

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

D&S Proj. #: 2013

Date of Notification (1) 04/10/13		Name of Building Owner/Operator (2) GERALDO LORDI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1200 SO. LONG AVENUE	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code HILLSIDE, NJ	
		Name of Contact GERALDO LORDI	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) GERALDO LORDI			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1200 SO. LONG AVENUE			Square Feet		
City (5) HILLSIDE			County (6) ESSEX	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 04/18/13	Sched. Completion Date (11) 04/26/13		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement #1		<input checked="" type="checkbox"/>		PIPE INSULATION	100 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement #2 boiler rm		<input checked="" type="checkbox"/>		PIPE INSULATION	48 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement #2 laundry rm		<input checked="" type="checkbox"/>		PIPE INSULATION	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement #2 storage rm		<input checked="" type="checkbox"/>		PIPE INSULATION	10 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/19/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/08/13



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

CK 1728

2013 APR 12 AM 10:40  
**RECEIVED**  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 4 / 11 / 2013		Name of Building Owner/Operator (2) <b>Schneider National, Inc.</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>500 Water Street</b> City, State, Zip Code <b>Jacksonville, FL 32202</b> Name of Contact <b>Ryan Gronnert, Facilities Proj. Mgr</b>	
		Telephone Number _____	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>CSX Intermodal - Schneider National's Modular Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>26 Pennsylvania Avenue</b>		Square Feet <b>8000</b>	# of Floors <b>1</b>
City (5) <b>Kearny</b>		Bldg. Age <b>25+</b>	
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Industrial</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>Prism Response, Inc.</b>	
Street Address <b>128 S. Tryon Street - Interstate Tower</b>		Street Address <b>102 Technology Lane</b>	
City, State, Zip Code <b>Charlotte, NC 28202</b>		City, State, Zip Code <b>Export, PA 15632</b>	
Project Manager for Monitoring Firm <b>Roy Stancil</b>	Telephone No. <b>704-331-6334</b>	Telephone No. <b>724-325-3330</b>	License No. <b>01121</b>
Start Date (10) 4 / 22 / 2013	Scheduled Completion Date (11) 4 / 25 / 2013	Name of OSHA Monitor <b>Shaw Environmental, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>128 South Tryon Street, Interstate Tower</b>	
		City, State, Zip Code <b>Charlotte, NC 28202</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation* <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Abatement Type
		Yes No N/A	Removal Repair Encapsulate Enclosure
Roof	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roofing	800 SF <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Glazing Compound from Windows	9 SF <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Throughout	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	80 LF <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Throughout	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT	12 SF <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. SW1724	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>
City, State <b>Camden, New Jersey</b>		Disposal Date <b>4/25/2013</b>	City, State <b>Penn Argyl, PA</b>
Completed By (Print or Type) <b>Jessica Busch</b>	Title <b>Administrative Support</b>	Signature <i>Jessica Busch</i>	Date <b>4/11/2013</b>



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) 3 / 15 / 2013		Name of Building Owner/Operator (2) Schneider National, Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Ryan Gronnert, Facilities Proj. M Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) CSX Intermodel - Schneider National's Modular Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 26 Pennsylvania Avenue		Square Feet 8000	# of Floors 1						
City (5) Kearny		Bldg. Age 25+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.							
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Roy Stancil	Telephone No. 704-331-6334	Telephone No. 724-325-3330	License No. 01121						
Start Date (10) 4 / 1 / 2013	Scheduled Completion Date (11) 4 / 3 / 2013	Name of OSHA Monitor Shaw Environmental, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 128 South Tryon Street, Interstate Tower City, State, Zip Code Charlotte, NC 28202							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure *Abatement prior to demolition by others.									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing Compound from Windows	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Camden, New Jersey		Disposal Date 4/3/2013	City, State Penn Argyl, PA						
Completed By (Print or Type) Jessica Busch	Title Administrative Support	Signature Jessica Busch	Date 3/15/2013						



