Type Notification

Amended

Amendment #\_

Initial

Date of Notification (1)

Agencies Notified

EPA

DEP

DOL

3/27/17

×

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

Lucy Velazquez

City, State, Zip Code

Bloomfield, NJ 07003

Street Address

Name of Building Owner/Operator (2)

Tel	MAR ASBESTO LICI	2 9 20 S CON ENSING	TROL 8	
acility (4)				-
ol (K-12) hapter 8 (Other (i.e. private 8	er than K-12) & commercial b	uildings, h	nomes,	
et # of 3	f Floors	Bldg. Ag 65+/-	е	
se (Prior if bei tial Home	ng demolished)			
nt Contractor atement	(9)			
d Ave.				
de NJ 07663				
	License No. 01305		10	
onitor			*	
de				
tainment with	Negative Press	sure		

Emergency	(including	- [	Diooiii	nora, re	0 0700									
DOH justification Cancellatio	)	102	Name of Rob B	f Contact rown					Telen	hone Nu	mber	_		
			FACI	LITY INF	ORMAT	ION								
Name of Facility Where Abatement is Taki Residential Home	ng Place (3)						Туре	of Facility (4	)					
Street Address								School (K-12 Subchapter 8	) (Other	4h 1/ /	2)			
								Other (i.e. prietc.)				dings	, home	es,
City (5)							Squa	are Feet	# of F	loors	В	ldg. A	Age	
Bloomfield							200		3			5+/-		
County (6) Essex County				Code (7) JSE ONLY	n		Curre	ent Use (Prior sidential Ho	if being	demolis	ned)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)		ASCN	No.				atement Cont		)				
Street Address						Street		g on an annual resource of						
50.000-00-000-000-000-000-000-000-000-00								dland Ave.						
City, State, Zip Code								Zip Code	****					
Decised Management 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								ook, NJ 07	663					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 201-6				icense N 1305	0.		- 10	
Start Date (10)	Scheduled	Com	pletion [	Date (11)				HA Monitor		1303			-	
4/5/17	4/8/17		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 4.0 (1.1)		- reame	0, 00	I IA WOILLOI						
Occupancy Status During Abatement (Che-	ck Only One)	<b>X</b>				Street	Addre	SS						
Facility Closed/Vacated During Entire	Period of Aba	atem	ent											
Abatement Performed Outside of Non Other – Describe: 8 A.M to 4 P.M	mal Facility H	ours				City, S	tate, Z	Zip Code						
Scope of Work (Check All That Apply)														_
≥3 sf or ≥3 lf	Contraction (Contraction)	ovat				×	Fu	Il Containmer	t with N	egative F	ressu	re		
≥160 sf or ≥260 lf	Den	noliti	on			-	Mir	ni-Enclosure ovebag Proce						
								n-Exempted		lon-Friab	le Pro	cedur	е	
	Is Lo		-0.00										ement pe	t
Location of Asbestos-Containing Material (ACM)	Used S	mally Solely		Aabaa		scription		1 (4 0 4 4)		1,000		1 9	pe	
TO BE ABATED	Mainte Custod	5 3 3 3 3 3 7	7.7		thermal	aining M systems	insula		Amo (Spe		R	77	Enc	Ш
In Facility (13)		12)	taii:			cing, VA <sup>-</sup> niscellan			SF or	r LF)	Remova	Repair	Encapsulate	Enclosure
	Yes N	No	N/A				oouo,				/al	=	ilate	ure
Basement		Х				VAT			640	SF	x			
Basement		X			1	Mastic			640				x	
													- "	
Name of Registered Waste Hauler		72505301	IDEP Wa		Cubic of Was			Name of Re	egistered	d Landfill			00 a - 400	
Newark Carting		122/09/	509	10.	4 CU	310		IESI Lan	dfill					
City, State						sal Date		City, State						
Newark, NJ					TBD			Bethlehe	m, PA					
Completed by Richard Cristofol	Title Preside	nt			S	ignature	/	//		Da				
	rieside	111				MA	6	14/		3/2	27/17			
ASB 41 (B 06 00)							1							

D8:S Proj. #: 17-89

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

G	E		国门
MAR	2.5	2017	

									MAR	29	201	7	
Date of Notification (1)		Name of	Building Ow	ner/Operator (2	?)								
0 3 / 2 3 / 1 7 Agencies Notified Type Notific	ation	jill tek						ASE	BESTO	S CO	NTA	OL 8	
Agencies Notified Type Notific	ation	Street Ad	dress							print a gradual and an	10.		
DEP Amended						*****				+			
DOL Amendment		City, State	e, Zip Code					i					
Emergence	1.1.		range, nj 0	7052				; ;					
justification	n)    r	Name of C	Contact					Telephon	e Numbe	er			
DCA Cancellati	on	jill tek	el										
			FAC	CILITY INFORM	IATIO	N							
Name of facility where abatemen	t is taking pl	ace (3)					TT	Type of Facility (					
jill tekel								=	I (K - 12		1	( 10)	
Street Address							-		apter 8 (0 Private/0			(-12)	
							1	Bldgs./	Homes,	etc.			
City (5)	I Cou	nty (6)			-		=	Square Feet	# of Floo	rs	В	ldg. A	ge
, (0)	554	, (0)			2.6250	unty Code (7) ate use only)	-	Current Use (P	rior if hei	na den	nolieh	ed/	
west orange		SEX			l .			Ourient Ose (F	ioi ii beii	ig uen	101131	eu)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatem	nent Co	ontractor (9)					
Charach Address					_	D & S REST	ORAT	ΓΙΟΝ, INC.					
Street Address						Street Address							
City, State, Zip Code					_	20 Californi City, State, Zip C	THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDRESS O	Company Company					-
						Paterson, N.		12					
Project Manager for Monitoring Fir	m	Ti	Phone Numb	per	-	Telephone Numb			License	Numl	oer		
						973-345-80				1169			
Start Date (10)	Sched	. Comple	tion Date (1	1)	-	Name of OSHA I							
04/03/17	04/1:	5/17				D & S Resto	ration	, Inc.					
Occupancy Status During Abateme				TOTAL NUMBER OF STREET	-	20 California	A						
Facility closed/vacated durin	g entire peri	od of aba	tement.			City, State, Zip C		iue					
Abatement performed outsid Describe:	e of normal	facility ho	urs-			Only, Glato, Elp G	ouc						
Other-Describe: NORMAL	HOURS				-	Paterson, N.	0750	3					
Scope of Work (check all that app	ly)						Ful	I Containment w	/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation	n						ni-enclosure					
≥160 sf or ≥260 lf	Demolition	n						vebag procedur n-Exempted (*)		friable	proc	edure	
Location of			y used solely	y						TR	R	E	E
asbestos-containing material (acm) to be	by mainte staff(12)	mance/cl	istoulai			sbestos-containin	9	Amount (Specify S	F or	e m	e p	n	n
abated in facility (13)	Yes	No	N/A	material (	ACIVI)			LF)	1 01	0	a i	a	L
BASEMENT	-	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		PIPE INSU	IAT	ION		160 I PT		е	r	Р	
DAGENIENT			1	TIFE INSU	LAI	ION		160 L FT			님	H	H
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					Silver		- V			ዙ	H	片	H
			1				-			H	H	H	一
Registered Waste Hauler		EP Haule		ubic Yards of V	Vaste	Name of Registe				.,			
D & S RESTORATION, INC. City, State	135	06		2 yds.		The second secon	N, RE	ESOURCE RE	COVER	Y			
PATERSON, NJ 07503			Disposal D 04/04/1			City, State TULLYTOW	/N P	A					
Completed by (Print or Type)	Title		-1	Signature		1 1000110	11,17		Date				_
BOGDAN JOLDZIC	PRESID	ENT							03/23	/2017			

