#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12-120) Date of Notification (1) Name of Building Owner/Operator (2) June 02, 2017 PATH IIIN - 7 2017 Agency Notified Type Notification Street Address One PATH Plaza ☐ EPA Initial ASBESTOS CONTROL & Not required per State Pag. 10-2004 City, State, Zip Code ☐ Amended LICENSING X DOL Amendment # Jersey City, NJ 07306 ☐ Emergency (including Name of Contact Telephone Number **DOH** justification) ☐ Cancellation ☐ DCA Tim Ryan **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Macmillan-Bloedel Building ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, 100 Academy Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Jersey City, NJ 07302 108,000 57 +/-County (6) Current Use (Prlor if being demolished) County Code (7) (STATE USE ONLY) Hudson Office/Warehouse Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) PA of NY & NJ N/A B&N&K Restoration Co. Inc. Street Address Street Address 241 Erie Street, Room 236 223 Randolph Avenue City, State, Zip Code City, State, Zip Code Jersey City, NJ 07310 Clifton, NJ 07011 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Uday Mehta 201-595-4881 973-478-4681 00120 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor June 12, 2017 June 11, 2018 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address 200 Route 130 N ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours Cinnaminson, NJ 08077-2892 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ ≥ 3 sf or ≥ 3 lf ⊠ Renovation ☐ Mini-Enclosure □ Demolition ≥ 160 sf or ≥ 260 If ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate Enclosure Remova TO BE ABATED (i.e., thermal systems insulation. Repair (Specify Custodial **IN Facility** surfacing, VAT, or SF or LF) Staff? other miscellaneous) (13)(12)No N/A Roof Roof Flashing 1018 sq ft Ground & Upper Level Window Caulking 567.6 In ft Roof 12" Flue Pipe Gasket <3 In ft Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Waste Jimmy Byrne Trucking 19551 20 Minerva Enterprises, Inc. City, State Disposal Date City, State Bronx, NY / Newark, NJ To be Determined Waynesburg, OH Completed by Signature Date Aleksandar Kuridza **Project Manager** 6/2/2017

State of New Jersey

Check No

CYLIDTO	$\cap$	State of I			ication of Asbestos C. 8:60-7 and 12:120-7		teme	Tt	E C	E		E	F			
GAC Project # wou-17			(2 42	11.0.74.1												
Date of Notification (1)					Name of Building Owne	r/One	rator 2						H			
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Agencies Notified	,	Notification	n Type		Street Address	7171	L OIA	AFILE	الالال	AL LES	_ (11	1				
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X DOL		2007	ai Areas	and Materials	City, State, Zip Code			and the state of the same of t		ICENS	ING					
☑ DEP- No Longer REQUIR	DED	#			PISCATAWAY, NJ	088	54									
DOH DOH	\LD	☐ Emer	gency (	including	Name of Contact			Tele	phone	Number						
IM DON		justif	cation)		MICHAEL SMITH,		<u>.</u>	ille Sun O Co.								
		Cance	lled		HEALTH & SAFET	Y		1								
				FACILITY IN	FORMATION								_			
Name of Facility Where Abatem			)		Type of Facility (4)											
CAMDEN SCIENCE, B	LDG#	8331			☐ School (K-12)											
Street Address					Subchapter 8 (other than K-12)											
CAMDEN CAMPUS					Subchapter 8 (other than K-12)  Subchapter 8 (other than K-12)  Subchapter 8 (other than K-12)											
CAMPEN CAMPUS					Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years											
City (5)	County (6	3)	Count	Code (7)	# OF HOURS. 4 Blug. Age. OUT years											
CAMDEN		MDEN	(State	Use Only)	Current Use (prior if being demolished): ACADEMIC RESEARCH											
					Current Use (prior it being demolished): ACADEMIC RESEARCH											
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)											
ATC			0098		Name of Contractor (9)											
					GREENWOOD ABATEMENT CONSULTANTS, INC.											
Street Address					Street Address					-,-			_			
3 TERRI LANE					Sireer Address											
					511 MAIN STREET											
City, State, Zip Code			illite - 1911 s -		City State, ZipCode											
BURLINGTON, NJ 0	08016				BUTLER, NJ 07405											
Project Manager for Monitoring		Telephone	Number		Telephone Number License Number											
BRIAN KEARNY		609-386														
		***			973-492-0477 00840											
Scheduled Start Date (10)		Scheduled	Completic	on Date (11)	Name of OSHA Monitor											
06/02/17		06/05/17			11											
					ENVIROVISION, INC.											
Occupancy Status During Aba	tement (	Check only of	ne)		Street Address											
☐Facility Closed/Vacated Dur	ring Entir	re Period of A	batemer	nt	20.24 WADCADAW DOAD											
	side of N	ormal Facility	Hours -		20-21 WARGARAW ROAD											
Describe: Schedule: 5PM - 5	5AM (24	Hr & Week	ends A	s Needed)	City, State, Zip Code											
Other- Describe:																
					FAIRLAWN, NJ											
Scope of Work (Check all that ap	pply)															
-					Full Containment with Negative Pressure											
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				<b>X</b> Renovation		Mini-E	Enclosu	re								
$\boxtimes$ $\geq$ 160 sf or $\geq$ 2	60 If			Demolition	X	Glov	ebag Pi	rocedui	re / Wra	ap & Cut						
										-Friable		lure				
Location of Asbestos-Containing		cation Norma		Description of Ast	pestos Containing Materia!		Amoun			ment Ty			_			
Material (ACM) in Facility (13)	100000000000000000000000000000000000000	ly by Maint./C	ustodial		al systems insulation, surfact	ing,	(Specif	y SF	_		-	-				
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	+						.000	•	100	-	+-	+-	_			
Name of Reg. Waste Hauler		NJDEP Was	A. Herder	ID #												
See Hauler Below #1 & 2		See Belov		1D#	Cubic Yards of Waste: 5 CY Name of Registered Landfill											
					G.R.O.W.S. North La						Land	TIII				
Hauler #1) Greenwood Abateme	ent Cons	ultants, Inc	Butler, N	IJ 07405		Dispo	osal Da	te		City, Sta	ate					
NJDEP # 12561			06/0	5/201	7		100 Ne	w Ford	Mill							
Hauler #2) Newark Carting, Inc							Rd. Mo	rrisville								
NJ DEP # 4509										19067						
						215-736	3-1700									
Completed by (Print or Type)		itle			Signature Date											
RAYMOND C. PEDALIN	70.70 H-7.	SENIOR P		T												
	R	MANAGER		Raymond C. Tedalino June 2, 2017												