**State of New Jersey**  
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(Pursuant to NJAC 8:60 and 5:16)

2013 APR 12 AM 10:40  
ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 2 / 25 / 2013		Name of Building Owner/Operator (2) Schneider National, Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Ryan Gronnert, Facilities Proj. Mgr							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) CSX Intermodel - Schneider National's Modular Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 26 Pennsylvania Avenue		Square Feet 8000							
City (5) Kearny		# of Floors 1	Bldg. Age 25+						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.							
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Roy Stancil	Telephone No. 704-331-6334	Telephone No. 724-325-3330	License No. 01121						
Start Date (10) 3 / 18 / 2013	Scheduled Completion Date (11) 3 / 20 / 2013	Name of OSHA Monitor Shaw Environmental, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 128 South Tryon Street, Interstate Tower City, State, Zip Code Charlotte, NC 28202							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition *Abatement prior to demolition by others. <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing Compound from Windows	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Camden, New Jersey		Disposal Date 3/20/2013	City, State Penn Argyl, PA						
Completed By (Print or Type) Jessica Busch		Title Administrative Support	Signature Jessica Busch				Date 2/25/2013		



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

2013 APR 12 AM 10:40  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2 / 25 / 2013		Name of Building Owner/Operator (2) Schneider National, Inc.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Ryan Gronnert, Facilities Proj. Mgr.	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) CSX Intermodel - Schneider National's Modular Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 26 Pennsylvania Avenue			
City (5) Kearny	Square Feet 8000	# of Floors 1	Bldg. Age 25+
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial	
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		Name of Abatement Contractor (9) Prism Response, Inc.	
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane	
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632	
Project Manager for Monitoring Firm Roy Stancil	Telephone No. 704-331-6334	Telephone No. 724-325-3330	License No. 01121
Start Date (10) 3 / 18 / 2013	Scheduled Completion Date (11) 3 / 20 / 2013	Name of OSHA Monitor Shaw Environmental, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 128 South Tryon Street, Interstate Tower City, State, Zip Code Charlotte, NC 28202	

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input checked="" type="checkbox"/> Renovation* | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition             | <input type="checkbox"/> Mini-Enclosure                                     |
| *Abatement prior to demolition by others.              |   | <input type="checkbox"/> Glovebag Procedure                                 |
|  |   | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         |

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing Compound from Windows	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Camden, New Jersey		Disposal Date 3/20/2013		City, State Penn Argyl, PA	
Completed By (Print or Type) Jessica Busch	Title Administrative Support	Signature <i>Jessica Busch</i>	Date 2/25/2013		



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

Courtesy to EPA Region II

2013 APR 12 AM 10:40

Date of Notification (1) <u>2</u> / <u>15</u> / <u>2013</u>		Name of Building Owner/Operator (2) <b>Schneider National, Inc.</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>500 Water Street</b>							
		City, State, Zip Code <b>Jacksonville, FL 32202</b>							
		Name of Contact   Telephone Number <b>Ryan Gronnert, Facilities Proj. Mgr.</b>   _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>CSX Intermodel - Schneider National's Modular Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>26 Pennsylvania Avenue</b>									
City (5) <b>Kearny</b>		Square Feet <b>8000</b>	# of Floors <b>1</b>						
County (6) <b>Hudson</b>		Bldg. Age <b>25+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Industrial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>Prism Response, Inc.</b>							
Street Address <b>128 S. Tryon Street - Interstate Tower</b>		Street Address <b>102 Technology Lane</b>							
City, State, Zip Code <b>Charlotte, NC 28202</b>		City, State, Zip Code <b>Export, PA 15632</b>							
Project Manager for Monitoring Firm <b>Roy Stancil</b>		Telephone No. <b>704-331-6334</b>	License No. <b>01121</b>						
Start Date (10) <u>2</u> / <u>25</u> / <u>2013</u>	Scheduled Completion Date (11) <u>2</u> / <u>27</u> / <u>2013</u>	Name of OSHA Monitor <b>Shaw Environmental, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>128 South Tryon Street, Interstate Tower</b>							
		City, State, Zip Code <b>Charlotte, NC 28202</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition *Abatement prior to demolition by others.									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing Compound from Windows	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>SW1724</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>					
City, State <b>Camden, New Jersey</b>		Disposal Date <b>2/27/2013</b>	City, State <b>Penn Argyl, PA</b>						
Completed By (Print or Type) <b>Jessica Busch</b>		Title <b>Administrative Support</b>	Signature <i>Jessica Busch</i>				Date <b>2/15/2013</b>		



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

Date of Notification (1)  
 04/10/13

Name of Building Owner/Operator (2)  
 THE ESTATE OF CAROL A. POSYTON

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification  
☐ Initial  
☐ Amended  
 Amendment #: \_\_\_\_\_  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
 319 SINCLAIR PLACE

City, State, Zip Code  
 WESTFIELD, NJ 07090

Name of Contact  
 ELIZABETH A. HARBAUGH EXECUTRIX

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
 THE ESTATE OF CAROL A. POSYTON