D&S Proj. #: 17-77

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

M.	E	C			$\mathbb{V}$	E	M
		MAR	2	9	2017		

									MAR	29	20	1/	
Date of Notification (1)		Name o	f Building Ow	ner/Operator (2	2)			i			_		1
0 3 /2 3 /1 7		jill lag	gerstrom					AS	BESTO			ROL	&
Agencies Notified   Type Notifica	ation	Street A	ddress					·	110	ENS	MG		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DEP Amended										7 S7	55 - 15 O		
Amendment #	<b>#</b> :	City, Sta	ite, Zip Code										
	, —	SO. 0	ORANGE, N	NJ 07079									
DOH (including justification		Name of	CONTRACTOR OF THE PARTY OF THE		-			Telephon	e Numbe	er			
DCA Cancellation		jill la	gerstrom							_			
			FAC	CILITY INFORM	NATIO	N							
Name of facility where abatement	is taking	place (3)					П	Type of Facility (					
jill lagerstrom							Ш	=	I (K - 12) apter 8 (0		han	(-12)	
Street Address							7		Private/C				
								Bldgs./	Homes,	etc.			
City (5)	T C	ounty (6)			T o		=	Square Feet	# of Floo	rs	E	ldg. A	ge
Oily (0)	100	Junty (0)				unty Code (7) ate use only)	11	Current Hea (P	des if hele			- d\	
SO. ORANGE	E	SSEX			(0.	ate ase only)		Current Use (Pr	nor it beir	ig den	nolisi	iea)	
Name of Monitoring Firm Hired by	Bldg. Ow	vner (8)		ASCM No.		Name of Abaten	nent C	ontractor (9)					
						D & S REST	ORA	TION, INC.					
Street Address						Street Address							
						20 Californi		).					
City, State, Zip Code						City, State, Zip C	ode						
						Paterson, N.		03					
Project Manager for Monitoring Firm	n		Phone Numb	per		Telephone Numb			License		oer		
						973-345-80 Name of OSHA				1169	_		
Start Date (10)	Sch	ed. Comp	letion Date (1	1)		D & S Resto							
03/24/1717	04/	15/17				Street Address	natioi	i, me.					
Occupancy Status During Abateme				CHIKKLE COMMANDE		20 California	a Avei	nue					
Facility closed/vacated during	entire pe	eriod of ab	atement.			City, State, Zip C					-		
Abatement performed outside Describe:		al facility h	ours-										
Other-Describe: NORMAL I	HOURS				_	Paterson, N.	J 0750	)3					
Scope of Work (check all that appl	y)					-	Fu	Il Containment w	/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renova	tion						ni-enclosure					
≥160 sf or ≥260 lf	Demoliti	ion						ovebag procedur on-Exempted (*) :		friable	proc	edure	
Location of			lly used solely	y				1		IR	R	E	E
asbestos-containing material (acm) to be	by mair staff(12	ntenance/o	custodial			asbestos-containin	g	Amount	_	e m	e	n	n
abated in facility (13)	Yes	No	N/A	material (	(ACM)			(Specify SI	r or	0	a	a	C
28 - 28 - 2007	1.00	140	INA							v e	r	p	
BASEMENT crawl space		X		PIPE INSU	LAT	ION		18 l ft		X			
					msterilless								
		-		<u> </u>				-					
Registered Waste Hauler	J		ID# 1 0	ubio Vasda a Cl	Mest	IN		1					
D & S RESTORATION, INC.		DEP Haul 3506		ubic Yards of V yd.	vaste			andfill ESOURCE RE	COVER	Y			
City, State			Disposal D			City, State	-1, 10	COOKED ILL	OUVEN	1	-		
PATERSON, NJ 07503			03/27/1			TULLYTOV	VN, P	A					
Completed by (Print or Type)	Title			Signature					Date				
BOGDAN JOLDZIC	PRESI	DENT		I.					03/23/	2017			

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 3 27 1 17 Pennsville Township BOE / Job #1702-5115 Check # Agencies Notified Type Notification Street Address **ASBESTOS CONTROL 8 ⊠** EPA **U**-Initial 30 Church Street LICENSING **⊠** DOLWD □ Amended City, State, Zip Code ☑ DHSS Amendment #1 Pennsville, NJ 08070 □ DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Michael Simpkins **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Pennsville Memorial HS School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings. 110 South Broadway homes, etc.) City (5) Square Feet # of Floors Bldg. Age Pennsville, NJ 08070 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Salem High School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 609-839-2432 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5 / 8 / 17 5 / 26 / 17 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If Mini-Enclosure ⊠ Renovation ≥160 sf or ≥260 lf Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Enclosure Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A П Auditorium X Floor tile & Mastic 5,800 SF $\times$ П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 5/26/17 Tullytown, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti Operations Coordinator