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GAC Project # 060-17					The state of the s	')	1	12/							
Date of Notification (1)	0047				Name of Building Ow	ner/Op	erator	2)	1900	V 80		- 111			
May 24 Agencies Notified	, 2017	National			RUTGERS, THE	STA	TE U	VIVER	SITY	OF-NJ	2017	' 111			
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⊠ DOL			ication		PISCATAWAY, N	11089	REA.			CENS	ING				
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					HEALTH & SAFE			1							
Name of Facility Where Abatem	ont is To	king Diese /		FACILITY I	NFORMATION										
CAMDEN SCIENCE, BI	DG#	R331	1		Type of Facility (4)										
Street Address					School (K-12)										
CAMDEN CAMPUS					Subchapter 8 (other than K-12)										
					Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years										
	County (6	The state of the s		ty Code (7)	Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80÷ years										
CAMDEN	(5.565	MDEN	(State	Use Only)	Current Use (prior if being demolished): ACADEMIC RESEARCH										
Name of Monitoring Firm Hired b	y Bldg. (	Owner (8)	ASCN 009		Name of Contractor (9)										
2			000	•	GREENWOOD AB	ATEN	ENT	CONS	ΙΙΙΤΔΙ	AI STU	ic.				
Street Address 3 TERRI LANE			W		Street Address			00110	01170	110, 11					
					511 MAIN STREET	EET									
City, State, Zip Code					City State, ZipCode										
BURLINGTON, NJ 08 Project Manager for Monitoring F	3016	Ŧ			BUTLER, NJ 0740										
BRIAN KEARNY	<u> </u>	Telephone 609-386			Telephone Number			Lice	nse Num	ber					
		003-300	-0000		973-492-0477			008	An						
Scheduled Start Date (10)				on Date (11)	Name of OSHA Monitor			1 000	40						
06/02/17		06/05/17			1										
Occupancy Status During Abate	ement (	Check only o	ne)		ENVIROVISION, INC. Street Address										
Facility Closed/Vacated Durin	ng Entire	Period of A	bateme	nt	Street Address										
Abatement Performed Outside	de of No	rmal Facility	Hours -		20-21 WARGARAW ROAD										
Describe: Schedule: 5PM - 5/	AM (24)	Hr & Week	ends A	s Needed)	City, State, Zip Code										
Other- Describe:															
					FAIRLAWN, NJ										
Scope of Work (Check all that app	oiv)				1										
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≥ 3 sf or ≥ 3 lf				Renovation		Mini-	Enclos	ILO	rivegal	ve Pres	sure				
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Location of Ashart - O										Friable	Procedi	ure			
Location of Asbestos-Containing Material (ACM) in Facility (13)		ation Normal by Maint./Cu		Description of As	bestos Containing Material	1	Amou	nt		ment Typ					
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Name of Reg. Waste Hauler		NJDEP Was	ID#	Cubia Vanda 15191	EGI	7	Non	of Dear	40.00	160					
See Hauler Below #1 & 2		Cubic Yards of Waste:	5 CY				stered La North		ill						
Hauler #1) Greenwood Abatemen	NJ 07405		Dispr	sal Da											
NJDEP#12561				5/201			City, Sta 100 New		Aill						
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509					Rd. Mo					Rd. Mor	lorrisville, Pa				
D.D. II 1000									- 1	19067 215-736-	1700				
Completed by (Print or Type)   Title					Signature			Det		-10-100-					
RAYMOND C. PEDALING		ENIOR PR	OJEC	т											
		ANAGER			Raymond & Pedaline May 24, 2017										

