State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

CHECK # 17426

Date of Notification (1) 9-23-15						Owner / Operato Liability Trans		2015	SEPOL		3.0		
Agencies Notified Type Notification EPA	3	Stre	et A	Addr	ess	Road, Suite 3	#5 	4.09	SEP 24	4:	07		
☐ DEP ☐ Initial					& Zip (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7/2	1/000	A s			
DOL Amended						ouri 63131	12. 		* A.	1- M	1/2		
DOH Emergency					ontact					Telepho	ne N		
DCA Cancellation			_		etz, EL						- 00	UU	
Name of Facility Minary Al. 1		F/	AC	ILIT	Y INF	ORMATION							
Name of Facility Where Abatement is Taking P Building #7, Perth Amboy 1160, LLC.	lace (3	3)				Type of Facil							
Street Address							oter 8 (Other	than K	12)				
1160 State Street							e. private & o			as hom	P6 8	etc)	
						Square Feet				Bldg. Ag	1000		
City (5) County (6)	Co	untv	/ Co	ode	(7)	NA NA		NA		NA NA	0		
Perth Amboy Middlesex	NA	- 5			(.,)	Current Use	(Prior if being			1/1			
,	1					None	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					
Name of Monitoring Firm Hired by Building Own	ner (8)			ASC	CM No	. Name of Aba						_	
Street Address		-		_		Enterprise Street Addres		esolut	ions Cont	racting	g, Ll	_C	
50.507.1041.555						874 Piney I		d PO	Box 70				
City, State & Zip Code						City, State &		и, г о	DOX 10				
						Winslow, N		08095				+	
Project Manager for Monitoring Firm	Telep	hon	e N	lumi	ber	Telephone N			License N				
Scheduled Start Date (10) Scheduled Cor	1			// /	·	609-567-06				0126	3		
10-5-15	12-31	-15		(11)	Name of OSI EMSL Anal							52
Occupancy Status During Abatement (Check or	nly one	2)				Street Addres						ii.	
X Facility Closed/Vacated During Entire P						107 Haddoi							
Abatement Performed Outside of Norm Describe:	al Hou	ırs -	- 7a	ım t	o 3pm	City, State &							
Facility Occupied During Abatement						Westmont,	NJ 08108						
Scope of Work (Check all that apply)													
(encon an area apply)							☐ Full C	ontainr	nent with N	egative	Pres	ssure	
X ≥3 sf or ≥3 lf		Re	enov	vatio	on			nclosu					
≥160 sf ≥260 lf	X	De	emo	litio	n				rocedures				
							E-manual .	xempte	ed and Non				
Location of Asbestos-Containing	ls I Norm	Loca				Description			Amount	Aba	tem	ent T	уре
Material (ACM)		olely		Ju		Asbestos-Con Material (A			(Specify SF or LF)			ш	_
TO BE ABATED	Maint					(i.e., thermal s		1	51 OI LI)	Remova	Re	Encapsulate	Enclsoure
in Facility	Custo	(12)		11 ?	i	nsulation, surfac				Nov	Repair	nsc	sou
(13)	Yes	No	1	A/A	1	or other miscella	aneous)			<u> </u>		ate	Ге
Interior Floor	П	П		Х	Floor	Tiles		1000	s.f.	X	П	П	П
Roof	Ħ	Ħ	-	X		Shingles) s.f.	X	Ħ	Ħ	Ħ
		Ħ	1			<u> </u>					Ħ	Ħ	Ħ
			Ti									Ī	
			1										
			[1100-1100-1100-1100-1100-1				
Name of Registered Waste Hauler		1000				Cubic Yards of Waste	Name of Re	gistere	d Landfill				
Bull Waste & Recycling, LLC		1000	143			20	Salem Co	untv L	andfill				
City, State		1				Disposal Date	City, State	, -					
Berlin, New Jersey						12-31-15	Alloway ,	New .I	ersev				
Completed By (Print or Type)		Ti	itle			Signature	, mostaj ,			Date			-
Theodore S. Budzynski		- 0.000		ide	nt		and the same of th		and the second	9-23-	15		
ů.					-		enter a service de la companya del companya del companya de la com						

(K 24895

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

Date of Notification (1)			Name o	f Building	Owner/Operator	(2)					
09/23/	15		Bank	of Ame	rica		2015 SE	P 24	£H.	3: 2	- 8
Agencies Notified Type Notification	on		Street A	Address			10 11				
			425	MainStre	et		his.	133		18	a l
☑ DOLWD ☐ Amended		t	City, St	ate, Zip Co	ode		ćs (ICE;	-	10.	••
□ DHSS Amendmen			Orar	ige, NJ 0	7050					-	
DCA Emergency justification			Name o	of Contact			Telephone Nur	nber			
Cancellatio	-		Johr	Luxford	i			20			
			FAC	ILITY INF	ORMATION						
Name of Facility Where Abatement is Ta	king Place	(3)				Type of Facility	(4)				
Bank of America						School (K-12		6)			
Street Address						Subchapter Other (i.e., p	8 (Other than K-1 rivate and comm	2) ercial bu	ildina	S.	
425 Main Street						homes, etc.)				5.°	
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
Orange, NJ						3,000	2		45		
County (6)			Count	y Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Essex											
Name of Monitoring Firm Hired by Buildin	ng Owner	(8)	ASCM N	No.	Name of Abaten	nent Contractor (9))				
NY Environmental, Inc		* **			JVN Restor	ation Inc					
Street Address					Street Address	195					
88 Habor Road					47 Foster R	oad					
City, State, Zip Code					City, State, Zip	Code					
Port Washington, NY 11050					Staten Islan	d NY 10309					
Project Manager for Monitoring Firm	3273.00	Tele	phone I	No.	Telephone No.		License No.				
Michael Baudo		51	6-944-	9500	718-605-625	6	00774				
Start Date (10) So	cheduled C	omple	tion Dat	e (11)	Name of OSHA	Monitor					
10 /05 /15	_12_	31	_ / _	15	Testor Tech	1					
Occupancy Status During Abatement (C	heck only	one)			Street Address						
☐ Facility Closed/Vacated During Entire	Period of	Abater	nent		10 59 Jacks	on Avenue					
☐ Abatement Performed Outside of Nor				cribe	City, State, Zip	Code					
Time of Abatement: 7:00AM-3:30PI	/I/F	M	AM		LIC NY 111	01					
Scope of Work (Check all that apply)											
≥3 sf or ≥3 lf	M R	enovati	on		☐ Full Co	ntainment with Ne	egative Pressure				
≥ 160 sf or ≥260 lf	Boscott	emolitic	75.000		☐ Gloveb	ag Procedure		CAN STORY			
					⊠ Non-E	xempted (*) and N	on-Friable Proce				
		s Locat Norma			Description			-		ent T	ype
Location of Asbestos-Containing Material (ACM)	11-	ed Sole		Asbe	Description stos Containing I		Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED	M	aintena stodial			., thermal system	s insulation,	(Specify	von	air	aps	losi
IN Facility	Cu	(12)	Stall?		surfacing, VA other miscella		SF or LF)	<u>a</u>		Encapsulate	иге
(13)	Yes	T	N/A		otrici illisocila	icous)				e	
1st Floor		\boxtimes		Floor T	ile		1500SF				
		\Box									
									П		П
Name of Registered Waste Hauler			JDEP 1	Naste	Cubic Yards of	Name of Rec	istered Landfill			_	_
Newark Carting		1 (2)	lauler II	O No.	Waste	IESI					
City, State			NJ-56	00	5 Disposal Date	City, State					
Newark, NJ					10/09/2015	Bethlehe	m,PA				
Completed By (Print or Type)	Title	-			Signature	11 //		Date		5/18/2	
Ralph Barnhardt	Proje	ct Mai	nager		pp	W SH		09-2	3 2	215	