State of New Jersey

ASB-41 MAY 11

\* 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) Name of Building Owner/Operator (2) 3 27 / 17 Gordon's Corner Water Co. / Job #1701-5100 Check #9085 Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA ☑ Initial 6 South Main Street LICENSING **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Marlboro, NJ □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation **Brian Dougherty FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Gordon's Corner Water Co.- Plant #3 ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 6 South Main Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Marlboro County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Water Company Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 609-839-2432 609-265-2107 00529 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor \_\_4\_\_ / \_\_10\_\_ / \_\_17 4 / 10 / 17 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or $\ge 3$ If $\subseteq \ge 160$ sf or $\ge 260$ If ⊠ Renovation Mini-Enclosure ☐ Demolition Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Removal Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Plant #3 Muffler Insulation $\boxtimes$ 50 SF X П П Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 12 City, State Disposal Date City, State Lumberton, NJ 4/10/17 Tullytown, PA

Completed By (Print or Type)

Gwendolyn Trumbetti

Title

Operations Coordinator

Signature

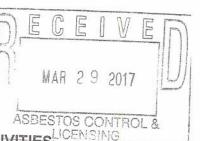
#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7) Date of Notification (1) Name of Building Owner/Operator (2) 06/29/16 Cooper University Hospital Month/Day/Year Agency Notified Type Notification Street Address ASBESTOS CONTROL X EPA Initial One Cooper Plaza LICENSING X DEP Notification City, State, Zip Code X DCA Amended Camden NJ 08103 X DOH Notification Name of Contact Telephone Number Cancellation Mark Elberfeld FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Cooper Hospital- Kelemen Bldg Type of Facility (4) School (K12) Street Address Subchapter 8 (Other than K12) Other (i. e. Private & commercial One Cooper Plaza buildings, homes, etc.) Square Feet # of Floors City (5) Bldg. Age County (6) County Code (7) Camden 50,000 60 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) Hospital ASCM No. Name of Abatement Contractor (9) Criterion Labs Associated Specialty Contracting Inc Street Address Street Address 3370 Progress Drive 98 LaCrue Avenue City, State, Zip Code City, State, Zip Code Bensalem, PA 19020 Glen Mills, PA 19342 Project Manager of Monitoring Firm Telephone Number Telephone Number Mike Panpresso Licence Number 215-244-1300 610-364-9622 1103 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 06/29/15 12/31/17 Criterion Labs Month/Day/Year Month/Day/Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 3370 Progress Dr x Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: \_\_\_ 7:00 AM to 3:30 PM Bensalem, PA 19020 Other - Describe: \_4:00 PM to 12:30AM Scope of work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini - Enclosure >3 sf or >3 if Glovebag Procedure >160 sf or >260 lf Non-Friable Procedure Is Abatement Type Location of Location Description of Asbestos - Containing Normally E Asbestos-Containing Material (ACM) Amount R Used N N Material (ACM) TO BE ABATED (Specify E R C C Solely (ie. Thermal systems SF or M In Facility E A L by Maininsulation, surfacing, VAT, LF) 0 P P 0 tenance/ or other miscellaneous) V A S S Custodial A 1 Staff (12) U U L R Yes No N/A Pharmacy 2nd floor E floor tile and mastic 4564 SF 3rd FI OR x floor tile and mastic 1542 SF X 2nd Fl Enabling X floor mastic 1345 SF 2nd Fl Enabling X floor tile 830 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Horizon Disposal 40 GROWS City, State Disposal Date City, State Trenton NJ As req. Morrisville PA Completed By (Print or Type) Title Signature Mark Goshow Project Manager ABS-41

**JUN 95** 

### New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369 Telephone: 609-826-4950

Fax: 609-826-4975



## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

	I. NOTIFICAT	TION INFORMATION
Date of Notification:  Initial Amend Type of Work:	6 / 16 / 2016 led	nergency (must include justification)
	II. BUILDIN	IG INFORMATION
Name of Building Owner/	Operator: Cooper Hospital -	
Street Address: One	Cooper Plaza City: Ca	
Name of Contact:	Oity. Od	State: NJ Zip: 08103  Telephone No.:
		YINFORMATION
Name of Facility Where W		
Describe Facility Use:	Hospital	oper Hospital - Kelemen Bldg
		amden State: NJ Zip: 08103
County Name:	Oity. Oc	County Code (State Use 2 d.) Zip: 08103
Scheduled Start Date:	6 / 29 / 2015	County Code (State Use Only):
Occupancy Status Durin	g Activity (check only one):	Scheduled Completion Date: 12-3117
☐ Facility Closed/Vacated	During Entire Activity	
Activity Performed Outs	side Normal Facility Hours—Describe	: 8:30 PM TILL 8:30 AM
Other—Describe:	Joseph Peschipe	. 5120 FM 111 8.30 MM
Scope of Work (check all		
XFloor Tile		
☐ Mastic	Square Footage: 7450	Percentage Asbestos: 2 %
Transite	Causes F	Fercentage Aspestos: _Z %
Roofing		Percentage Asbestos:%
Siding	Sauaro Footogo:	Percentage Asbestos:
Other:	Square Footage:	Percentage Asbestos: %
		Percentage Asbestos: %
		OR INFORMATION
Company Name: ASSO	ciated Specialty Contracting	g Telephone No.: 610-364-9622
Street Address: 98 LaC	rue Ave City: Gler	n Mills
New Jersey Asbestos Licer	se Number (if applicable):	State: PA zip: 19342
Monitoring Firm (if applicab	e): Criterion Labs	Telephone No.: 215-244-1300
	V. SIGI	NATURE
Completed By		
(type or print legibly): Mar		Title: Project Manager
Signature: Mark Gosh	10W	Date: _ 3 - 28,-17

Date of Notification (1)

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

	1 <del>4</del> (2) 1 (2)				
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	Telephone N	umhr -	ſ		
y (4)					
	) (Other than K- vate & commer		lings, ho	mes,	
	# of Floors	B 8	ldg. Age 8		
rior	if being demoli	shed)			
ontr	actor (9)				