# CH990

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

n.	E	C	E		Wring	Form
Ñ		JUN		7	2017	

		(Fulsualit to NOAC 6.60 and 12.120)												
Date of Notification (1) 05-26-17			of Building rella Der		TOTAL BETTER AND THE	ASBESTOS CONTROL 8								
Agencies Notified Type Notification  EPA Initial			Address forest A	ve.			William State of the State of t	-	ASBE	LICE			OL &	
DEP Amended DOL Amendment #			ate, Zip C Hanover		936			- H - S	1.					
DOH justification)  Cancellation	ng		f Contact Caravell	а		Telephone Number								
		FAC	ILITY INF	ORMATI	ON				-					
Name of Facility Where Abatement is Taking Place Private Home	9 (3)					Тур	oe of Facility School (K-	12)						
Street Address						k	Subchapte Other (i.e. etc.)				ildings	, hom	es,	
City (5) Paterson						Squ	uare Feet	# 0	f Floors		Bldg. Age			
County (6) Passaic			Code (7) USE ONLY	)	_	Cui	rrent Use (Pri	ior if bei	ng demol	ished)				
Name of Monitoring Firm Hired by Building Owner N/A	(8)	ASCN	ЛNo.			me of Abatement Contractor (9) elfa Contracting LLC.								
Street Address		-1			Street 522									
City, State, Zip Code					City, State, Zip Code Union City NJ 07087									
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph 201 2		No. -9603		License 01206	No.				
Start Date (10) Sched 05-31-17 06-02		mpletion	Date (11)				SHA Monitor Intracting L					25		
Occupancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period of		Street A 522 7												
Abatement Performed Outside of Normal Faci Other – Describe:	lity Hour	urs City, Sta					Zip Code ty NJ 0708	37	10 to					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli	7-7				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
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Location of	Is Locat Norma			Dee	cription							уре		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	sed Sole Maintena ustodial (12)	nce/ Staff?		tos Conta thermal surfac	aining M	lateri s insu T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
Yes	No	N/A				_					_	"		
Entire Property	×		Dem	olition /	Asbes	tos I	Debris			X				
Name of Registered Waste Hauler	N	JDEP W	aste	Cubic \	Yards		Name of	Registe	red I andf	511				
Caravella Demolition Inc	21 50	lauler ID 3568	No.	of Was			0.00000.0000000000000000000000000000000	ESI	red Landi					
City, State E. Hanover, NJ 07936		Disposal Date 06-02-17					City, State Bethleh		Ą					
Completed by Title Jaime Delgado Pro		Signature Manager.				Date 05-26-17				*				