ASB-41 MAY 11

B & G proj. #: 2015-163

Notification of Aspessos Aparenton.
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 7438

							_						
Date of Notification				uilding Owr Benoit	ner/Operator (2)		2015 SEP 24	M 3:46					
Agencies Notified	Type Notificati	——I L -											
EPA		on St	reet Add	ress 5th Aven			At At A TOS.						
☐ DEP	X Initial	1			iue		& LICIT	1 1 ¢ L2					
X DOL	Amendr			, Zip Code e, NJ 072	203								
X DOH		1 1 2 2 2	me of C	ontact				Telephone	Number				
☐ DCA	Cancella	ation	Shaur	n Benoit				c.,n - ·					
				FAC	ILITY INFORM	ATIO	N			-10-10-			Section 2000
Name of facility w	here abatement is	s taking pla	ce (3)					Type of Facility (
Shaun Benoit								=	(K - 12) apter 8 (Ot	har th	an K	-12\	
Street Address								() — () —	Private/Co			12/	
257 W 5th Av	venue								Homes, et		Ble	dg. A	ge
City (5)		Coun	ty (6)			Co	unty Code (7)						
Roselle, NJ	07203	Uni	on			(St	ate use only)	Current Use (Pr residential	ior if being	dem	olishe	ed)	
Name of Monitorin	ng Firm Hired by I	Bldg. Owne	r (8)		ASCM No.	Н	Name of Abatement C						
n/a		22					B & G Restoration	on, Inc.					
Street Address							Street Address						
		C-10-25-1-11			2, 200		105 Ryerson Ro	oad					
City, State, Zip Coo	de	350					City, State, Zip Code Lincoln Park, N	IJ 07035					
Project Manager fo	r Monitoring Firm	l		Phone Num	ber		Telephone Number (973)696-6869		License 1	Numb 378	er		
Scheduled Start Da	ate (10)	Sched	. Comple	tion Date (1	1)	_	Name of OSHA Monitors B & G Restoration						
10/01/2015		10/0	2/2015				Street Address	JII, IIIC.					
Occupancy Status	During Abatemer	nt (Check o	nly one)				105 Ryerson Ro	ad					
	d/vacated during						City, State, Zip Code						
Abatement p	erformed outside	or normal	acility no	urs-		_	LincolnPark, NJ	07035					
Other-Descri	A Company of the Comp						Elifcolini dik, 140	07000		_			1 -
Scope of Work (ch			200				Full Containment w/neg	ativa areasura. Fi	Z 01				
		Renovatio					Full Containment winega Mini-enclosure	ative pressure g	Gloveb	200			
>3 sf or >3 lf	Ш	≥160 sf or		ad aala	W.	_	Willin-eliciosure			R	R	_	1
Location of asbestos-cor	ntaining	by mainte	nance/ci	y used sole istodial		on of	asbestos-containing	Amount		е	е	E n	E
material to be	e	staff(12)			- material ((Specify S	For	m o	p a	c	C
abated in fac	cility (13)	Yes	No	N/A				LF)		v e	i	р	L
basement				X	pipe insula	ation		88 If		X			
basement				X	pipe			10 lf				X	
							7.						世
]						Ц	Ш	Ш
Registered Waste F B & G Restora			P Haule 9563	r ID#	Cubic Yards of \ 1 1/2	Waste		₋ andfill Resource & Re	covery (Cent	er		
City, State				Disposal	Date		City, State						
Lincoln Park, I				_ 10	/02/2015		Tullytown, F	PA	T				
Completed by (Prin		Title Secretar	y/Trea	surer	Signature		Gordana Luna		Date 09/21	/201	5		

(K 24895

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

(1)		1401	(F	urs	uant	to NJAC	8:60	and 5:16	5)		1 1	10	Ţ			
Date of Notification (1)			-	N	lame of	f Building (Owne	r/Operator (2	2)						H	
	23 /	15			Bank	of Amer	ica				2015 SE	P 24	-	H.	3: 2	8
Agencies Notified	Type Notification	on		5	Street A	ddress										
⊠ EPA						/lainStree					AL SEE	100			IRI	11
☑ DOLWD ☑ DHSS	Amendment	t #		0		ate, Zip Co					SE E	10.				
□ DCA	☐ Emergency	(includin	g	L		ge, NJ 0	7050			1-	Telephone Nun	nher				-
(NJAC 5:23-8)	justification			r		f Contact Luxford	ı			1	relephone Num					
	☐ Cancellation	n.						ATION								_
		. 5	(0)		FACI	LITY INF	ORN	IATION	T	ype of Facility (4)	\		_			-
Name of Facility Where	Abatement is Tal	king Plac	e (3)						1	School (K-12)	,					
Bank of America									1	Subchapter 8 (Other than K-1	2)				
Street Address 425 Main Street										Other (i.e., priv homes, etc.)	ate and comm	ercial l	ouile	dings		
			_			i)			S	iguare Feet	# of Floors	1	Bldg	. Age	9	
City (5) Orange, NJ										3,000	2		45			
County (6)			_		Count	v Code (7)	STATE	USE ONLY)	c	Current Use (Prior	r if being demo	lished)				
Essex					odam	, 0000 (.)(,								
Name of Monitoring Fire	m Hired by Buildir	na Owne	(8)	IA	SCM N	lo.	Nam	e of Abatem	ent	t Contractor (9)						
NY Environmenta		.9	(-)					N Restora								
Street Address	.,						Stree	et Address		14						
88 Habor Road							47	Foster Ro	pad	1						
City, State, Zip Code							City,	State, Zip C	ode	е						
Port Washington,	NY 11050					St	aten Island	d N	NY 10309							
Project Manager for Mo	nitoring Firm		17	Telep	hone N	10.	Tele	phone No.			License No.					
Michael Baudo				51	6-944-	9500	71	8-605-625	6		00774					
Start Date (10)		cheduled				S. X	Nam	e of OSHA	Mor	nitor						
10 /05	/15	12	/ _	31	_ / _	15	Te	stor Tech								
Occupancy Status Duri	ng Abatement (C	heck only	one	€)			Stree	et Address		10-54						
□ Facility Closed/Vaca	ated During Entire	e Period o	of Ab	aten	nent	10	10	59 Jacks	on	Avenue						
Abatement Perform	ed Outside of No	rmal Faci	lity F	lours	S - Desc	cribe		State, Zip C		le						
Time of Abatement:	7:00AM-3:30PI	VI/	r IVI-				LI	C NY 1110	11							
Scope of Work (Check	all that apply)							□ Full Cor	ntai	inment with Nega	ative Pressure					
☐ >3 sf or >3 lf			Reno					☐ Mini-En	clo	sure						
≥160 sf or ≥260 lf			Dem	olitio	n			☐ Gloveba	ag	Procedure npted (*) and Nor	-Friable Proce	dure				
			Is I	ocat	ion			M MOII-EX		iptou () una rior			Aba	ateme	ent T	vpe
Location	on of		No	rma	lly			Description				-				
Asbestos-Containing	ng Material (ACM)				ly by nce/			Containing M mal systems			Amount (Specify		Removal	Repair	Encapsulate	Enclosure
TO BE A		1	usto	dial :	Staff?	(1.6		urfacing, VA			SF or LF)		val	=	lusc	sure
(13			\neg	(12)	N1/A	-	oth	er miscellan	neo	ous)					ate	
		Ye	-	No	N/A	Floor T	ilo		_		1500SF		\boxtimes			
1 st Floor	1st Floor										100001					
10																닏
											ß			Ш	Ш	Ш
Name of Registered W	/aste Hauler			1.52	JDEP		10000000	ic Yards of		Name of Regis	tered Landfill					
Newark Carting				H	lauler II		Was	ste		IESI						
City, State					110	-	Disp	oosal Date		City, State						
Newark, NJ							1	0/09/2015		Bethlehem	,PA					
Completed By (Print o	r Type)	Title					-	Signature	1	1 ///		Date			_	
Ralph Barnhardt		Proj	ect	Mar	nager			pop	9/1	Athan	~/	09-	23	. 25	V5	