Date of Notification (1)				Name o	f Building	Owner/0	Operator	(2)	Del .	MAF	12	9 20	)17	be
10-4-2016 amend	ed 3/28/2017			LINC	OLN TO	WERS	URBA	N RENEWA	-					
Agencies Notified  EPA	Type Notification			Street A 500 B	ddress ROAD	STREE	T			ASBEST	OS C			L &
EPA DEP DOL	Initial Amended Amendment		1 2		ate, Zip C		2		- I street to	<u></u>	ULIN	SHAC	2	
X DOH	Emergency justification)	(including			f Contact				Tel	enhone Nu	mhr -			
DOH DCA	Cancellation		- 1		A BIASO	ОТТІ В	ELOT	ГА	1 = 10			í		
				FACI	ILITY INF	ORMAT	ION					11:50:00		
Name of Facility Where	Abatement is Takin	g Place (3)						Type of Facility	(4)					
LINCOLN TOWER	S PHASE II							School (K						
Street Address 69-99 LINCOLN S	TREET TOWER	RII								er than K-1: & commerci		dings,	hom	es,
City (5) NEWARK								Square Feet >50,000	# o	f Floors		ildg. A	ge	
County (6)				County	Code (7)			Current Use (P						
ESSEX				STATE	USE ONLY	·		RESIDENTI	AL		100)	-5-5		
Name of Monitoring Firm LEWIS CONSULT				ASCN	/I No.		1	of Abatement Co TA/BJDS, INC		(9)				
Street Address								Address						
3 CROSSWICKS S	STREET							INDUSTRIA	L BLVI	)				
City, State, Zip Code BORDENTOWN, N			- 24				**************************************	tate, Zip Code THAMPTON,	PA 18	966				
Project Manager for Mor MICHAEL HOODA					298-552	20		one No. 322-2900		License N 00783	0.			
Start Date (10) 10/18/2016	101	Scheduled 4/28/201		pletion I	Date (11)			of OSHA Monitor						
Occupancy Status Durin	g Abatement (Chec	k Only One)					Street	Address						
Facility Closed/Vac	ated During Entire F	Period of Aba	iteme	ent			3370	PROGRESS	DRIV	E				
Abatement Perform Other – Describe:	ed Outside of Norm 7AM-11PM	al Facility Ho	ours				32.0	tate, Zip Code SALEM, PA 1	0020				- 8	
Scope of Work (Check A	II That Apply)						DEIN	SALEIVI, PA	9020					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovati				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure	13%			0	
		lala	ti-	_			Basses	1 Non-Exemple	u ( ) and	a Non-i nab	10	Abate	-	
Location	n of		mally	,		Des	scription	of					ре	
Asbestos-Containing	Material (ACM)	Used S Mainte				tos Cont	aining M	aterial (ACM)	A	mount			ш	
TO BE ABA		Custodi	ial St	E2918-1-	(i.e.		systems cing, VA	insulation,		pecify or LF)	Ren	Re	ncar	Encl
(13)		(1	12)				niscellan		0.	0, 2, )	Remova	Repair	Encapsulate	Enclosure
		Yes N	10	N/A									te	CO .
PLEASE SEE A	ATTACHED		_			<u> </u>								
			_											
Name of Registered Was	te Hauler		The state of	DEP W	2000 mm	Cubic	Yards	Name of	Registe	red Landfill				
SERVICE TRANSPO	ORT GRP.			uler ID 990	No.	of Was	ste	MINEF	RVA LA	NDFILL				
City, State 58 PYLES LANE, NI	EW CASTLE, D	E 19720				Dispos	al Date	City, Sta WAYN		RG, OH 4	4688	3	-	
Completed by		Title		135 (97)		Ş	ignature		0/1	Da		i		
CHRISTINE DEL VI	SCIO	ASST.	ADN	ΛIN.		1/	M	shoul)	bVM	ol 3	125	3/:	201	7

### New Jersey Department of Health Consumer, Environmental & Occupational Health Service PO Box 369, Trenton, NJ 08625-0369

Telephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

ASBESTOS CONTROL &

Must be submitted 10 days prior to the beginning of work. Please type or print-legibly. LICENSING

Type of Notific	ation (check one) and Date Submitt	ed
[X] Initial [ ] Amended [ ] Cancellation [ ] Em	ergency (must include justification) Da	ate of Notification: 10 / 04 / 2016
	Building Information	
Name of Building Owner/Operator:_LINCOLN TOWER	RS URBAN RENEWAL	
Street Address: 500 BROAD STREET	City: NEWARK	State: NJ Zip: 07102
Name of Contact: DAMIAN LAVELLE		Telephone No
er klim og fra med til skalt av er en upp har her en med til skalt av er en e Det for en	Facility Information	The for the death of the same of the first the same of
Name of Facility Where Work Activity is to Take Place:	INCOLN TOWERS PHASE II	
Describe Facility Use: APARTMENTS		
Street Address: 69-99 LINCOLN STREET	City:_NEWARK	State: NJ Zip: 07103
County Name: ESSEX		y Code (state use only).:
Scheduled Start Date: 10 / 18 /2016	Scheduled Cor	mpletion Date: 03 /31 /2017
Occupancy Status During Activity (check only one):		3
[ X] Facility Closed/Vacated During En	tire Activity	
	I Facility Hours—Describe:	
[ ] Other—Describe:		
Scope of Work (check all that apply):		
[X] Floor Tile Square Footag	e: 368,942	Percentage Asbestos:
[X] Mastic Square Footag		
[X] Other: ROOFING Square Footag		Percentage Asbestos:
[14] Other Square Footag	e	Percentage Asbestos:
	Contractor Information	
Company Name: DELTA/BJDS, INC	Te	lephone No.: 215 322-2900
Street Address: 1345 INDUSTRIAL BLVD.	City:_ SOUTHAMPTO	N State: PA Zip: 18966
New Jersey Asbestos License Number (if applicable): 007	83	
Monitoring Firm (if applicable): LEWIS CONSULTING		elephone No.: 1 609-298-5520
	Signature	
Completed By (type or print legibly): CHRISTINE DELV	ISCIO Title: ADMINISTF	RATIVE ASST.
signature: Mistra DelVisor	Date: _10/4/2014	



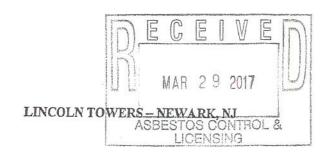
### LINCOLN TOWERS - NEWARK, NJ

B. Description of work: The Contractor shall supply all labor, materials, services and equipment required to perform all of the work as herein described.

Scope of Work: Removal and disposal of asbestos containing material from the Lincoln Towers Complex located in the City of Newark, New Jersey.