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

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	ification)			000 C T000000	e of Conta	7. T.		Telephone Num	ber							
☐ Car	ncellation			Ste	eve Pratt				-							
				FA	CILITY II	NFORMATION										
Name of Facility Where Abateme	nt is Takir	ng Plac	e (3)		C		Type of Facility									
Former Shoprite							School (K-12	2) 8 (Other than K-12)								
Street Address							8 (Other than K-12) private and commercial buildings,									
2657 Morris Ave.							homes, etc.)									
City (5)							Square Feet	# of Floors	В	ge						
Union, NJ 07083							40,000									
County (6)				Cou	nty Code (	7)(STATE USE ONLY)		ior if being demolis	shed)							
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Name of Monitoring Firm Hired by Vertex	Building	Owner	(8)	ASCM	No.	Name of Abateme										
Street Address				NA			ronmental Sys	stems								
700 Turner Way						Street Address 550 East Unio	Ct									
City, State, Zip Code									1. 2-1-	e i e i vivi	155					
Aston, PA 19014						City, State, Zip Co West Chester										
Project Manager for Monitoring Fi	rm		Tele	ephone	No	Telephone No.	, FA 1930Z	License No.								
Don Heim				10-558		610-701-9000		00508								
Start Date (10)	Sche	duled C			ite (11)	Name of OSHA M	00308									
_6_/_12_/_17	100				17	Vertex										
Occupancy Status During Abatem						Street Address										
□ Facility Closed/Vacated During		3,553		ment		700 Turner W					12					
☐ Abatement Performed Outside	of Norma	l Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	-									
Time of Abatement: 7AM	PM/ <u>3:3</u>	0PM		AM		Aston, PA 19										
Scope of Work (Check all that app	ly)															
☐ ≥3 sf or ≥3 lf		⊠ Re	novot	0.0			ntainment with Negative Pressure									
≥3 st of ≥3 tt     ≥160 sf or ≥260 lf		De				Mini-Encl     Glovebag										
				1		☐ Non-Exer	mpted (*) and Nor	n-Friable Procedur	е							
9 W 9		(II) (I) (I)	Locat Norma						Ab	atem	ent T	уре				
Location of Asbestos-Containing Material (	ACM)		d Sole		Ashe	Description of stos Containing Mat		Amount	Re	Re	En	E I				
TO BE ABATED		7001038	intena todial			., thermal systems is	nsulation,	(Specify	Remova	Repair	cap	Enclosure				
IN Facility (13)		Cus	(12)	Stall?		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure				
(1.0)		Yes	No	N/A	1	other misochanec	,,,,,				te					
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Main Floor				$\boxtimes$	Transit	e Pipe		300 LF								
		П							П	П	П					
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Name of Registered Waste Hauler	00			IDEBY	Mosto	Cubio Varda of	Nome of Decision			Ш	Ш	Ш				
Freehold Cartage			0.0	JDEP V auler ID	(1) [1] 전 (1) [2] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Cubic Yards of Waste		Registered Landfill								
				15939		120		rn Berks Community Landfill								
City, State Freehold, NJ						Disposal Date	City, State	D4								
	Title					TBD Birdsboro, PA										
Completed By (Print or Type)  Mark Griffin	10000				Signature	1999	Dat	e .	/	1-						
	E	stimat								2	11)					
SB-41									11	1						

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17.55	te of Notification (1) 5/17				of Building Owner olpe Develope		r (	2)		JUN	-	7 20	17	late
Age	encies Notified	Type Notification		Street A	Address ring St.					ASBESTO		ONT		. &
×	DEP DOL	Amended Amendment			ate, Zip Code , NJ 07405				X	Lui ()	1.180	21140		
	DOH DCA	iustification) Cancellation		Name o	f Contact olpe				I	elephone Nun	nber			
				FAC	LITY INFORMAT	TION								
	ne of Facility Where	Abatement is Takin	g Place (3)				I	Type of Facility	(4)					
Stre	eet Address					School (K-12) Subchapter 8 (Other that Other (i.e. private & cometc.)					<-12) ercial buildings, hom			es,
Bu	tler							Square Feet 1500	# of Floors Bldg. Age N/A					
Mo	orris				Code (7) USE ONLY)			Current Use (Pri Residential H			ed)			
	ne of Monitoring Firm Dject Manager	Hired by Building (	Owner (8)	ASCM No. Name of Abatement C All Stages Abate						or (9)				
Stre	et Address					13275	333	ddress . Midland Ave	e.					
City	, State, Zip Code					City, State, Zip Code Saddle Brook, N			7663	3				
Proj	ect Manager for Mon	itoring Firm		Telepho	ne No.	(III   60000   10000   10000   10000   10000   10000   10000   10000   10000   10000   10000   10000   10000		ne No. 00-3184	License No. 01305					
00000	t Date (10) 7/17		Scheduled Co 6/12/17	mpletion	Date (11)	Name	of	OSHA Monitor						
Occ	upancy Status During	g Abatement (Chec	k Only One)			Street	Α	ddress					11/2/27	
×	Facility Closed/Vac Abatement Perform Other – Describe: §	ed Outside of Norm	Period of Abater al Facility Hour	ment rs		City, S	Sta	te, Zip Code	<del>- 31 - 10</del>			-		
Sco	pe of Work (Check A	Il That Apply)					-						es III	
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli					Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure	,			e	
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	Yes	No	N/A				<u> =</u>		ulate	6
Entire Home Demo		х		ACM		1500 SF	x			
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Name of Registered Waste Hauler Newark Carting		H	JDEP Waste auler ID No. 4509	Cubic Yards of Waste TBD	Name of IESI La	Registered Landfi ndfill	1			
City, State Newark, NJ				Disposal Date TBD	City, Stat Bethler	e nem, PA				
Completed by Richard Cristofol	Title Presi	ident	nt/humana ana	Signature	1		ate /5/17			
				1120		-				