ASB-41 MAY 11

2015-163

(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #:	2015-163		(P	ursuan	to NJAC 8:	60-7	and 12:120-7)	Check #	7438				
Date of Notification (/ <u> 1 5 </u>		ame of Build Shaun Be		r/Operator (2)		2015 SEP 24	M 3:46	10				
Agencies Notified EPA DEP	Type Notification		reet Address 257 W 5th	n Avenu	е		ALDESTUS & LICER	CARTROL DAG					
X DOL	Amendm		ty, State, Zip Roselle, I		13								
X DOH		55	me of Conta	ict				Telephone	Number				
☐ DCA	☐ Cancella	tion	Shaun Be	enoit				5,					
				FACI	LITY INFORMA	NOITA							
Name of facility whe	re abatement is	s taking pla	ce (3)					Type of Facility (4	1) (K - 12)				
Shaun Benoit									pter 8 (O	ther th	an K-	12)	
Street Address								Cther (Private/Co	mme			
257 W 5th Ave	enue								Homes, et # of Floor		Blo	ig. Ag	ge
City (5)		Coun	ity (6)				nty Code (7)						
Roselle, NJ 07	7203	Uni	on			(Stat	te use only)	Current Use (Pr residential	ior if being	g dem	olishe	d)	
Name of Monitoring		Bldg. Owne	er (8)	T	ASCM No.		Name of Abatement (
n/a					Water and the second		B & G Restorati	on, Inc.					
Street Address							Street Address 105 Ryerson R	oad					
City, State, Zip Code						-	City, State, Zip Code			_			
		50					Lincoln Park, I	NJ 07035					
Project Manager for I	Monitoring Firm		Pho	ne Numb	er		Telephone Number (973)696-6869		License 00	Numb	er		
Scheduled Start Date	e (10)	Sched	. Completion	Date (11)	-	Name of OSHA Monit B & G Restorati						
10/01/2015		10/0	2/2015				Street Address	O11, 1110.				-	
Occupancy Status D							105 Ryerson Ro	oad					
Facility closed/	vacated during formed outside	of normal	od of abatem facility hours	nent. -			City, State, Zip Code						
Describe: Other-Describe						-	LincolnPark, N.	07035					
Scope of Work (che		<i>y</i>)										+4	
☐ Demolition	X	Renovatio	n			□ F	ull Containment w/neg	ative pressure	Glove	oag pr	ocedu	ire	
\times >3 sf or >3 If		≥160 sf or	≥260 If			X N	/lini-enclosure	[Non-fr			_	_
Location of			n normally us enance/custo		1		or or a constraint	Amount	-	e e	R	E n	E
asbestos-conti material to be		staff(12)			material (sbestos-containing	(Specify S LF)	F or	o m	p a	c	С
abated in facili	ity (13)	Yes	No	N/A						v e	i r	р	L
basement				×	pipe insula	ation		88 lf		X			무
basement				X	pipe			10 lf		ዙ	片	X	뷰
								_		卄	H	Ħ	旹
Registered Waste Ha			EP Hauler ID 19563)# C	ubic Yards of V 1 1/2	Vaste	Name of Registered Tullytown	Landfill Resource & Re	ecovery	Cen	er		
City, State				isposal C			City, State Tullytown,						
Lincoln Park, N Completed by (Print		Title		10/	Signature		1		Date				
Gordana Luna	or rype)		rv/Treasui	rer			Gordana Luna		09/2	1/201	5		

State of NJ

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

B & G proj. #:	2015-179	_	(Pursuan	t to	NJAC 8:6	80-7 a	nd	12:120-7)		Check #	7439				
Date of Notification	(1)	Name of E	Building Owner	er/O	perator (2)		on, in 22 person		20	15 SEP 24	· KH ;	3:48			
0 19 1/12 11	1/115	Brent 7	Гаррап										_	_	_
Agencies Notified	Type Notification	Street Add	Iress						100	a Lici	UNK	ROI			
☐ EPA	X Initial	100000000000000000000000000000000000000	es Avenue							& LICI	HEI-II				
DEP DOL	Amendme		e, Zip Code son, NJ 07	940)										-
₩ DOH	_	Name of 0	Contact				••			Telephone	Number				
□ DCA	☐ Cancellati	on Brent	Tappan							310-086	-0021		_		_
			FAC	ILIT	Y INFORMA	ATION									_
Name of facility w	here abatement is	taking place (3)							Туре	of Facility (4) (K - 12)				
Brent Tapper											pter 8 (Ot			2)	
Street Address										Other (F Bldgs./h	rivate/Co lomes, etc	mmero c.	ial		
40 Niles Ave	nue								Squ		of Floors		Bldg	. Age	
City (5)		County (6)						Code (7) se only)	- C:	rrent Use (Pri	or if being	demo	lished	1)	=
Madison, N	1 07940	Morris				(Stat	e us	se only)		sidential	0, 1, 20113				_
	ing Firm Hired by E	Ndg Owner (8)		T	ASCM No.	-11	Nar	me of Abatement	Contra	actor (9)					
Name of Monitor n/a	ing Fillii Hiled by L	nag. Ownor (9)						& G Restora	tion, I	nc.			_		_
Street Address								eet Address 105 Ryerson I	Road						
Age and the second second							l	, State, Zip Code	_						
City, State, Zip Co	ode							Lincoln Park,	NJ 0	7035					
Project Manager	for Monitoring Firm		Phone Nun	nber			Tel	ephone Number (973)696-68	69		License 00	378	er -		
							Na	ame of OSHA Mo							
Scheduled Start I	Date (10)	Sched. Com	pletion Date	(11)			F	B & G Restora	ation,	Inc.					
10/01/201		10/02/20						reet Address 105 Ryerson	Pood						
Occupancy Statu	s During Abateme	nt (Check only on	e)				1						_	_	
Facility clos	sed/vacated during performed outside	entire period of a	batement.			_		y, State, Zip Cod LincolnPark, I		035					
Describe:	cribe:					$-\bot$	Ŀ	LINCOINF ark, I	40 07			_		- 1	-
_	(check all that appl	y)						Containment w/n	o a a tin (pressure	✗ Glove	han pr	ocedu	ire	
☐ Demolition	ı 🕱	Renovation						i-enclosure	egative	e pressure	-	riable p			
>3 sf or >3	<u>3</u> If	≥160 sf or ≥260				X	IVHII	I-EIICIOSUIE				R	R	E	E
Location of	of	Is location norr	nally used so e/custodial	lely	Descript	tion of	achi	estos-containing		Amount		e m	e p	n	n
asbestos- material to		staff(12)		_	material	(ACM))	03103 001112111113		(Specify S	SF or	o v	a	а	L
	facility (13)	Yes 1	N/A	٩								е	Ė	р	1
basement			X		pipe insu	lation	1			18 lf		- X	H	X	井
basement			X		pipe		_			33 lf		묶	H	F	計
Dadomoni							_					묶	H	H	情
												耑	旨	盲	
			1 104	10	ubic Yards o	f Waste	e II	Name of Register	ed Lar	dfill					
Registered Was	te Hauler oration, Inc.	NJDEP H 1956	3		11			lullytov	n Re	source & F	ecover	/ Cen	ter		
City, State Lincoln Par			Dispos		ate 02/2015		_	City, State Tullytow	n, PA		75.				
Completed by (Print or Type)	Title	rescurer		Signature		Q	Gordana Luni	z		09/2	21/20	15		
Gordana Lu	ına	Secretary/T	i casui ci												**********

