Code**
Jersey City, NJ 07306

**Name of Contact**
Tim Ryan

**Telephone Number**

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Macmillan-Bloedel Building

**Street Address**
100 Academy Street

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

**County**
Hudson

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

**Square Feet # of Floors Bldg. Age**
108,000 1 57 +/-

**Current Use (Prior if being demolished)**
Office/Warehouse

---

**Name of Monitoring Firm Hired by Building Owner (8)**
PA of NY & NJ

**ASCM No.**
N/A

**Name of Abatement Contractor (9)**
B&N&K Restoration Co. Inc.

**Street Address**
223 Randolph Avenue

**City, State, Zip Code**
Clifton, NJ 07011

**Telephone No.**
973-478-4681

**License No.**
00120

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

**Street Address**
200 Route 130 N

**City, State, Zip Code**
Cinnaminson, NJ 08077-2892

---

**Start Date (10)**
June 12, 2017

**Scheduled Completion Date (11)**
June 11, 2018

---

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Descriptor: Exterior work

---

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

- √ 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

<table>
<thead>
<tr>
<th>Location</th>
<th>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 (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>X</td>
<td>Roof Flashing, 12&quot; Flue Pipe Gasket (12)</td>
<td>1018 sq ft, 12 In ft</td>
</tr>
<tr>
<td>Ground &amp; Upper Level</td>
<td>X</td>
<td>Window Caulking</td>
<td>567.6 In ft</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td></td>
<td>&lt;3 In ft</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**

**Title**
NJ DEP Waste Hauler ID No. 19551

**Cubic Yards of Waste**
20

**Name of Registered Landfill**
Minerva Enterprises, Inc.

**City, State**
Waynesburg, OH

**Disposal Date**
To be Determined

**Completed by**
Aleksandar Kuridza

**Title**
Project Manager

**Signature**

**Date**
6/2/2017

---

* 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 12:120-7)

Date of Notification (1)
June 2, 2017

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)
CAMDEN SCIENCE, BLDG# 8331

Street Address
CAMDEN CAMPUS

City (5) County (6) County Code (7) (State Use Only)
CAMDEN CAMDEN

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

ASCM No.
0098

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: 4 Bldg. Age: 80+ years

Current Use (prior if being demolished): ACADEMIC RESEARCH

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

Street Address
511 MAIN STREET

City State Zip Code
BURLINGTON, NJ 08016

Telephone Number
973-492-0477

License Number
00840

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 Performed Outside of Normal Facility Hours -
   Schedule: 5PM – 5AM (24Hr & Weekends As Needed)
☐ Other - Describe:

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

☐ Renovation ☐ Demolition

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)

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

Room 327 TRANSITE

120 SF

Room 330 VAT

130 SF

Name of Reg. Waste Hauler

NJ DEP Waste Hauler ID #
See Hauler Below #1 & 2

Cubic Yards of Waste: 5 CY

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

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561

Hauler #2) Newark Carting, Inc., Newark, NJ 07105
NJ DEP # 4509

Disposal Date
06/05/2017

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

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

Signature
Raymond C. Pedalino

Date
June 2, 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)

GAC Project # 060-17

Date of Notification (1)
May 24, 2017

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

Name of Facility Where Abatement is Taking Place (3)
CAMDEN SCIENCE, BLDG # 8331

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

Sqd. Feet: N/A
# of Floors: 4
Bldg. Age: 80+ years

Current Use (prior if being demolished): ACADEMIC RESEARCH

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

Street Address
511 MAIN STREET
City, State, Zip Code
BUTLER, NJ 07405

Telephone Number
973-492-0477
License Number
00840

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-368-8800

Scheduled Start Date (10)
06/02/17

Scheduled Completion Date (11)
06/05/17

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

ASCM No.
0098

Street Address
3 TERRI LANE
City, State, Zip Code
BURLINGTON, NJ 08016

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 Performed Outside of Normal Facility Hours - Describe: Schedule: 5PM - 5AM (24HR & Weekends As Needed)

Other - Describe:

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

☐ Renovation
☒ Demolition

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.)

