Date of Notification (1) 4/5//3 (a)	a 3/	12/13	Nan	ne of Building Own		or (2)			- 82 III.				
Agencies Notified Type Notifica	tion			et Address				13 APR 1	n				
EPA Initial			L.	80 PAR	CK /	LAZA	1	11 /	U	HID	. 50	1	
DEP Amende	d nent#//		100	State, Zip Code							41	<u> </u>	
Fmerger	icy (includ	ling		NEWARI	t 1	JJ (2710	X LIGE	λ, Ξ.,	11	111		
DOH justificat	on)		Nam	e of Contact	20			elephone		er	14		
Galicella	uon			SANDA	DRU	MARU					- 1/	0 0	
Name of Facility Where Abatement is To	aking Plac	e (3)	F	ACILITY INFORM	IATION	Tuna of Faci	EL-(A)				- 10 market	-	
P. S. E + G		, ,				Type of Faci	07,030,5						
Street Address						School Subcha	(K-12)	her than K	121				
344 NORFOLK	57.					Other (i	e. private	& comme	rcîal b	uildin	as, ho	omes.	
City (5).						etc.)							
NEWARK						Square Feet # of Floor			1 39				
County (6)			Coun	ty Code (7)		Current Use	<u>ح</u>	AND 90 YA					
ESSEX			(STAT	E USE ONLY) _									
Name of Monitoring Firm Hired by Buildin	ng Owner	(8)	AS	CM No.	Name	of Abatement	Contracto	TATIC) //				
ENVIRONMENTAL TACTICS			00	145	UNIC	QUE SYSTE	MS OF	AMERIO	CAIN	IC.			
Street Address 64 BROAD STREET						Address							
					396	6 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747					City, S	, State, Zip Code							
j .	No. of the last of			OUTH RIVER, NJ 08882									
Project Manager for Monitoring Firm TOM GEIGER		none No.	Teleph	phone No. License No.									
Start Date (10)		290-2217	732-4	32-432-8350 01111									
4/9/13	Sched			n Date (11)		of OSHA Monit				100	-		
Occupancy Status During Abatement (Ch	Jak Only	116	2/1	3		UE SYSTE	MS OF	AMERIC	A IN	C.			
Project Control of the Control of th						Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of No	mal Facil	he Llaur	-			6 WHITEHEAD AVE.							
Other - Describe: @Cauthod in	Macol	مريضيت	alata.	tors only		State, Zip Code UTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)		_/_	i		500	H RIVER, I	4J 0888	2					
≥3 sf or ≥3 lf	(P)	Donou			Emil								
≥160 sf or ≥260 lf	ä	Renova Demoli		12.	H	Full Contains Mini-Enclosu	nent with	Negative I	Pressi	ıre		*	
		130		Glovebag Pr									
	T					Non-Exempt	ed (*) and	Non-Friat	ole Pro	cedur	е		
Location of	ls ls	S Locati Normal	ion	1				Abatement					
Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Achaetas Car	scription o	f			-	ıy	pe		
TO BE ABATED In Facility	Cus	intenar Stodial S	lsoff?	Asbestos Con (i.e. therma	taining Mai I systems i	terial (ACM)		ount secify	(_		Щ		
(13)	000	(12)	Jun:	{ surfa	cing, VAT.	or		or LF)	Remova	Repair	cap) C	
	Yes	NI-	1	Other	miscellane	ous)			ova	丰	Encapsulate	Enclosure	
9 00 0 01 - 0	1 res	No	N/A				1				6	0	
& ND Floor		X		TRANSI	TE PA	INELS	24	SF	14				
BASEMENT		X		ACM	NER	0.0	1	SF	12		\dashv	-	
					SUDI	<u> </u>		<u> </u>	13	- {	-{		
				-]		
Name of Registered Waste Hauler		I N.	IDEP W	aste I Cubio	Yards	1 51 - 5							
VASTE MANAGEMENT		Ha	uler ID I	No. of Was		4	5	d Landfill				-	
City, State		1	125		1	GROW	s Nor	.17					
LIZABETH, NJ				Dispos	al Date	City, State	Э	ASSESSMENT					
Completed by	Title			17/	10/13	MORRI	SVILLE	, PA					
CAROL RAIMO		1:	mo	, s	ignature	-2	•	Date	1/	1	_		
	10	15-5	aring	<i>y</i> . 1	_a	ral Ka	Me	19	15	//:	3		

Date of Notification (1)					Name of Building Owner/Operator (2) P. S. E + G Street Address								-		
0/22/13						5 X 1	G		<0/	3100			Y		
Agencies Notifieá	Type Notification	1	et Address	4	777	7.									