2015-180

(Pursuant to NJAC 8:60-7 and 12:120-7)

b α G proj. #.	-		.,					Check	# 7440				- 1
Date of Notification	(1)	LLv	ama of Dui	Idina Own	er/Operator (2)		201	15 CED OL					
0 19 1/12 11	5.0		Laura Kr	1.5	erroperator (2)	18		15 SEP 24 AP	3:45				
Agencies Notified	Type Notification	on S	treet Addre	355200553			- 1 ⁰⁰ - 1	9-137US CO	WFEGI				
☐ EPA ☐ DEP	Initial			man Ave	enue			à LICENSII	AB UNUL				
X DOL	Amendm		ity, State, 2 Pompto		, NJ 07440								
X DOH		N	ame of Cor	ntact	Y			Telephon	e Number		-		
☐ DCA	Cancella	tion	Laura k	(ramer									
				FAC	ILITY INFORM	IATION	ı						
Name of facility wh	ere abatement is	taking pla	ace (3)					Type of Facility (4) I (K - 12)			-	
Laura Kramer									apter 8 (Ot	her th	nan K	12)	
Street Address	-11							X Other	(Private/Co	mme		n 18	
23 Sherman A	Avenue							Square Feet	# of Floors	3	Blo	ig. A	ge
City (5)		Cour	nty (6)				inty Code (7)	Current Use (P	rior if boing	dom	oliebe	d)	
Pompton Pla	ins, NJ	Mo	rris			(0,0		residential	nor ii being	dem	Olisiic	.u, ===	
Name of Monitorin	g Firm Hired by E	3ldg. Own	er (8)		ASCM No.		Name of Abatement						
n/a						_	B & G Restora	ition, Inc.					
Street Address							105 Ryerson	Road		±0			
City, State, Zip Cod	е				5		City, State, Zip Code Lincoln Park,						
Project Manager for	r Monitoring Firm		Ph	none Numb	per	-	Telephone Number	20	License		er		
							(973)696-686 Name of OSHA Mon		00	378	_		
Scheduled Start Da	te (10)	Sched	d. Completi	on Date (1	1)		B & G Restora						
10/02/2015			03/2015				Street Address						
Occupancy Status I				ment			105 Ryerson F			_			
Abatement pe	erformed outside	of normal	facility hou	rs-			City, State, Zip Code	9					
Describe: Other-Descri	be:					_	LincolnPark, N	NJ 07035					
Scope of Work (ch	eck all that apply	1)											
☐ Demolition	X	Renovation	on				Full Containment w/ne	egative pressure	X Gloveb	5.535			
>3 sf or >3 lf		≥160 sf or				X	Mini-enclosure		Non-fr	able p			_
Location of asbestos-cor	ntaining		n normally enance/cus		1	ion of a	asbestos-containing	Amount	2	e	R	n	E
material to be	e	staff(12)	T	T	- material			(Specify 5	SF or	m o	p a	c a	С
abated in fac	ality (13)	Yes	No	N/A				2.7		v e	r	р	L
laundry room				X	pipe insu	lation		18 lf		X			10
basement				X	pipe			3 lf		븜	屵	X	뷰
·										H	뷰	H	H
				1	-					片	H	H	ዙ
Registered Waste F	lauler	INID	EP Hauler	ID# I (Cubic Yards of	Waste	Name of Registere	ed Landfill					1—
B & G Restora			19563		11		Tullytowr	n Resource & R	ecovery	Cent	ter		
City, State Lincoln Park, N	NJ .			Disposal 10	Date /05/2015		City, State Tullytown	, PA				T	
Completed by (Prin		Title		-	Signature		(0, (0		Date				
Gordana Luna			ry/Treas	urer			Gordana Luna		09/21	/201	15		

B & G proj. #:

2015-181

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7441

Date of Notification	(1)	Na	ame of Build	ling Owne	r/Operator (2)			2015 9	FP OI	<i>p</i> ,			
0 19 1/12 11	<u> </u>		Ron Onor	ato				2018 0	EP 24	Al	3:	33	
Agencies Notified	Type Notificati	on St	reet Address	S				403	5703	(1:1)	V T D	: D :	
☐ EPA	X Initial		17 Midwo	od Roa	d			#33E	LICEN	1311	i i n	UL	
DEP		200	ty, State, Zip										
X DOL	Amenda	nent	Glen Roo	k, NJ 0	7452					-			
X DOH	П	11	me of Conta	act				Telephone	Number				
☐ DCA	☐ Cancella	ition	Ron Onc	orato									
				FACI	LITY INFORMA	ATION							
Name of facility wi	here abatement is	s taking pla	ce (3)					Type of Facility (4) (K - 12)				
Ron Onorato								_	pter 8 (Ot	her th	an K-	.12)	
Street Address							-	Other (F	b			,	
17 Midwood	Road								lomes, etc		Blo	dg. Ag	70
		I Cour	ty (6)		T	Cour	nty Code (7)	Square Feet #	of Floors		Dic	ig. As	90
City (5)		Coun	ty (O)				te use only)	Current Use (Pri	or if being	dem	olishe	d)	
Glen Rock, N	NJ 07452	Ber	gen	7/				residential				(t)	
Name of Monitorin	ng Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abatement Co	ontractor (9)					
n/a							B & G Restoratio	n, Inc.					
Street Address							Street Address 105 Ryerson Ro	ad					
T. 1						_	City, State, Zip Code	au					
City, State, Zip Coo	de						Lincoln Park, N	J 07035					
Project Manager fo	or Monitoring Firm	1	IPho	ne Numb	er	-	Telephone Number		License I	Numb	er		
Project Manager 10	n Montoning i in		1				(973)696-6869	7	000	378			
Scheduled Start Da	ate (10)	Sched	. Completion	n Date (1	1)	-	Name of OSHA Monito						
10/02/2015	210 (10)		3/2015	***************************************			B & G Restoration	n, Inc.		_			
Occupancy Status	During Abatama					_	105 Ryerson Roa	ad					
	ed/vacated during			nent.			City, State, Zip Code					_	
Abatement p	erformed outside	of normal	facility hours	S-									
Describe: Other-Descr	ibe:						LincolnPark, NJ	07035					
Scope of Work (c		y)											-
☐ Demolition	X	Renovatio	n			F	ull Containment w/nega	tive pressure	Gloveb	ag pr	ocedu	ire	
X >3 sf or >3 l	f \square	≥160 sf or	≥260 lf			X	/lini-enclosure] Non-fri	able p	огосе	dure	
Location of			n normally u		/					R	R	E	E
asbestos-co		by mainte staff(12)	enance/custo	odial			sbestos-containing	Amount (Specify SI	For	m	р	n c	n
material to b abated in fac		Yes	No	N/A	material ((ACIVI)		LF)		v	a i	a p	L
-				1/15/57/20	11 - 1 - 1 1	-41		10 16		e	r		+
storage room				X	pipe insula			18 lf 12 lf		X	H	H	++
main room				X	pipe insul			6 lf		X	H	H	情
soffit area back room				X	pipe	311011		9 If		Ī		X	恒
Dack roojii					1								
Registered Waste	Hauler	NJD	EP Hauler II	D# C	Cubic Yards of	Waste	Name of Registered L	andfill		-			-
	& G Restoration, Inc. 19563							Resource & Re	covery	Cent	er	_	
City, State Lincoln Park,	NJ			Disposal Dis	05/2015		City, State Tullytown, P	'A					<u> </u>
Completed by (Prin		Title			Signature		Gordana Luna		Date	100	-		
Gordana Luna		Secreta	ry/Treasu	rer			Jordana Luna		09/21	/201	5		

CK 7551

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

	NO				BESTOS ABA ⁻ C 8:60 and 5:1			£.		
Date of Notification (1) 9 / 21 /	15	\$(25400	9000 1000	g Owner/Operator alth System	(2) / Job #150	9-4951 Checky	7550	₹: :.	٥.
Agencies Notified Type Notifica ☐ EPA ☐ Initial ☐ DOLWD ☐ Amended ☐ DHSS Amendment			160 City, S	Address O Haddo State, Zip O nden, NJ		,	45.00	RS Q	101	
DCA (NJAC 5:23-8) Emergence justification Cancellate	on)	ng	Name	of Contact	t		Telephone Num	nber	-	
			FA	CILITY IN	FORMATION		+ -			
Name of Facility Where Abatement is T Our Lady of Lourdes Medical C Street Address 1600 Haddon Avenue		ce (3)				Other (i.e., p	2) 8 (Other than K-12 private and comme		lings,	
City (5)	_					homes, etc. Square Feet	# of Floors	Bidg	. Age	
Camden										
County (6)			Cour	ity Code (7)(STATE USE ONLY)		rior if being demoli	shed)		
Camden		(0)			177	Medical Ce				
Name of Monitoring Firm Hired by Build Criterion Laboratories	ling Owner	r (8)	ASCM	No.	Name of Abatem	N. 1 1. N.)			
Street Address					AbateTech,	inc.				
3370 Progress Drive Suite J					Street Address	e. PO Box 25				
City, State, Zip Code						Comment of the Commen				
Bensalem, PA 19020					City, State, Zip C Lumberton,					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.			
Michael Panapresso			15-244		609-265-210	7	00529			
Start Date (10) Start Date (10	cheduled 9				Name of OSHA I EMSL Analy					
Occupancy Status During Abatement (0					Street Address					
☐ Facility Closed/Vacated During Entir		000000000000000000000000000000000000000	ement		200 Route 13	30 North				
Abatement Performed Outside of No Time of Abatement:AM	rmal Facil	ity Hou	rs - Des	cribe	City, State, Zip C	ode				
					Cinnaminso	n, NJ 08077				
Scope of Work (Check all that apply)	State of the last	lenova emoliti			Mini-End Gloveba	g Procedure	gative Pressure	ıre		
		ls Loca	tion					1	ement	Type
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	/ N Cu	(12)	ely by ance/ Staff?		Description stos Containing Ma ., thermal systems surfacing, VAT other-miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	0.555	Encapsulate	1
	Yes		N/A							
Lobby Restroom	-			Pipe Ins	sulation		20 LF			
			\perp						_ _	
Name of Registered Waste Hauler AbateTech, Inc.		1.50	NJDEP N Hauler II	O No.	Cubic Yards of Waste	Name of Regi	stered Landfill			
City, State			18750)	10 Disposal Date	City, State				
Lumberton, NJ					9/22/15	Tullytown	, PA			
Completed By (Print or Type)	Title				Signature _		3	ate, i		
Gwendolyn Trumbetti		tions	Coord	inator	O Signature (1)	Mr		9/2		5

MAY 11

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

Date of Notification (1)				Name	of Building	g Owner/Operator ((2)		, jr. 2	~		
9 / 18 /	15	_				alth System		-4951 Check #	7550	2815 S		13
Agencies Notified Type Notification	ation			Street	Address		2.	-	-t.	100		1 23
				160	0 Haddo	n Avenue		-	505	N		1, 3
☑ DOLWD ☐ Amended				City, S	State, Zip C	Code		-	11:27	4-		
☑ DHSS Amendm					nden, NJ			5		- G		·
DCA Emergen (NJAC 5:23-8)		uaing		Name	of Contac	t		Telephone Num	ber			; E.
Cancella				Wa	lt Wenne	r		**	,	ى <u>ب</u> دن		Ĭ
				FA	CILITY IN	IFORMATION				~		
Name of Facility Where Abatement is	Taking F	Place	(3)				Type of Facility ((4)				
Our lady of Lourdes Medical C	enter						School (K-12					
Street Address							Subchapter 8	Other than K-12 rivate and comme	2) vrcial bu	ildina	c	
1600 Haddon Avenue							homes, etc.)		iciai bu	illuling	5,	
City (5)							Square Feet	# of Floors	Blo	dg. Ag	je	
Camden												
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Camden							Medical Cer	nter				
Name of Monitoring Firm Hired by Build	ding Ov	vner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Criterion Laboratories						AbateTech, I	nc.					
Street Address			- 1			Street Address						
3370 Progress Drive Suite J						30 Maple Av	e. PO Box 25					
City, State, Zip Code						City, State, Zip C	ode					
Bensalem, PA 19020						Lumberton,	NJ 08048					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Michaek Panapresso			21	5-244	-1300	609-265-2107	7	00529	28			
Start Date (10)	Schedu	led Co	omple	tion Da	te (11)	Name of OSHA N	Monitor					
9 / 21 / 15	9	/	22	/	15	EMSL Analys	tical					
Occupancy Status During Abatement (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated During Enti						200 Route 13	30 North					
Abatement Performed Outside of N					cribe	City, State, Zip C	ode					
Time of Abatement:AM	PIVI/	4P IVI-	TZAN	1		Cinnaminson	n, NJ 08077					
Scope of Work (Check all that apply)						☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 If			novati			Mini-End	closure	,				
☐ ≥160 sf or ≥260 lf] Der	molitic	n			g Procedure empted (*) and No	n Eriable Procedu	ıro			
		lo	Locat	ion	Ī	□ Non-Exe	inpled () and No	II-I Hable Floceut		ateme	nt T	vno
Location of			Iorma			Description of	of			_		
Asbestos-Containing Material (ACM	1)		d Sole		Asbe	stos Containing Ma		Amount	Rem	Repair	inc	incl
TO BE ABATED			ntena odial:	nce/ Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	air	sde	Enclosure
IN Facility (13)		20000000000	(12)			other miscellane		SI OI LI)	-		Encapsulate	Гe
V/		Yes	No	N/A			2000 201 3				W	
Lobby Restroom]				Pipe In:	sulation		10 LF				
]											
]											
	1	П	П									
Name of Registered Waste Hauler			N	JDEP \	Naste	Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.			Н	auler II 18750		Waste 10	G.R.O.W.S					
City, State				10100		Disposal Date	City, State					-
Lumberton, NJ						9/22/15	Tullytown,	PA				
Completed By (Print or Type)	Title			1-1-1		Signature	1 .	D	ate ,	61	_	
Gwendolyn Trumbetti	Ор	erati	ons (Coord	inator	(N	1118		9/1	81	15	