B & G proj. #: 2017-49

### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

				NON sub 8 Check # 8412											_					
Date of Notification	1 (1)		11	Name o	f Building	Ow	ner/Operator (2	')	P											
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Agencies Notified	Type Notific	ation	ᆉ	Street A	ddress							5 W	4	U V	1	3				
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DCA	☐ Cance	llation	11		een Bos	ton					Telephon	110	SENS	ING	TUL	. Či				
	-					FAC	CILITY INFORM	1ATIC	N											
Name of facility wh	nere abatement	t is tak	ting p	lace (3)						T	Type of Facility	(4)								
H.M. Phifer M											X School	ol (K - 1		than k	(-12)					
Street Address										$\exists$	Subchapter 8 (Other than K-12) Other (Private/Commercial									
8201 Park Av	renue									ldg. A	Age									
City (5)			Cou	inty (6)		-			unty Code (7)	=	Square Feet	# of Flo	-							
Pennsauken,	NJ 08110	ĺ	Ca	amden				(St	ate use only)		Current Use (P school (non		ing der	nolish	ed)					
Name of Monitoring		Bldg.	. Own	er (8)			ASCM No.		Name of Abater	nent (										
Arcadis U.S.,	Inc.						0141		B & G Rest	storation, Inc.										
Street Address	reet Address 10 Friends Lane, Suite 200								Street Address	- D	Road									
City, State, Zip Code		.00							105 Ryerso											
Newtown, PA									City, State, Zip C Lincoln Pa		NJ 07035									
Project Manager for	Monitoring Fire	m			Phone N	umb	er	_	Telephone Numi			Licens	e Num	ber						
David Hilinsk	ti				908-6	35-	4069		(973)696-				0378							
Scheduled Start Dat	e (10)	15	Sched	d. Compi	letion Date	e (1	1)		Name of OSHA B & G Rest											
06/15/2017			07/	21/201	7				Street Address	Ulati										
Occupancy Status D	ouring Abateme	ent (Ch	neck o	only one)	)			7	105 Ryerso	n Ro	Road									
	/vacated during								City, State, Zip C	ode										
Describe:	rformed outside							_	LincolnDout											
	e: <u>8:00 am -</u>		) pm	occup	ied			-	LincolnPark	i, NJ	07035									
Scope of Work (che														- N	a:::::P2					
	X		ovatio						Full Containment v	v/nega			ebag p							
	X			≥260 If					Mini-enclosure			Non-	friable		dure					
Location of asbestos-cont	aining				lly used so custodial	olely	1				Amount		e	R	E n	E				
material to be		staff	f(12)				Description material (A		sbestos-containin	g	(Specify S	F or	m	p	С	n				
abated in facili	ity (13)	Ye	38	No	N/A	Α					LF)		V	i	a p	Ĺ				
All hallways					X		VAT & mas	stic			18,400 sf		e			$\vdash$				
Parlitional Washalland																				
Registered Waste Hauler NJDEP Hauler ID# Cubi B & G Restoration, Inc. 19563							ubic Yards of W 250	vaste	Name of Registe		andfill Resource & Re	covery	Cent	er						
City, State Disposal Date							ate		City, State			covery	Oeili	.01	-					
							5/17 - 07/21/17 Tullytown, PA							10						
Completed by (Print of Gordana Luna	y/Trea	euror	Signature Gordana Luna Da							E IOO	7									
Lund		000	· otal	yrica	Juici				0	0.7740	z 06/05/2017									