Street Address  
 319 SINCLAIR PLACE

City (5)  
 WESTFIELD

County (6)  
 UNION

County Code (7)  
 (State use only)

Type of Facility (4)  
☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  
 # of Floors  
 Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)  
 Street Address  
 City, State, Zip Code

Project Manager for Monitoring Firm  
 Phone Number

Start Date (10)  
 04/19/13

Sched. Completion Date (11)  
 04/30/13

Occupancy Status During Abatement (Check only one)  
☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours- Describe: \_\_\_\_\_  
☒ Other-Describe: NORMAL HOURS

Name of Abatement Contractor (9)  
 D & S RESTORATION, INC.

Street Address  
 20 California Ave.

City, State, Zip Code  
 Paterson, NJ 07503

Telephone Number  
 973-345-8020

License Number  
 01169

Name of OSHA Monitor  
 D & S Restoration, Inc.

Street Address  
 20 California Avenue

City, State, Zip Code  
 Paterson, NJ 07503

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf  
☐ ≥160 sf or ≥260 lf
- ☒ Renovation  
☐ Demolition

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION	73 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler  
 D & S RESTORATION, INC.

NJDEP Hauler ID#  
 13506

Cubic Yards of Waste  
 1 YD

Name of Registered Landfill  
 TULLYTOWN, RESOURCE RECOVERY

City, State  
 PATERSON, NJ 07503

Disposal Date  
 04/22/13

City, State  
 TULLYTOWN, PA

Completed by (Print or Type)  
 BOGDAN JOLDZIC

Title  
 PRESIDENT

Signature

Date  
 04/08/13



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

D&S Proj. #: 2013

Date of Notification (1) 10/4/10/18/1/13		Name of Building Owner/Operator (2) RICH RAPITI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 42 SOMMERS AVENUE		City, State, Zip Code GLEN RIDGE, NJ 07028	
Name of Contact RICH RAPITI		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RICH RAPITI			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 42 SOMMERS AVENUE			Square Feet		
City (5) GLEN RIDGE			County (6) ESSEX		County Code (7) (State use only)
Current Use (Prior if being demolished)			# of Floors		
Bldg. Age					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 04/22/13		Sched. Completion Date (11) 05/10/13		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	70 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Basement Boiler		<input checked="" type="checkbox"/>		Boiler Insulation	60 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 04/23/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 04/08/13	



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

Date of Notification (1) <b>4/9/13</b>		Name of Building Owner/Operator (2) <b>PSE + G</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	<b>80 PARK PLAZA</b> City, State, Zip Code <b>NEWARK, NJ 07101</b> Name of Contact <b>SANDA BRUMARU</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE + G</b>		Type of Facility (4)							
Street Address <b>344 NORFOLK ST.</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>NEWARK</b>	Square Feet <b>24,000</b>	# of Floors <b>3</b>	Bldg. Age <b>Appx 90yrs</b>						
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>SUB STATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC.</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>						
License No. <b>01111</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA INC.</b>							
Start Date (10) <b>4/9/13</b>	Scheduled Completion Date (11) <b>4/10/13</b>	Occupancy Status During Abatement (Check Only One)							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Occupied by necessary operators only</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
Scope of Work (Check All That Apply)		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>2ND FLOOR</b>		<b>X</b>		<b>TRANSITE PANELS</b>	<b>24 SF</b>	<b>X</b>			
<b>BASEMENT</b>		<b>X</b>		<b>ACM DEBRIS</b>	<b>2 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>4/10/13</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>office Mgr.</b>	Signature <b>Carol Raimo</b>		Date <b>4/9/13</b>				



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

Date of Notification (1) <b>4/5/13 (orig 3/22/13)</b>		Name of Building Owner/Operator (2) <b>P.S.E + G</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>80 PARK PLAZA</b>	
		City, State, Zip Code <b>NEWARK, NJ 07101</b>	
		Name of Contact <b>SANDA BRUMARU</b>	Telephone Number <b>[REDACTED]</b>