1. The following is a detailed scope of work:

Part Control of the C			AND THE RESERVE OF THE PERSON
Location	<u>Materials</u>	Quantity	Abatement Method
Ist floor community, laundry and kitchen areas	12x12 blue floor tile over 12x12 beige/tan, 9x9 dark brown floor til	1,142 sf	Non-Friable Procedures
See above	Associated mastic	1,142 sf	Non-Friable Procedures
Throughout lobby, corridors, units, common areas and elevators	tile	61,700 sf	Non-Friable Procedures
See above	12x12 blue floor tile over 12x12 beige/tan, 9x9 dark brown floor tile	61,700 sf	Non-Friable Procedures
Throughout corridors, units, maintenance and office as top layer	12x12 brown/tan floor tile	48,600 sf	Non-Friable Procedures
See above	Associated mastic	48,600 sf	Non-Friable Procedures
Throughout lobby, elevators and elevator lobbies	12x12 light tan/beige over 12x12 beige/tan, 9x9 dark brown floor tile	36,000 sf	Non-Friable Procedures
See above	Associated mastic	36,000 sf	Non-Friable Procedures
See above	12x12 white/tan w/speckles floor tile over 12x12 beige/tan, 9x9 dark brown floor tile	36,000 sf	Non-Friable Procedures
See above	Associated mastic	36,000 sf	Non-Friable Procedures
Throughout units and corridors – top layer	12x12 light brown/tan over 12x12 beige/tan, 9x9 dark brown floor tile	61,700 sf	Non-Friable Procedures
See above	Associated mastic	61,700 sf	Non-Friable Procedures
Throughout some units as original tile, bottom and 2 <sup>nd</sup> layer in corridors, units etc.	9x9 dark brown floor tile, as original tile, under 12x12 light brown/tan, over 12x12 beige/tan floor tile	61,700 sf	Non-Friable Procedures
See above	Associated mastic	61,700 sf	Non-Friable Procedures



Location	<u>Materials</u>	Quantity	Abatement Method
Throughout basement sealed room. Adjacent to chillers	9x9 beige/tan floor tile	400 sf	Non-Friable Procedures
See above	Associated mastic	400 sf	Non-Friable Procedures
Exterior entrance foyers at flat roof areas as top layer	Asphalt rolled roofing material	1,200 sf	Exterior Abatement
See above	Associated asphalt built up roofing material	1,200 sf	Exterior Abatement
See above	Associated roofing felt material	1,200 sf	Exterior Abatement

- 2. Preparation: The Contractor shall prepare the work areas in the following manner
  - a.) Floor Tile/Mastic (Non-Friable Procedures): The Contractor shall prepare the work area in accordance with project specifications and applicable state and federal regulations. This shall include, but not be limited to the following procedures:
  - Non-friable abatement areas shall be isolated by applying critical barriers to all
    openings inside the work area. The critical barriers shall consist of two layers of
    six-mil fire retardant polyethylene plastic.
  - Negative Air Filtration Devices shall be installed into the work area to maintain a constant negative air flow. The Negative Air Filtration Devices shall be equipped with High Efficiency Particulate Air (HEPA) filters capable of 99.97% efficiency down to 0.3 microns.
  - 3) A centralized shower facility shall be constructed for worker decontamination. Workers shall wear two tyvek suits inside the work area. Prior to exiting the work area and proceeding to the shower, the workers shall remove the exterior suit and dispose of it as contaminated.
  - 4) Abatement shall be conducted using non-friable procedures. This consists of utilizing a heating appliance or other adequate non-friable procedure prior to scraping the tiles. The contractor shall insure the tiles are completely loose prior to scraping to insure breakage is limited to a minimum.
  - 5) Mastic shall be removed utilizing chemicals and scrape methods. The chemicals MSDS sheets shall be submitted to the project supervisor for approval prior to the start of the project. Negative air filtration devices shall remain in operation until all residue odors are exhausted from the work area.
  - Work Areas shall be cleared by Phase Contrast Microscopy or if necessary by Transmission Electron Microscopy.