⊠ EPA	Initial				80 PA	PRK	C P	~		46	*/n.	6200			
DEP X DOL	Amended Amendmen	t ##			State, Zip Co	oae			14	(m. = =		3	10		
	Emergency	(includin	g	/	VEWA.	RK	. 1	150	710.	100/1/2	27	X. X			
X DOH X DCA	justification Cancellation				of Contact	n. 6	20	4 . 0	I	elephone N	umbe	r It			
<u> </u>	Cancellatio	<u> </u>			SANDA			MARU							
Name of Facility Where A	batement is Takir	ng Place	(3)	FA	CILITY INFO	ORMAT	ION	Type of Facili	h.//\						
P. S. E 4	G	J	,												
Street Address					-			School (I		her than K-	12\				
344 NON	SFOLK.	ST					- 1	Other (i.e	e. private	& commer	cial b	uilding	s, hor	mes.	
City (5),								etc.) Square Feet							
NEWARK							- 1	24,000	#	of Floors	Bldg. Age				
County (6)				Count	y Code (7)			Current Use (I	Prior if he	oina domeli	-b-d\	YRS			
ESSEX	`			(STAT	É USE ONLY)								19		
Name of Monitoring Firm I	Hired by Building	Owner (8)	ASC	CM No.		Name	of Abatement C	Contracto	TATIO	N				
ENVIRONMENTAL:	TACTICS .			00	45		UNIC	UE SYSTE	MS OF	AMERIC	A IN	C.			
Street Address								Address							
64 BROAD STREET							396 V	WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 0774								State, Zip Code							
							SOU	OUTH RIVER, NJ 08882							
Project Manager for Monitor TOM GEIGER		one No.			phone No. License No.										
Start Date (10)		290-2217			2-432-8350 01111										
4/8/13		Date (11)			of OSHA Monito		JAN SCHOOL STATE OF STATE OF								
Occupancy Status During	//:	5			UE SYSTEM	/IS OF	AMERIC	A IN	C.	9					
Occupancy Status During Abatement (Check Only One)						1	Street A	Address WHITEHEAD AVE.							
Facility Closed/Vacated During Entire Period of Abatem Abatement Performed Outside of Normal Facility Hours					,	-		y, State, Zip Code							
Other - Describe:	roudind by	Mecoud	cher o	Dola)	toes only	_		JTH RIVER, NJ 08882							
Scope of Work (Check All 7	hat Apply)	-			/		0001	TITAVER, N	17 0000						
≥3 sf or ≥3 if	*	M R	enova	tion .			П	Full Containment with Negative Pressure							
≥160 sf or ≥260 lf Demolitic					,		X	Full Containn Mini-Enclosu	nent with re	Negative I	Pressu	ıre			
9001000 U.V.D.							H	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
COMPLEXATION TO THE PROPERTY OF THE PROPERTY O	l aceti		T			Non-Exempte	ed (*) and	Non-Friat	.						
Location of			Locati ormali			_					Abatement Type				
Asbestos-Containing Ma	iterial (ACM)	Used	Solei	y by	Asbestos	Desc Contai	ription o	f terial (ACM)	۸-	marint		T		Г	
TO BE ABATE In Facility	D		ntenar		(i.e. th	ermal s	ystems i	nsulation,		Amount (Specify		_	밀	m	
(13)			(12)			surfacion surfacion ther mis	ng, VAT, scellaned	or or	SF	or LF)	Removal	Repair	aps	clos	
		Yes	No	N/A	1		ooonane.	543)			Val	#	Encapsulate	Enclosure	
9 1		1.00	140	IWA									0		
2 ND Flow	· た		X,		ACM	WiR	E 50	CK	24	OLF	X				
					TRANS	SITE	PAR	16/8		45F	X				
Name of Registered Waste F			NJ	DEP W	aste C	ubic Ya	ards	Name of	Register	ed Landfill					
VASTE MANAGEMEN	Т			uler ID 125	No. o	f Waste		GROW	533					1	
City, State			1 '	120			0_								
LIZABETH, NJ					D	isposal 4/		City, State MORRI		- DA					
Completed by	. 1	Title				Sign	2/15	WORKI	SVILLE	., PA					
CAROL RA.	mo		ه د	Mas				aral Laims 3/22/13							
CAROL RAIMO office ?					<i>U</i>		-u	-acal /acms 122/13							

Date of Notification (1) 4/1/13					of Building Czar	Owner/	Operator			IRL		_				
Agencies Notified	Type Notification	1		Street Address 12 Gresser Ave City State 7in Code												
EPA DEP X DOL	Initial Amended Amendmen Emergency			Linden, NJ												
DOH DCA	justification Cancellation	n		1	of Contact Currie				Telephone Number							
Name of Facility Where house	FAC	CILITY INFO	ORMAT	ION	Type of Facility	(4)	-									
Street Address 12 Gresser Ave					School (Konstant) Subchapte Other (i.e.	er 8 (Oth	ner than I & comm	K-12) ercial b	uildir	gs, ho	mes,					
City (5) Linden				etc.) Square Feet # of Floors 2000 2				Bldg. Age 50								
County (6) Union		Code (7) USE ONLY)			Current Use (Pr	rior if be	ing demo	olished)								
Name of Monitoring Fire	ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, L							LC								
Street Address		Street Address 4 E Gate Drive, PO Box 483														
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418												
Project Manager for Mo	Telepho	one No.		Teleph	one No.											