ASB-41 MAY 11

r eff

MX 7549

MAY 11

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

Date of Notification (1) 9 / 16 /	15)				g Owner/Operator (d Johnson Host		#1503-4879	Check	#7549		
	/			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 III 5-1 C 40150-1-4-00					T.		1.3
Agencies Notified Type Notifica					Address Robert	Wood Johnson	Place		OE C	21		T.
☐ DOLWD ☐ Amended ☐ Amended ☐ Amended)	Cit	y, S	tate, Zip C	Code			350			4.
□ DCA □ Emergen		na	I	New	Brunsv	vick, NJ 08901			工.			[1]
(NJAC 5:23-8) justificati		9	Na	me	of Contac	t		Telephone N		4		61
☐ Cancellate	ion			Jam	es Urico	chio			· 000 =	6	,	
			I	FAC	ILITY IN	IFORMATION			5			
Name of Facility Where Abatement is 7	aking Place	ce (3)					Type of Facility	(4)				
Robert Wood Johnson Hospita	ıl -						School (K-12					
Street Address							☐ Subchapter 8 ☐ Other (i.e., p			uildine	10	
One Robert Wood Johnson Pla	ace						homes, etc.)		Herciai i	Juliuling	J 5,	
City (5)							Square Feet	# of Floors	E	Bldg. A	ge	
New Brunswick							-					
County (6)			С	oun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
Middlesex			1		,	,,	Hospital		erite e en en en e			
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASC	1 MC	Vo.	Name of Abateme						
Omega Environmental	g =e	. (0)			10.	AbateTech, I						
Street Address						Street Address	110.					
280 Huylar Street						30 Maple Ave	PO Boy 25					
City, State, Zip Code					ST. 25	City, State, Zip Co					uidi	_
South Hackensack, NJ 07606						Lumberton, N						
Project Manager for Monitoring Firm		T	lanha	no N	lo		10 00040	License No.				
			elepho 201- 4			Telephone No. 609-265-2107	,	00529	-0			
Geiser Fajardo Start Date (10)	Na la a de da al							00529				
	Scheduled 9				15_	Name of OSHA N EMSL Analyt						
Occupancy Status During Abatement (Check only	one)				Street Address						
☐ Facility Closed/Vacated During Enti						200 Route 13	0 North					
☐ Abatement Performed Outside of No						City, State, Zip Co	ode					
Time of Abatement:AM	PM/	PI	M		MA	Cinnaminson	n, NJ 08077					
Scope of Work (Check all that apply)				7-5-21							700000	
D > 2 of> 2 if			_ ('				tainment with Neg	jative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demoli				☐ Mini-Enc	g Procedure					
						Non-Exe	mpted (*) and No	n-Friable Proce	edure	_		
		Is Loc								batem	ent T	уре
Location of	1.16	Norm	nally olely b	.,	22	Description of			7	Z Z	Ш	Ш
Asbestos-Containing Material (ACM TO BE ABATED			nance			stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility	Cı		al Staf	f?	(1.0	surfacing, VAT,		SF or LF)	val		nsc	sure
(13)		(12				other miscellane	ous)				ate	(0)
4th e eth El T	Yes	-	-	I/A								
4 th & 6 th Fl. Tower Bldg. Nurse's					Linoleu	m & mastic		825 SF				
I/S Operattions Room & Mail Roo	om 🗆	\boxtimes			Double	Layer VAT & Ma	astic	400 SF				
I/S Operattions Room & Mail Roo	om 🗆]	Pipe Ins	sulation		28 LF				
]								
Name of Registered Waste Hauler			NJDE			Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.			Haule 187	er ID 750		Waste 40	G.R.O.W.S	. Landfill				
City, State			101	100		Disposal Date	City, State					
Lumberton, NJ						9/30/15	Tullytown,	PA				
Completed By (Print or Type)	Title					Signature	1		Date			
Gwendolyn Trumbetti	Opera	tions	Con	rdi	nator	()	U		9	1101	15	
ASB-41	Spore	2.5110				10/100	- v		1	10	10	
MAY 11	* Do no	ot use	this fo	orm t	for asbest	os licensure exemp	ted activities.					