2013 APR 12 AM 10:40  
 ASBESTOS CONTROL & LICENSE

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E + G</b>		Type of Facility (4)	
Street Address <b>344 NORFOLK ST.</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>NEWARK</b>	Square Feet <b>24,000</b>	# of Floors <b>3</b>	Bldg. Age <b>APPR 90 YRS</b>
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>SUB STATION</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC.</b>
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>	
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>	
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>
License No. <b>01111</b>			
Start Date (10) <b>4/9/13</b>	Scheduled Completion Date (11) <b>4/10/13</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA INC.</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Handled by necessary operators only.</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>2ND FLOOR</b>		<b>X</b>		<b>TRANSITE PANELS</b>	<b>24 SF</b>	<b>X</b>			
<b>BASEMENT</b>		<b>X</b>		<b>ACM DEBRIS</b>	<b>2 SF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS NORTH</b>	
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>4/10/13</b>	City, State <b>MORRISVILLE, PA</b>		
Completed by <b>CAROL RAIMO</b>	Title <b>Office Mgr.</b>	Signature <b>CAROL RAIMO</b>	Date <b>4/5/13</b>		



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

Date of Notification (1) <b>3/22/13</b>		Name of Building Owner/Operator (2) <b>P.S.E + G</b>	
Agencies Notified	Type Notification	Street Address <b>80 PARK PLAZA</b>	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code <b>NEWARK, NJ 07101</b>	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>SANDA BRUMARU</b>	Telephone Number _____

2013 APR 12 AM 10:40  
ASBESTOS & LICENSE

Name of Facility Where Abatement is Taking Place (3) <b>P.S.E + G</b>		Type of Facility (4)	
Street Address <b>344 NORFOLK ST.</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>NEWARK</b>	Square Feet <b>24,000</b>	# of Floors <b>3</b>	Bldg. Age <b>Approx 90 yrs</b>
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>SUB STATION</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>	ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC.</b>	
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>	
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>	
Project Manager for Monitoring Firm <b>TOM GEIGER</b>	Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>	License No. <b>01111</b>

Start Date (10) <b>4/8/13</b>	Scheduled Completion Date (11) <b>4/12/13</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA INC.</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>occupied by necessary operators only</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>2ND FLOOR</b>		<b>X</b>		<b>ACM WIRE SOCK</b>	<b>240 LF</b>	<b>X</b>			
				<b>TRANSITE PANELS</b>	<b>24 SF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>	NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS NORTH</b>
City, State <b>ELIZABETH, NJ</b>	Disposal Date <b>4/12/13</b>	City, State <b>MORRISVILLE, PA</b>	
Completed by <b>CAROL RAIMO</b>	Title <b>office mgr.</b>	Signature <b>Carol Raimo</b>	Date <b>3/22/13</b>



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

Date of Notification (1) 04/09/2013		Name of Building Owner/Operator (2) GLEN RIDGE CONGREGATIONAL CHURCH							
Agencies Notified	Type Notification	Street Address 195 RIDGEWOOD AVE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code GLEN RIDGE NJ 07028							
		Name of Contact BETSY DELOM	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) GLEN RIDGE CONGREGATIONAL CHURCH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 195 RIDGEWOOD AVE		Square Feet	# of Floors						
City (5) GLEN RIDGE		Bldg. Age							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION		Name of Abatement Contractor (9) KIELCZEWSKI CORPORATION							
Street Address 20-21 WAGARAW RD		Street Address 235 WATCHUNG AVENUE							
City, State, Zip Code FAIRLAWN NJ 07410		City, State, Zip Code WEST ORANGE NJ 07052							
Project Manager for Monitoring Firm FREDERICK LARSON		Telephone No. 973-636-9145	License No. 01171						
Start Date (10) 04/10/2013	Scheduled Completion Date (11) 04/10/2013	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crawl space		x		pipe insulation	25LF	x			
Name of Registered Waste Hauler KIELCZEWSKI CORPORATION		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill CONESTOGA LANDFILL					
City, State WEST ORANGE NJ			Disposal Date	City, State MORGANTOWN PA					
Completed by Slawomir Kielczewski		Title President	Signature <i>Kielczewski</i>	Date 04/10/2013					