Amount (Specify SF or LF)

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

Room 327

☐ TRANSITE

120 SF

Cubic Yards of Waste: 5 CY

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

Disposal Date
06/05/2017

City, State
160 New Ford Mill Rd, Morrisville, PA 19067

Name of Registered Waste Hauler
See Hauler Below #1 & 2

NJDEP Waste Hauler ID #
See Below

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561

Hauler #2) Newark Cartage, Inc., Newark, NJ 07109
NJ DEP # 4509

Completed by (Print or Type)
RAYMOND C. PEDALINO

Title
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino

Date
May 24, 2017

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1)**
05-26-17

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

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

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

**Street Address**
40 Deforest Ave.

**City, State, Zip Code**
East Hanover NJ 07936

**Name of Contact**
Jhon Caravella

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

**Street Address**

- City (5)
  - Paterson
- County (6)
  - Passaic
- County Code (7) (STATE USE ONLY)

**Name of Monitoring Firm Hired by Building Owner (8)**
N/A

**ASCM No.**

**Name of Abatement Contractor (6)**
Delfa Contracting LLC

**Street Address**
522 7th St.

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

**Project Manager for Monitoring Firm**

**Telephone No.**
201 216-9603

**License No.**
01206

**Start Date (10)**
05-31-17

**Scheduled Completion Date (11)**
06-02-17

**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 23 sf
- 2580 sf or 2560 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)**

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/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 SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Demolition Asbestos Debris</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**
Caravella Demolition Inc

**NJDEP Waste Hauler ID No.**
35685

**Cubic Yards of Waste**
80

**Name of Registered Landfill**
IESI

**City, State**
E. Hanover, NJ 07936

**Disposal Date**
06-02-17

**City, State**
Bethlehem, PA

**Completed by**
Jaime Delgado

**Title**
Proj. Manager

**Signature**

**Date**
05-26-17

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

### Date of Notification (1)
- 6 / 2 / 17

### Name of Building Owner/Operator (2)
- Levin Management Corp

### Address Information
- **Street Address:** 975 US Hwy 22 West  
- **City, State, Zip Code:** North Plainfield, NJ 07060

### Name of Contact
- Steve Pratt

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Former Shoprite</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>2557 Morris Ave.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Union, NJ 07083</th>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)(STATE USE ONLY)</th>
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<tbody>
<tr>
<td>Union</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Vertex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Don Helm</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>610-558-9802</th>
</tr>
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<th>Start Date (10)</th>
<th>6 / 12 / 17</th>
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<th>Scheduled Completion Date (11)</th>
<th>7 / 7 / 17</th>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Vertex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>700 Turner Way</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Aston, PA 19014</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Alliance Environmental Systems</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>550 East Union St.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>West Chester, PA 19382</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>610-701-9000</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
<th>00508</th>
</tr>
</thead>
</table>

### Scope of Work (Check all that apply)
- [x] Renovation  
- [ ] 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 IN Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</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>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>VAT / Mastic</th>
<th>27,300 SF</th>
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</thead>
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<table>
<thead>
<tr>
<th>Transite Pipe</th>
<th>300 LF</th>
</tr>
</thead>
</table>

### Name of Registered Waste Hauler
- **Freehold Cartage**  
- **NJDEP Waste Hauler ID No.:** 15939  
- **Cubic Yards of Waste:** 120

### Name of Registered Landfill
- **Western Berks Community Landfill**

### City, State
- **Freehold, NJ**  
- **City, State:** Birdsboro, PA

### Completed By (Print or Type)
- **Mark Griffin**  
- **Title:** Estimator

### Signature


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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:90 and 12:120)

**Date of Notification (1):** 9/5/17

**Name of Building Owner/Operator (2):** Jon Volpe Developers

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

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

**Street Address:** 13 Spring St.

**City, State, Zip Code:** Butlair, NJ 07405

**Name of Contact:** Jon Volpe

**Telephone Number:**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Home</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. parking garages, home, etc.)</td>
</tr>
</tbody>
</table>

**Square Feet:** 1500

**# of Floors:** 2

**Bldg. Age:** N/A

**Current Use (Prior if being demolished):** Residential Home

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

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

**Project Manager:**

**ASCM No.:**

**Name of Abatement Contractor (9):**

**All Stages Abatement:**

**Street Address:** 260 N. Midland Ave.

**City, State, Zip Code:** Saddle Brook, NJ 07663

**License No.:** 01305

**Telephone No.:** 201-600-3184

**Scheduled Completion Date (11):** 8/12/17

**Start Date (10):** 8/7/17

**Occupy Status During Abatement (Check Only One):**
- x Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8 A.M. to 4 P.M.