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

Date of Notification (1)				Name	of Building	g Owner/Operator (2)					
9 / 10) /	<u> </u>		Tru	istees of	Princeton	/ Job #13	804-4626 Check	(#75	05		
Agencies Notified Ty	pe Notification			Stree	t Address							
	Initial			Tru	stees of	Princeton Unive	rsity E.A. Mac	Millan Bldg.				
	Amended	47		City, S	State, Zip C	Code						
□ DHSS	Amendment # Emergency (ir			Pri	nceton, N	IJ 08544						
(NJAC 5:23-8)	justification)	iciuuliig	d	Name	of Contac	t		Telephone Numb	er	6203		
10000	Cancellation			Ro	bert Orte	go, P.E.		1 250 404		2		425
				FA	CILITY IN	FORMATION		<u></u>	r.	SEP		13
Name of Facility Where Abat	ement is Takin	g Place	(3)				Type of Facility			N		,
20 Washington Road							School (K-12) <u> </u>		+		1 1
Street Address					72		Subchapter 8	(Other than K-12)	j sial bi	133		_
20 Washington Road,	Princeton Ur	niversi	ty M	ain Ca	mpus		homes, etc.)	nvate and confiner	al Di	dg, A	js, ,	7.1
City (5)							Square Feet	# of Floors	BI	dg, A	ge 🧏	->
Princeton							1,000,000	5	-	\$57		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Mercer							University L	.ibrary				
Name of Monitoring Firm Hire	ed by Building (Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)			1111-155		
ATC Associates				0009	98	AbateTech, Ir	nc.					
Street Address						Street Address						
3 Terri Lane						30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Burlington, NJ 08016						Lumberton, N	IJ 08048					
Project Manager for Monitorin	ng Firm		Tel	ephone	No.	Telephone No.		License No.				
Michael R. Keehn			6	09-386	-8800	609-265-2107		00529				
Start Date (10)	Sched	luled C	omple	etion Da	te (11)	Name of OSHA M	onitor			00		
_ 3 / _ 24 / _ 1	4	2 /	_3	1_ /	15	EMSL Analyti	cal					
Occupancy Status During Aba	atement (Check	k only o	ne)			Street Address						-
☐ Facility Closed/Vacated D				ment		200 Route 130	0 North					
Abatement Performed Out					cribe	City, State, Zip Co	ode					
Time of Abatement:	_AMPI	и/ <u>3:30</u>	PM- <u>1</u>	<u>2</u> AM		Cinnaminson						
Scope of Work (Check all that	t apply)					□ Evil Cont	ainmant with Naa	ativa Danasuus				
≥3 sf or ≥3 if		⊠ Re	novat	ion		☐ Mini-Encl	ainment with Neg osure	ative Pressure				
≥160 sf or ≥260 If		☐ De	moliti	on		☐ Glovebag		<i>V</i>				
						Non-Exer	npted (*) and Nor	n-Friable Procedure	_			
Location of			Loca: lorma						Ab	ateme	ent T	уре
Asbestos-Containing Mate	erial (ACM)	Use	d Sole	ely by	Asbes	Description of stos Containing Mat		Amount	Re	Repair	En	Enc
TO BE ABATED		100000000000000000000000000000000000000	ntena			, thermal systems in	nsulation,	(Specify	Remova	pair	cap	Enclosure
IN Facility (13)		Cusi	(12)	Staff?		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure
(10)		Yes	No	N/A		other miscenarie	Jus)				te .	
Room 227A			\boxtimes		Floor Ti	le & Mastic		400 SF				
Abandon Exterior Steam	Tunnell		\boxtimes		Cut & W	/rap		300 LF	\boxtimes			
Auditorium Roof					Roof Fla	ashing		714 LF	\boxtimes			
1st Fl. Column C-D betwee	en 5&6				Double	layer Floor tile 8	Mastic	270 SF				
Name of Registered Waste Ha	auler		0.333	JDEP V	(C) (C) (C) (C) (C)	Cubic Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.				18750		Waste 40	G.R.O.W.S.	Landfill				
City, State				10100		Disposal Date	City, State					
Lumberton, NJ						12/31/15	Tullytown,	PA				
Completed By (Print or Type)	Title					Signature.	1 .	Date	е,		1	
Gwendolyn Trumbetti	0	perati	ons (Coordi	nator	1 (M	N X		91	10	110	5
A CD 44							W V		-	10	1	

ASB-41 MAY 11

State of New Jersey

State of New Jersey

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

RECENTED

1304-4626 Page 2 of 2

Location of Asbestos-Containing Material (ACM)	No	/ Used	Description of Asbestos-Containing	Amount (Specify	Ab	atem	nent T	Туре
TO BE ABATED in Facility (13)		ince or Staff?	Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
Light Court TAR Shaft			Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each				
Heritage Glass TAR Shaft			Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each				
Basement			Exterior Perimeter Window Caulk	80 LF		П		П
Basement			Exterior Window Glazing	300 LF		$\overline{\Box}$		
Ground Floor Transformer Room			Debris clean up	100 SF				H
Ground Floor Transformer Room			Pipe Insulation (wrap & cut)	24 LF		\Box	H	H
Ground Floor Transformer Room			Floor tile & Mastic	986 SF		H	H	H
Ground Floor Transformer Room			Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	15 each				
1964 Addition			Waterproofing Mastic	2,700 SF		\Box	П	П
Ground Floor to 3 rd Floor			Windows including caulk & glazing	900				_
North Tower- 2 nd Floor Hallway			Pipe Insulation (wrap & cut)	20 LF		님	ᆔ	\Box
Old Penthouse, Stair Tower 7 & 2			Roof Flashing	400 LF			H	\Box
1964 Addition			Roof Flashing	500 LF				
Loading Dock			Black Mastic	1,000 SF				
Old Atrium			Black Mastic	300 SF				
1964 Addition Exterior Steam Tunnel			Asbestos Debris clean up	200 SF				

CK# 24936

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

RECENED

Date of Notification (1) 9/22/15				Name of Building Owner/Operator (2) Brown 2015 SEP 24 AM 3: 33											
Agencies Notified	Type Notification	ľ		Street	Address	18 Willow Rd. 55103 CONTROL									
DEP DOL	Amended Amendment			City, State, Zip Code Lawrenceville, NJ 08648											
M DOH □ DCA	☐ Emergency (in justification) ☐ Cancellation	nciuaing	,	Name of Contact Dr. David Brown Telephone Number											
					ORMATION										
Name of Facility Where	Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12)														
Street Address	Other (i.e., private & commercial buildings, homes, etc.)														
City (5)	Lawren	cevill	e, N.	ſ			Square Feet 2500	# of Floo	ors	Blo	dg. A 75	ge +/-			
County (6)								(7) (STATE Current Use (Prior if being demolished)							
Name of Monitoring Firm (8) DB Et	Hired by Building	Owner	T	ASCM	No.		nent Contractor (9 vens Environ		ervice	s, In	c.				
Street Address	4 Berkeley P	lace			-	Street Address		Box 322				- 0			
City, State, Zip Code	Freehold, 1					City, State, Zip C	Code	n, NJ 085	501				_		
Project Manager for Mor			100000	ephone 32) 74	No. 0-8408	Telephone No. License Ne. 00493							_		
Start Date (10)		eduled C	omple	ition Da		Name of CSHA Monitor DB Environmental									
Occupancy Status Durin	10/1/15 10/2/15 Occupancy Status During Abatement (Check only one)												_		
☐ Facility Closed/Vacat	d Outside of Norm					City, State, Zip C	Code	eley Place	9-048				_		
Other - Describe:							Freehold	d, NJ 077	28	_			_		
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ан тпат арріу)		enovat emolitio			☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
			Locatio								Abatement Type				
Asbestos-Containing N	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Norma Used Sole Maintena Custor Staff (12)					Description of tos Containing Ma thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A	EDI.			20.16	,			Ťe .	U		
Crawl St	bace	. ×			<u>Th</u>	ermal Pipe In	sulation	30 lf		×	_				
Name of Registered Waste Hauler Stevens Environmental Services, Inc. NJDEP Waste Hauler ID No. 18292						Cubic Yards of Waste 1 CU	Name of Reg	GROWS		ifill					
City, State	Allontourn	NII				Disposal Date	City, State	Morrison	villa l	D A					
Completed By Mahlon E. Ste	Allentown,	le	roiec	t Mar	nager	10/5/15 Signature//	 	Morris	Date	9/22	2/15		_		
ASB-41 MAR 00						os licensure exer	noted activities			J 1 24 24	-1 1 3		_		