0456-03

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



Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  PLEASE SEE ATTACHED  Name of Registered Waste Hauler  ERRVICE TRANSPORT GRP.  Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  Name of Registered Waste Hauler  BERVICE TRANSPORT GRP.  Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  NAME PLEASE SEE ATTACHED  Is Location Normally Description of Asbestos Containing Material (ACM) (Specify Surfacing, VAT, or other miscellaneous)  Abatement Type  Abatement Type  Asbestos-Containing Material (ACM) (Specify Surfacing, VAT, or other miscellaneous)  NAME PLEASE SEE ATTACHED  NAME of Registered Landfill MINERVA LANDFILL  Disposal Date  City, State  WAYNESBURG, OH 44688  Completed by  Title	0 10 6 00		,	(Pursual	nt to NJA	8:60 a	nd 12:12	20)		ie.	WAII		20	1.7	Saure
EPA DOL DOL Amended # Amended # City State Zip Code NEWARK, NJ 07102 Name of Cortact ALICIA BIASOTTI BELOTTA  FACILITY INFORMATION		LINCOLN TOWERS URBAN RENEWAL ASBESTOS CONTROL &													
NEWARK, NJ 07102   Nemeror Contact   Nemeror C	EPA Initial	500 BROAD STREET													
Dea	X DOL Amendm	ent #	ng	NEWARK, NJ 07102											
Name of Pacility Wines Asternant Is Taking Place (3)   In Count ToWERS PHASE II   School (K-12)   School (K-	DOH justification	n)		ALICIA BIASOTTI BELOTTA											
LINCOLN TOWERS PHASE II  Stroet Address 69-99 LINCOLN STREET TOWER II  Six dechapter & Commercial buildings, homes, etc.  Giy (6)  NEWARK  County (6)  ESSEX  County (6)  ESSEX  County (6)  County (7)  County Code (7)  (87ATE USE ONLY)  RESIDENTIAL  Name of Monitoring Firm Hired by Building Owner (8)  LEWIS CONSULTING GROUP/BRIGGS  Street Address 3 CROSSWICKS STREET  1345 INDUSTRIAL BLVD.  City, State, Zip Code  SOUTHAMPTON, PA 18966  City, State, Zip Code  SOUTHAMPTON, PA 18966  Project Manager for Monitoring Firm  MICHAEL HOODAK  Telephone No. 1 Felephone No. 1 Felephone No. 1 Telephone No. 1 Tolephone No. 1 Tolephone No. 1 Tolephone No. 1 Assert Completion Date (11) 3/31/2017  Cocupancy Status During Abatement (Check Only One)  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  SOUTHAMPTON, PA 18966  City, State, Zip Code  Southander Completion Date (11) 3/31/2017  City, State, Zip Code  Southander Completion On Abatement Abatement (Performed Outside of Normal Facility Hours  City, State, Zip Code  BENSALEM, PA 19020  South of Containing Material (ACM)  (10)  Location of Asbestos-Containing Material (ACM) (10)  Location of Asbestos-Containing Material (ACM) (10)  Location of Asbestos-Containing Material (ACM) (10)  Location of Asbestos-Containing Material (ACM) (10)  Location of Asbestos-Containing Material (ACM) (10)  Location of Asbestos-Containing Material (ACM) (10)  Location of Asbestos-Containing Material (ACM) (10)  Location of Asbestos-Containing Material (ACM) (10)  Location of Asbestos-Containing Material (ACM) (10)  Location of Asbestos-Containing Material (ACM) (10)	Name of Facility Where Abatement is To	kina Dlaga	(2)	FAC	CILITY INF	ORMAT	TION						-		
Sidechapter 8 (Other than K-12) Supure Feet   Subchapter 8 (Other than K-12) Side (E)   Supure Feet   # of Floors   Bidg. Age   88 County (6) ESSEX   County (6) ESSE	LINCOLN TOWERS PHASE II														
Square Feet   # of Fisors   Bidg. Age   88	69-99 LINCOLN STREET TOV	VER II		Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings.					s, hon	ies,					
RESIDENTIAL  Name of Monitoring Firm Hired by Building Owner (8)  LEWIS CONSULTING GROUP/BRIGGS  Street Address 3 CROSSWICKS STREET  Street Address SUITHAMPTON, PA 18966  Froject Manager for Monitoring Firm  MICHAEL HOODAK  Street Address SOUTHAMPTON, PA 18966  Froject Manager for Monitoring Firm  In Elephone No.  Telephone No.  Telephone No.  Telephone No.  CRITERION, LABS  CRITERION LABS  CRITERION LABS  CRITERION LABS  CRITERION LABS  CRITERION LABS  Street Address 3370 PROGRESS DRIVE  CRITERION LABS  Street Address 3370 PROGRESS DRIVE  CRITERION LABS  CRITERION LABS  CRITERION LABS  CRITERION LABS  Street Address 3370 PROGRESS DRIVE  CRITERION LABS								Square Fe		1	oors			Age	
LEWIS CONSULTING GROUP/BRIGGS  DELTA/BJDS, INC  Street Address 3 CROSSWICKS STREET  1345 INDUSTRIAL BLVD.  City, State, Zip Code BORDENTOWN, NJ 08505  Project Manager for Monitoring Firm  MICHAEL HOODAK  MICHAEL HOODAK  Start Date (10)  Scheduled Completion Date (11)  J3/31/2017  Cocupancy Status During Abatement (Check Only One)  Street Address 30/15/322-2900  License No.  00783  Start Date (10)  Street Address SOUTHAMPTON, PA 18966  Polet Manager for Monitoring Firm  MICHAEL HOODAK  Start Date (10)  Scheduled Completion Date (11)  Name of OSHA Monitor  CRITERION LABS  CRITERION LABS  CRITERION LABS  CRITERION LABS  Occupancy Status During Abatement (Check Only One)  Street Address 3370 PROGRESS DRIVE  City, State, Zip Code BENSALEM, PA 19020  Scope of Work (Check All That Apply)  23 sf or ≥3 if  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥4 sto store Location of Asbestos-Containing Material (ACM)  I D BE ABATED In Facility (13)  PLEASE SEE ATTACHED  Scope of Registered Waste Hauler  PLEASE SEE ATTACHED  Scope of Registered Waste Hauler  Hauler ID No.  20990  Location Please Address Name of Registered Landfill Minerval Landfill Miner						n				if being	demolis	hed)			
3 CROSSWICKS STREET  City, State, Zip Code BORDENTOWN, NJ 08505  Project Manager for Monitoring Firm MICHAEL HOODAK  Telephone No. 1 609 298-5520  Start Date (10) 10/18/2016  Scheduled Completion Date (11) 3/31/2017  Coccupancy Status During Abatement (Check Only One)  Facility Closed/xocated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Cocpupancy Status During Abatement (Check Only One)  Facility Closed/xocated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Corporation of Abatement Performed Outside of Normal Facility Hours  Street Address 3370 PROGRESS DRIVE  City, State, Zip Code BENSALEM, PA 19020  Scope of Work (Check All That Apply)  ≥ 3 or ≥3 if ≥160 sf or ≥260 if  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Abstenance/ Custodial Staff? (12)  Yes No N/A  PLEASE SEE ATTACHED  Assess SEE ATTACHED  NIDEP Waste Hauler  NIDEP Waste Hauler  NIDEP Waste Hauler ID No. 20990  Disposal Date  City, State WAYNESBURG, OH 44688  Sempleted by  City, State  South Additional Staff? (12)  Set of ≥3 if Waste Waynesburg, OH 44688  Sempleted by  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Abatement Type  Abatement (Specify Specify Specify Specify Specify Surfacing Wastern Insulation, Specify Specify Surfacing Wastern Insulation, Specify Surfacing	LEWIS CONSULTING GROUP/	g Owner (8 BRIGGS	3)	ASC	M No.					actor (9)					