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name of Building Owner/Operator (2)												
6/	6 /	17		City of Camden												
Agencies Notified	Type Notifica	ation		Street	Address						1 17	<u> </u>	-			
⊠ EPA				PO	Box 951	20							111			
⊠ DOLWD	☐ Amended			City, S	State, Zip (	Code			HI JUN	- 7	201	7	1			
⊠ DOH	Amendme		-	Car	mden, NJ	J 081	101		- CON	,	L 0 1	1	lescon			
DCA (NJAC 5:23-8)			ıg		of Contac				Telephone Numb	er-			$\pm$			
V	☐ Cancellat	(0.00 to 60		Jan	nes Rizzo	0			LIUI		NTF	ROL	હ			
				FA	CILITY IN	NFOR	RMATION	-17137	1404	ameny a major						
Name of Facility Where A	batement is T	aking Plac	e (3)					Type of Facility	ty (4)							
600 STATE STREE								☐ School (K-12)								
Street Address								8 (Other than K-12)								
600 STATE STREET	STRUCTU	RE						Other (i.e., p     homes, etc.	r (i.e., private and commercial buildings, es, etc.)							
City (5)								Square Feet	# of Floors	oors Bldg. Age						
Camden								varies	varies	1 8	50+					
County (6)				Cour	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Pr	rior if being demolis	hed)						
CAMDEN							200		DEEMED UNSAF							
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9	)				-			
						Name of Abatement Contractor (9)  Controlled Environmental Systems										
Street Address						Street Address										
						1	121 N. Bethl	hlehem Pike - Suite 60								
City, State, Zip Code							y, State, Zip Co									
53 S 1						1	pring House									
Project Manager for Monit	torina Firm		Tel	ephone	No	1	ephone No.	,,	License No.							
3	3		,			8000	15 542 7000	00847								
Start Date (10)		Scheduled	Comple	etion Da	te (11)	Name of OSHA Monitor										
6 / 7 /				1 /			ES	ornicor								
Occupancy Status During	Abatement (0	Check only	one)			Stre	eet Address									
☐ Facility Closed/Vacate	172		100	ment		1	121 N Bethle	ehem Pike -Su	ite 60							
☐ Abatement Performed	Outside of No	rmal Facil	ity Hou	rs - Des	cribe	-	/, State, Zip Co									
Time of Abatement: 7:	:00AM- <u>5:00</u> F	PM/F	M	AM			pring House									
Scope of Work (Check all	that apply)															
☐ >3 sf or >3 lf		Пя	enovat	ion			☐ Full Cont ☐ Mini-Encl	ainment with Ne	gative Pressure							
≥160 sf or ≥260 lf		-	emoliti				Glovebag									
							Non-Exer	mpted (*) and No	n-Friable Procedur	е						
1	2		s Loca Norma							Ab	atem	ent T	ype			
Location Asbestos-Containing N		Us	ed Sol		Acha	etoe (	Description of Containing Mat		Amount	Re	Re	E	m			
TO BE ABA	TED `	' N	ainten				rmal systems i		(Specify	Removal	Repair	Encapsulate	Enclosure			
IN Facilit (13)	у	Cu	stodial (12)				urfacing, VAT,		SF or LF)	<u>a</u>		sula	ure			
(13)		Yes		N/A	1	Otr	her miscellaned	ous)				ite				
See Attached Notice	of Hazard	П			See Att	ache	ed Notice of	Hazard	200 YD per res			П				
									200 15 pc. 100							
			-	-	<u></u>											
		$ \parallel$ $\perp$								Ш	Ш	Ш	Ш			
								_								
Name of Registered Wast			3,400	NJDEP \		12673170143	oic Yards of	Name of Regis	stered Landfill							
Waste Management	of NJ		_   '	Hauler ID No. Waste 200/residenc				GROWS								
City, State				Disposal Date City, Sta				City, State								
Fairless Hills, PA	7/31/17				Tullytown PA											
Completed By (Print or Ty	pe)	Title					Signature	ure Date / /					7-15			
Patricia Visco		Office	Mana	ger			Value	Mina	r 6	16	1201	72				