**Name of OSHA Monitor:**

**Project Manager for Monitoring Firm:**

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- x 23 sf or 23 if</td>
</tr>
<tr>
<td>x ≥160 sf or ≥260 if</td>
</tr>
</tbody>
</table>

| x Renovation |
| x Demolition |
| x Full Containment with Negative Pressure |
| x Mini-Enclosure |
| x Glovebox Procedure |
| x Non-Exempted (*) and Non-Friable Procedure |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x Entire Home Demo</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>N/A</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>
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<tbody>
<tr>
<td>x ACM</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tr>
<td>1500 SF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>x Removal</td>
</tr>
<tr>
<td>x Repair</td>
</tr>
<tr>
<td>x Encapsulate</td>
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<tr>
<td>x Dispose</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>x Newark Carting</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tr>
<td>x TBD</td>
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<table>
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<tr>
<th>Name of Registered Landfill</th>
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<tr>
<td>x IESI Landfill</td>
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<th>Disposal Date</th>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>x Newark, NJ</td>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>x Bethlehem, PA</td>
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**Completed by:** Richard Cristofoli

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
</tr>
</tbody>
</table>

**Signature:**

**Date:** 8/5/17

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

Date of Notification (1)
10/16/2017

Name of Building Owner/Operator (2)
Pennsauken Public Schools

Name of Contact
Noreen Boston

AGENCIES NOTIFIED
□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

Type Notification
□ Initial
□ Amendment
□ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
H.M. Phifer Middle School (non sub 8)

Street Address
8201 Park Avenue

City (5) Pennsauken, NJ 08110

County Code (7)
Camden

County Code (7)
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
Arcadis U.S., Inc.

ASCM No.
0141

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

Street Address
105 Ryerson Road

City, State, Zip Code
Newtown, PA 18940

License Number
00378

Telephone Number
908-635-4069

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

Other: Described below: 3:00 am - 4:30 pm occupied

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

Location normally used solely by maintenance/custodial staff (12)

Yes No N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal

Repair

Encapsulation

Non-ferrous procedure

All hallways

VAT & mastic

18,400 sf

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID# 159563

Cubic Yards of Waste

250

Name of Registered Landfill

Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
06/15/17 - 07/21/17

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
06/05/2017
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>6 / 6 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>City of Camden</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>☑ Amended</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>☑ Amendment #</td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>☑ Emergency (including justification)</td>
</tr>
<tr>
<td>☑ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 95120</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Camden, NJ 08101</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>James Rizzo</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
600 STATE STREET STRUCTURE

Street Address
600 STATE STREET STRUCTURE

City (5) | Camden
County (6) | CAMDEN

Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.
Name of Abatement Contractor (9) | Controlled Environmental Systems

Street Address | 1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code | Spring House, PA 19477

Project Manager for Monitoring Firm | Telephone No.
Telephone No. | 215 542 7000
License No. | 00847

Start Date (10) | 6 / 7 / 17
Scheduled Completion Date (11) | 7 / 31 / 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-5:00PM/____PM-____AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥280 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 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)

Amount (Specify SF or LF)

Abatement Type

Endeavor

Encapsulate

Repair

Removal

See Attached Notice of Hazard
☒ See Attached Notice of Hazard

200 YD per res

Name of Registered Waste Hauler
Waste Management of NJ
NJDEP Waste Hauler ID No. | 17273

Cubic Yards of Waste | 200/residenc

Name of Registered Landfill
GROWS
City, State | Fairless Hills, PA, Tullytown PA
Disposal Date | 7/31/17

Completed By (Print or Type)
Patricia Visco
Title | Office Manager
Signature | 
Date | 6/6/2017

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