BORDENTOWN, NJ 08505  Project Manager for Monitoring Firm MICHAEL HOODAK  1 felop 298-5520  1 Telephone No. 1 felop 298-5520  21 5 322-2900  00783  Start Date (10) 10/18/2016  Scheduled Completion Date (11) 3/31/2017  Name of Registered Waste Hauler  PLEASE SEE ATTACHED  Telephone No. 1 felop 298-5520 21 5 322-2900  00783  Telephone No. 1 felophone No. 1 felop 298-5520 21 5 322-2900  00783  Telephone No. 1 felophone No. 2 fish depth of OSHA Monitor CRITERION LABS  3370 PROGRESS DRIVE  City, State, Zip Code BENSALEM, PA 19020  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Scope of Work (Check All That Apply)  PLEASE SEE ATTACHED  Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  PLEASE SEE ATTACHED  In Facility (13)  Normally Description of Asbestos Containing Material (ACM) (12)  Yes No N/A  PLEASE SEE ATTACHED  Normally Description of Asbestos Containing Material (ACM) (12)  Yes No N/A  PLEASE SEE ATTACHED  Normally Description of Asbestos Containing Material (ACM) (13)  Normally Description of Asbestos Containing Material (ACM) (14) (15)  Normally Description of Asbestos Containing Material (ACM) (15)  Normally Description of Asbestos Containing Material (ACM) (16) (17)  Normally Description of Asbestos Containing Material (ACM) (18) (19)  Normally Description of Asbestos Containing Material (ACM) (18) (19)  Normally Description of Asbestos Containing Material (ACM) (18) (19)  Normally Description of Asbestos Containing Material (ACM) (18) (19)  Normally Description of Asbestos Containing Material (ACM) (19)  Norma	3 CROSSWICKS STREET								RIAL B	LVD.					
MICHAEL HOODAK  1 609 298-5520  215 322-2900  00783  Start Date (10)  Scheduled Completion Date (11)  3/31/2017  CRITERION LABS  Occupancy Status During Abatement (Check Only One)  Facility Closed/vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe: 7AM-11PM  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥3 sf or ≥280 lf  Renovation  Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Ex	BORDENTOWN, NJ 08505									1896	6				
10/18/2016  3/31/2017  CRITERION LABS  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: 7AM-11PM  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 Givebag Procedure Non-Exempted (*) and Non-Friable Procedure  Location of Asbestos-Containing Material (ACM) I D BE ABATED In Facility (13)  Yes No N/A  PLEASE SEE ATTACHED  INDEP Waste Hauler Hauler ID No. 20990  ITtle BRYLES LANE, NEW CASTLE, DE 19720  CRITERION LABS  Street Address 3370 PROGRESS DRIVE  City, State, Zip Code BENSALEM, PA 19020  Full Containment with Negative Pressure Mini-Enclosure Give bag Procedure  Abatement Type  Abatement (i) enchromal systems insulation, (Specify Specify															
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 7AM-11PM  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Abatement Period of Normal Facility Hours    State		led Co	mpletion	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~											
Other – Describe: 7AM-11PM  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 if	Facility Closed/Vacated During Entire	Period of	Ahater	ment					ESS DI	RIVE					2
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition    Secondarian   Pull Containment with Negative Pressure	Other – Describe: 7AM-11PM	rmal Facilit	y Hour	s											
EXECUTED THE PLANS PORT GRP.    Service   Pull Contamination with Negative Pressure   Pull Contamination   Pull Pull Pull Pull Pull Pull Pull Pu	power		_					i os a s							
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  PLEASE SEE ATTACHED  No N/A  PLEASE SEE ATTACHED  NJDEP Waste Hauler Hauler ID No. 20990  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Waste Hauler Hauler ID No. 20990  Disposal Date  City, State  RYCH EXAMPLES LANE, NEW CASTLE, DE 19720  Date  Name of Registered Waste WAYNESBURG, OH 44688  PAGE OF The Waste Waynesburg (12) (2) (2) (2) (2) (2) (2) (2) (2) (2) (						Mini-Enclosure Glovebag Procedure									
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  PLEASE SEE ATTACHED  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler ERRVICE TRANSPORT GRP.  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Sol		Is	s Locat					Tron Exemples ( ) una m							t
Maintenance/ Custodial Staff? (12)  Yes No N/A  PLEASE SEE ATTACHED  Name of Registered Waste Hauler  SERVICE TRANSPORT GRP.  NJDEP Waste Hauler ID No. 20990  Disposal Date  Signature  Signature  Signature  Signature  Date  Assolution, (Specify Sport F)  Name of Registered Landfill MINERVA LANDFILL  Disposal Date  Signature  Date												Туре			
PLEASE SEE ATTACHED  Name of Registered Waste Hauler SERVICE TRANSPORT GRP.  Disposal Date  Name of Registered Landfill MINERVA LANDFILL  Disposal Date  Disposal Date  Disposal Date  Disposal Date  Disposal Date	TO BE ABATED In Facility	intena todial S	nce/		thermal surface	systems insulation, cing, VAT, or			(Specify		Remova	Repair	Encapsul	Enclosu	
Name of Registered Waste Hauler SERVICE TRANSPORT GRP.  Disposal Date  Completed by Title  Disposal Date		Yes	No	N/A								=		ate	6
BERVICE TRANSPORT GRP.  Hauler ID No. 20990  Of Waste  MINERVA LANDFILL  Disposal Date  City, State  WAYNESBURG, OH 44688  Completed by  Title  Completed by  Date	PLEASE SEE ATTACHED											X			
BERVICE TRANSPORT GRP.  Hauler ID No. 20990  Of Waste  MINERVA LANDFILL  Disposal Date  City, State  WAYNESBURG, OH 44688  Completed by  Title  Completed by  Date															
BERVICE TRANSPORT GRP.  Hauler ID No. 20990  Of Waste  MINERVA LANDFILL  Disposal Date  City, State  WAYNESBURG, OH 44688  Completed by  Title  Completed by  Date	Name of Registered Waste Hauler		N	JDEP W	aste I	Cubic	Yarde	Man	ne of Por	nietered !	andell				
8 PYLES LANE, NEW CASTLE, DE 19720  Completed by  Title  Signature  Date	SERVICE TRANSPORT GRP.				auler ID No. of Waste			te Landing							
Completed by Title Signature Date	City, State 8 PYLES LANE, NEW CASTLE, I	DE 19720	)			Dispos	al Date			BURG.	OH 4	4688	3		
THE DISTRICT OF THE PARTY OF TH	Completed by CHRISTINE DEL VISCIO	MIN		Į si	grature	tool	>ln/	(ash)	Dat	е					