NO CK

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

0436-03										_				
Date of Notification (1) 9 /	22 /	15		Name of Building Owner/Operator (2) NEWARK HOUSING AUTHORITY Street Address). ~			
Agencies Notified EPA	Type Notificati	ion			Address	STREET		1.1.1.1			۲	\$		
	☐ Amended								A.					
☑ DOLWD	Amendmer	nt #			tate, Zip C			5 EH		-	-			
☑ DHSS ☐ DCA	☐ Emergency		,	NEV	VARK, N	J 07102	222							
(NJAC 5:23-8)	justification		' i	Name	of Contac	t		Telephone Numb	er					
(110110 0.20 0)	☐ Cancellatio		- 1	ALI	CIA BIAS	SOTTI BELOTTA		A -						
				FAC	ILITY IN	FORMATION								
Name of Facility Where A	Abatement is Ta	king Place		Type of Facility										
LINCOLN TOWERS	i				School (K-12)									
Street Address	·				Y-	 Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 								
69-99 LINCOLN ST	REET					homes, etc.)								
City (5)							Square Feet	# of Floors	Bldg. Age					
NEWARK							>50,000	12		88				
				Coun	ty Code (7)(STATE USE ONLY)		ior if being demolis	ned)					
County (6)				Court	ty Code (i	NOTATE GOL GALT	00.10.11.000 (1.1.	J						
ESSEX						Tat (A b - 1	-+ C++(0)							
Name of Monitoring Firm		ng Owner ((8)	ASCM I	No.	Name of Abateme								
LEWIS CONSULTIN	IG GROUP					DELTA/BJDS	, INC							
Street Address						Street Address								
2517 HIGHWAY 35	BLDG. P SUI	TE 202				1345 INDUST	RIAL BLVD.							
City, State, Zip Code						City, State, Zip Co	ode							
MANASQUAN, NJ	8736					SOUTHAMPTON, PA 18966								
Project Manager for Mon	A60 2000 927 12 12 12 12 12 12 12 12 12 12 12 12 12		Tele	phone I	Vo.	Telephone No.		License No.						
ZACHARY D. LEWI					6-2420	215 322-2900		00783						
				Name of OSHA M										
Start Date (10)	200000	heduled C 03 /				CRITERION L								
10 /02 /				_ ′ -	10									
Occupancy Status During						Street Address								
□ Facility Closed/Vacate	ed During Entire	Period of	Abater	nent		3370 PROGR	The state of the s							
Abatement Performed					cribe	City, State, Zip Co BENSALEM,								
O FINAL - LONG LONG	I that and (BENOALEM	177 10020							
Scope of Work (Check al	that apply)					☐ Full Con	tainment with Neg	gative Pressure						
≥3 sf or ≥3 lf			novatio			☐ Mini-End		888						
≥160 sf or ≥260 lf		☐ De	molitio	on ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure										
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	- 6		Locati			Description of	of		-	_		T		
Location Asbestos-Containing		11	d Sole		Asbe	stos Containing Ma	iterial (ACM)	Amount	Ren	Repair	nc	nc		
TO BE ABA	ATED	IVIA	intena		(i.e	., thermal systems	insulation,	(Specify	Removal	air	Encapsulate	Enclosure		
IN Facili	ty	Cus	todial 9 (12)	otan r		surfacing, VAT other miscellane		SF or LF)	1 10		ulat	re		
(13)		Yes	No	N/A		Oli lei Miscellane	*	·	1 .	1	0			
									N			П		
PLEASE SEE ATTAC	HED										ᆜ	ᆜ		
											Ш			
											П	Ш		
								0						
Name of Registered Was	te Hauler		100.00	JDEP V		Cubic Yards of	Name of Regis	stered Landfill						
SERVICE TRANSPO			Н	auler II		Waste	MINERVA	LANDFILL						
City, State			1/2	20990	-	Disposal Date	City, State							
58 PYLES LANE, N	EW CASTLE,	DE 1972	0			Control Accordance	0.500	URG, OH 44688						
Completed By (Print or T		Title				Signature	. /	Da	te,	,				
CHRISTINE DEL VI	,,-,	PROJE	CT M	GR		1/1. D	- Dalat	we'r	1/2	2/	10	15		
OTHER DEL VI	0010	· ICOUL				K. I. Wall	Will VI	wer -	1100	7/1	1.0	1		



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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)									
9 / 2		Lincoln Towers Urban Renewal												
⊠ EPA [Type Notification ☐ Initial ☑ Amended			Street Address 500 BROAD STREET City, State, Zip Code										
☑ DHSS	Amendment #1	-		- 254	WARK, N									
DCA (NJAC 5:23-8)	Emergency (in justification)	cluding	1		of Contac	accorded amounts	Telephone Number							
	☐ Cancellation			AL	ICIA BIAS	SOTTI BELOTTA								
				FA	CILITY IN	FORMATION								
Name of Facility Where Aba	atement is Taking	Place	(3)				Type of Facility (4)							
LINCOLN TOWERS							School (K-12)							
Street Address 69-99 LINCOLN STRE	FT						Other (i.e., p	☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,						
City (5)						-C	Square Feet	# of Floors	ors Bldg. Age					
NEWARK							>50,000	12	1	88				
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)					
	irod by Building C	Numor (0)	VSCV	No	Name of Abatem	ent Contractor (9)				_			
Name of Monitoring Firm H LEWIS CONSULTING			0)	ASCIVI	ASCM No. Name of Abatement Contractor (9) DELTA/BJDS, INC									
Street Address						Street Address								
3 CROSSWICKS STR	REET					1345 INDUST	TRIAL BLVD.							
City, State, Zip Code	16					City, State, Zip C								
BORDENTOWN, NJ 0	-		T				PTON, PA 18966							
Project Manager for Monito	oring Firm			phone		Telephone No. 215 322-2900	.	License No. 00783						
MICHAEL HOODAK	Cohod	lulad C	200 11		98-5520 ate (11)	Name of OSHA N								
Start Date (10)					16	CRITERION								
Occupancy Status During A	Abatement (Check	c only c	ne)			Street Address	39105							
☐ Facility Closed/Vacated						3370 PROGR								
☐ Abatement Performed C Time of Abatement: 7Al														
Scope of Work (Check all the	hat apply)						to iom out with No.	nativa Pragavra						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re □ De												
	-	Is	Locat	ion	T	<u></u>	mptee () and me			batement Type				
Location of Asbestos-Containing Mark TO BE ABATI IN Facility (13)	Norma d Sole intena todial (12)	ely by ince/	(i.€	Description of the store Containing Manager, thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, C, or Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure				
PLEASE SEE ATTACH	ED													
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				-							П			
				12					-			H		
			Щ		10//-	Louble Vanda at	Name of Death	stored Lo-JEII			Ш			
Name of Registered Waste SERVICE TRANSPOR			1.000		Waste ID No.	Cubic Yards of Waste	Name of Regis	LANDFILL						
City, State		2000		Disposal Date	City, State									
58 PYLES LANE, NEV	W CASTLE, DE	1972	0			0	WAYNESE	BURG, OH 4468	3					
Completed By (Print or Type CHRISTINE DEL VISO		ROJE	CT M	IGR		Signature	tue De	l V Mich C	ate $\frac{1}{2}$	3/3	20,	15		
ASB-41								,	1	1				