Paragon Job#

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

2013 APR 12 AM 10:40  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 04/10/13		Name of Building Owner/Operator (2) Bergen County Technical Schools/Special Services	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment Amendment # _____ <input type="checkbox"/> Emergency (includ justification) <input type="checkbox"/> Cancellation	
Street Address 327 East Ridgewood Ave.		City, State, Zip Code Paramus, NJ 07652	
Name of Contact John Susino		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Former Juvenile Detention Center			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 296 East Ridgewood Ave.			Square Feet 10,000 sf		
City (5) Paramus, NJ 07652			County (6) Bergen		# of Floors 03
County Code (7) (State use only)			Bldg. Age 50		
Name of Monitoring Firm Hired by Bldg. Owner (8) Birdsall Services Group			Current Use (Prior if being demolished) Vacant JDC Building		
Street Address 65 Jackson Dr.			Name of Abatement Contractor (9) Paragon Contracting, Inc.		
City, State, Zip Code Cranford, NJ 07016			Street Address 590 River Rd.		
Project Manager for Monitoring Firm Kevin Burns			City, State, Zip Code Clifton, NJ 07014		
Phone Number 908-497-8900			Telephone Number (973) 614-1600		
Scheduled Start Date (10) 04/22/2012			License Number 00748		
Sched. Completion Date (11) 05/24/2012			Name of OSHA Monitor Paragon Contracting, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 590 River Rd.		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			City, State, Zip Code Clifton, NJ 07014		
			<input checked="" type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted ( " ) Non-friable procedure		


Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement, 1st & 2nd Floors		<input checked="" type="checkbox"/>		VAT & Mastic	20,665 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement, 1st & 2nd Floors		<input checked="" type="checkbox"/>		Pipe Insulation	1,960 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof		<input checked="" type="checkbox"/>		Roof Flashing	5,2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior		<input checked="" type="checkbox"/>		Windows/Doors	28/12 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 240 cyds	Name of Registered Landfill Tullytown/GROWS
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 04/08/2013



CK #25132

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

Date of Notification (1) <u>4/9/13</u>		Name of Building Owner/Operator (2) <u>O'Halloran</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>9 Illinois Ave.</u>	
		City, State, Zip Code <u>Port Monmouth</u>	
		Name of Contact <u>Trish O'Halloran</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>9 Illinois Ave.</u>		Square Feet <u>1400</u>	# of Floors <u>2</u>
City (5) <u>Port Monmouth, NJ</u>		Bldg. Age <u>70</u>	
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) _____		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address _____		Street Address <u>PO Box 322</u>	
City, State, Zip Code _____		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm _____		Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>4/19/13</u>	Scheduled Completion Date (11) <u>4/22/13</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7 AM-3:30 PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Exterior</u>			<u>transite siding</u>
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>
City, State <u>Allentown, NJ</u>		Name of Registered Landfill <u>GROWS Landfill</u>	
		Disposal Date <u>4/22/13</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>4/9/13</u>



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  
10/4/10 15/1/13

Name of Building Owner/Operator (2)  
CHEMURA CORP

Agencies Notified  
☒ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☒ DCA

Type Notification  
☒ Initial Notification  
☐ Amended Notification  
☐ Cancellation

Street Address  
1000 CONVEY BLVD

City, State, Zip Code  
PERTH AMBOY, NJ 08861

Name of Contact  
JOE BALLO

Telephone Number  
2013 APR 12 AM 10:40  
609-261-0000 & LICENSE 1001

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
CHEMURA CORP

Street Address  
1000 CONVEY BLVD

City (5)  
PERTH AMBOY

County (6)  
MIDDLESEX

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet  
OUTSIDE

# of Floors  
N/A

Bldg. Age  
N/A

Current Use (Prior if being demolished)  
OUTSIDE CHEMICAL STORAGE TANK

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm  
Telephone Number

Name of Abatement Contractor (9)  
NEW STATES CONTRACTORS

Street Address  
2400 MAIN ST. EXTENSION SUITE 100

City, State, Zip Code  
SPRINGFIELD NJ 08872

Telephone Number  
732-525-0100

License Number  
00749

Scheduled Start Date (10)  
10/4/12 12/1/13

Sched. Completion Date (11)  
10/4/12 13/1/13

Occupancy Status During Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☐ Other - Describe:

Name of OSHA Monitor  
TIGER ENVIRONMENTAL

Street Address  
234 20TH AVE

City, State, Zip Code  
BRICK NJ 08724

Scope of Work (Check all that apply)

- ☐ Demolition  
☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation

- ☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
TANK FARM		THERMAL INSULATION	3LF					
		THERMAL INSULATION CLEAN UP						

Name of Registered Waste Hauler  
HORIZON DISPOSAL

NJDEP Waste Hauler ID No.  
22612

Cubic Yards of Waste  
10

Name of Registered Landfill  
GROWS LANDFILL

City, State  
235 GROWS AVE TRENTON, NJ

Disposal Date  
4/23/13

City, State  
MIDDLETOWN PA

Completed By (Print or Type)  
Kurt Nake

Title  
Superintendent

Signature  
Kurt Nake

Date  
4-05-13