Start Date (10) 4/12/13	ed Co	mpletion	Date (11)			e of OSHA Monitor										
Occupancy Status Durin			Street A	t Address												
Facility Closed/Vacated During Entire Period of Abatel Abatement Performed Outside of Normal Facility Hour Other – Describe:							City, St	tate, Zip Code								
Scope of Work (Check A	All That Apply)									100						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro		ive Pressure						
Is Loc								Non-Exemple	I NOR-FI	able FI	13/50	ateme	nt			
Location of Norma							cription o				_	Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Sol Maintena Custodial (12)				nce/ Staff?	(i.e. ti	hermal s surfaci	systems ing, VAT	ing Material (ACM) stems insulation, g, VAT, or cellaneous)		Amount (Specify SF or LF)		Kepair	Encapsulate	Enclosure		
baseme	ent	Yes	No	N/A X		flo	or tile	15		150 SF		+	0	-		
											x					
								_			+	-	-	-		
112					6.00000000	Cubic Y		ds Name of Registered Landfill								
Fri State Transfer City, State				auler ID 2325		of Wast		Minerva Enterprises								
Bronx NY					100	Disposa TBD	II Date	City, State Waynes		DH						
Completed by Andrew Scott Higgins	S	Title Presid	lent			Sig	nature /	Date 4/1/13					3			

		NOTI (FICATIO Pursuai	ON OF AS	BESTOS C 8:60 a	S ABATE nd 12:12	MENT ()	rek	15	104	1)			
Date of Notification (1) 4/1/13			Name US N	of Buildin Masters	g Owner Reside	/Operato ntial Pr	r (2) operty (USA) Fund	- 10 2012	600			1	
Agencies Notified Type Notification EPA Initial	on		US Masters Residential Property (USA) Fund 2013 APD 10 Street Address 1000 Plaza Two, Floor 10, Harborside Financial Center											
DEP Amended Amendment Emergence				State, Zip (ey City,		LICENSTALIOL								
DOH justificatio	n)	ig	- 515200 TEMPO	of Contac n Garcia	Te	Telephone Number								
Name of Facility Where Abatement is Tal	ing Place	(3)	FAC	CILITY IN	FORMAT	TION					_			
house	mig i lacc	(0)					Type of Facilit	5110300150						
Street Address 165-167 Kennedy Boulevard							Subchap Other (i.e	ter 8 (Oti	her than & comm	K-12) nercial b	uilding	s, hor	nes,	
City (5) Bayonne					Square Feet 2000	2	of Floors		Bldg. Age					
County (6) Hudson	County (STATE	Code (7)	n		Current Use (F	Prior if be	ing dem	olished)						
Name of Monitoring Firm Hired by Building	ASCM No. Name of Abatement Cont ABS Environmental													
Street Address	Street Address 4 E Gate Drive, PO E													
City, State, Zip Code	City, State, Zip Code Glenwood, NJ 0741													
Project Manager for Monitoring Firm	Telepho	one No.		Teleph	one No.		License No.							
Start Date (10) 4/11/13							of OSHA Monito	or	1.00			-		
Occupancy Status During Abatement (Che	ck Only O	ne)	6			Street	Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: vacant	nent S City, State, Zip Code													
Scope of Work (Check All That Apply)	- 184									_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- December	Renova Demoli				L X	Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure				re		
Location of	350	Locati Normal			-						Abatement Type			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole sintenar todial S (12)	nce/	Asbes (i.e.	tos Conta thermal surfac	scription of aining Ma systems cing, VAT niscelland	terial (ACM) Amour nsulation, (Specif or SF or L		Specify	Remova	Repair	Encapsulate	Enclosure		
basament	Yes	No	N/A									ate	.e	
basement		x pipe			insulation			80 LF x						
Name of Registered Waste Hauler		T N	JDEP W	aste.	Cubic	Yards	Name of	Pogisto	rod Land	EII				
Tri State Transfer		H	auler ID 325		of Was		Name of Registered Landfill Minerva Enterprises							
City, State Bronx NY					Disposa TBD	al Date	City, Star Wayne		OH					
Completed by Andrew Scott Higgins	Signature				Date 4/1/13									