### New Jersey Department of Health Consumer, Environmental & Occupational Health Service

PO Box 369, Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

FOR SELECTION OF A SE	Type of Notification (chec	k one) and Date Subr	mitted
[ X] Initial [	] Amended [ ] Cancellation [ ] Emergency (mus	st include justification)	Date of Notification: 10 / 04 / 2016
t de la	Building Is	nformation	
Name of Buildin	ng Owner/Operator: LINCOLN TOWERS URBAN	RENEWAL	
Street Address:	500 BROAD STREET	city:_NEWARK	State: NJ Zip: 07102
Name of Contac	ct: DAMIAN LAVELLE		*
	Facility In	formation	
Name of Facility	Where Work Activity is to Take Place: LINCOLN To	OWERS PHASE II	
	y Use: APARTMENTS		
Street Address:	69-99 LINCOLN STREET	City:_NEWARK	State: NJ Zip: 07103
County Name:_	FCCEV		unty Code (state use only).:
Scheduled Start	Date: 10 / 18 /2016		Completion Date: 03 /31 /2017
Occupancy State	us During Activity (check only one):		E .
	[X] Facility Closed/Vacated During Entire Activity		
	[ ] Activity Performed Outside Normal Facility Hou	urs-Describe:	
	[ ] Other—Describe:		
Scope of Work (	check all that apply):		
	[X] Floor Tile Square Footage: 368,942	2	Percentage Asbestos:
	[X] Mastic Square Footage: 245,542	2	Percentage Asbestos:
	[X] Other: ROOFING Square Footage: 1,200	3	Percentage Asbestos:
r en desta November	Contractor In	nformation	
Company Name:	DELTA/BJDS, INC	W.S. 111. 400 St. 2-407 (2). 74(2).	_Telephone No.: 215 322-2900
Street Address:_	1345 INDUSTRIAL BLVD.	City: SOUTHAMP	
New Jersey Asbe	stos License Number (if applicable): 00783		
	(if applicable): LEWIS CONSULTING GROUP/B	RIGGS	_ Telephone No.: 1 609-298-5520
	Signal	ture	
Completed By (ty	pe or print legibly): CHRISTINE DELVISCIO	Title: ADMINIS	STRATIVE ASST.
Signature /	Water Dely/1	10/4/2	014
gnature: ( )	Viglina JelV lsav	Date: _10/4/2	014



B. Description of work: The Contractor shall supply all labor, materials, services and equipment required to perform all of the work as herein described.

Scope of Work: Removal and disposal of asbestos containing material from the Lincoln Towers Complex located in the City of Newark, New Jersey.

I. The following is a detailed scope of work:

Location	Materials	Quantit	y Abatement Method
1 <sup>st</sup> floor community, laundry and kitchen areas	12x12 blue floor tile over 12x12 beige/tan, 9x9 dark brown floor t	1,142 s	Non-Friable Procedures
See above	Associated mastic	1,142 s	f Non-Friable Procedures
Throughout lob corridors, units, common areas elevators	tile	61,700 s	f Non-Friable Procedures
See above	12x12 blue floor tile over 12x12 beige/tan, 9x9 dark brown floor til	61,700 s	f Non-Friable Procedures
Throughout corridors, units, maintenance and office as top layer		48,600 sf	Non-Friable Procedures
See above	Associated mastic	48,600 sf	Non-Friable Procedures
Throughout lobb elevators and elevator lobbies	y, 12x12 light tan/beige over 12x12 beige/tan, 9x9 dark brown floor tile	36,000 sf	Non-Friable Procedures
See above	Associated mastic	36,000 sf	Non-Friable Procedures
See above	12x12 white/tan w/speckles floor tile over 12x12 beige/tan, 9x9 dark brown floor tile	36,000 sf	Non-Friable Procedures
See above	Associated mastic	36,000 sf	Non-Friable Procedures
Throughout units and corridors – top layer	12x12 light brown/tan over 12x12 beige/tan, 9x9 dark brown floor tile	61,700 sf	Non-Friable Procedures
See above	Associated mastic	61,700 sf	Non-Friable Procedures
Throughout some units as original tile, bottom and 2 <sup>nd</sup> layer in corridors, units etc.	9x9 dark brown floor tile, as original tile, under 12x12 light brown/tan, over 12x12 beige/tan floor tile	61,700 sf	Non-Friable Procedures
See above	Associated mastic	61,700 sf	Non-Friable Procedures



Location	<u>Materials</u>	Quantity	Abatement Method
Throughout basement sealed room. Adjacent to chillers	9x9 beige/tan floor tile	400 sf	Non-Friable Procedures
See above	Associated mastic	400 sf	Non-Friable Procedures
Exterior entrance foyers at flat roof areas as top layer	Asphalt rolled roofing material	1,200 sf	Exterior Abatement
See above	Associated asphalt built up roofing material	1,200 sf	Exterior Abatement
See above	Associated roofing felt material	1,200 sf	Exterior Abatement

- 2. Preparation: The Contractor shall prepare the work areas in the following manner
  - a.) Floor Tile/Mastic (Non-Friable Procedures): The Contractor shall prepare the work area in accordance with project specifications and applicable state and federal regulations. This shall include, but not be limited to the following procedures:
  - Non-friable abatement areas shall be isolated by applying critical barriers to all
    openings inside the work area. The critical barriers shall consist of two layers of
    six-mil fire retardant polyethylene plastic.
  - 2) Negative Air Filtration Devices shall be installed into the work area to maintain a constant negative air flow. The Negative Air Filtration Devices shall be equipped with High Efficiency Particulate Air (HEPA) filters capable of 99.97% efficiency down to 0.3 microns.
  - 3) A centralized shower facility shall be constructed for worker decontamination. Workers shall wear two tyvek suits inside the work area. Prior to exiting the work area and proceeding to the shower, the workers shall remove the exterior suit and dispose of it as contaminated.
  - 4) Abatement shall be conducted using non-friable procedures. This consists of utilizing a heating appliance or other adequate non-friable procedure prior to scraping the tiles. The contractor shall insure the tiles are completely loose prior to scraping to insure breakage is limited to a minimum.
  - 5) Mastic shall be removed utilizing chemicals and scrape methods. The chemicals MSDS sheets shall be submitted to the project supervisor for approval prior to the start of the project. Negative air filtration devices shall remain in operation until all residue odors are exhausted from the work area.
  - 6) Work Areas shall be cleared by Phase Contrast Microscopy or if necessary by Transmission Electron Microscopy.

SUMMARY OF WORK 01013-3

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FACILITY INFORMATION														
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City, State, Zip Code							City, State, Zip Code							
Port Washington, N					Staten Island NY 10309									
Project Manager for Monitoring Firm Tele				phone	phone No. Telephone No.			License No.						
Mike Baudo				5	16-944-9500 718-605-6256				00774					
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Scope of Work (Check all	mat apply)						☐ Full Cont	ainment with Neg	ative Pressure					
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Ralph Barnhardt Project Manager						Signature N	Ham	/	03-7	8-	17			