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

Date of Notification (1) 4/16/18

Name of Building Owner/Operator (2) PSE&G

Name of Facility Where Abatement is Taking Place (3) PSE&G

Street Address 4000 HADLEY ROAD

City, State, Zip Code SOUTH PLAINFIELD, NJ 07080

Name of Contact MIKE MCHALE Telephone Number 878-459-3913

FACILITY INFORMATION

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

Square Feet 40,000

# of Floors 2

Bldg. Age Approx. 18 yrs

Current Use (Prior if being demolished) SUBSTATION

Type of Abatement (Check All That Apply)
- Complete Abatement
- Renovation Demolition

Location(s) of Asbestos-Containing Material (ACM) TO BE ABATED

- Roof

Is Location Normally Used Solely by Maintenance/Custodial Staff? 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) 120 SF

Abatement Type

Name of Registered Waste Hauler WASTE MANAGEMENT

Name of Registered Landfill

Completed by CAROL RAIMO Title OFFICE MGR.

Signature Carol Raimo Date 4/16/18

* Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:128)

**Date of Notification (1)**

**Agency Notified**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DQA

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Amendment # 1
- [ ] Emergency (including justification)
- [ ] Cancellation

**Name of Building Owner/Operator (2)**
Linde, LLC

**Street Address**
200 Somerset Corporate Blvd, Suite 7000

**City, State, Zip Code**
Bridgeport, NJ 06607

**Name of Contact**
Torn Schultz

**Telephone Number**
609-970-1118

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Former Linde

**Street Address**
38 Porcupine Road

**City (5)**
Pedricktown

**County (6)**
Salem

**Number of Floors**
NA

**Bldg. Age**
~60

**Current Use (Prior if being demolished)**
Former industrial site

### Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter B (Other than K-12)
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**
NA

**License No.**
01161

### Name of OSHA Monitor
EMLS

### Name of Abatement Contractor (9)
ecoservices, LLC

**Street Address**
303 B National Road

**City, State, Zip Code**
Exton, PA 19341

### Project Manager for Monitoring Firm
Jack Carney

**Telephone No.**
856-224-0080

**Start Date (10)**
01/21/18

**Scheduled Completion Date (11)**
06/11/18

### Occupancy Status During Abatement (Check Only One)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: Vacant, former chemical plant

### Scope of Work (Check All That Apply)
- [x] Asbestos-containing materials
- [x] 200 sf or 2000 sf
- [ ] 200 sf or 2000 sf

### Location of Asbestos-Containing Material (ACM)
TO BE ABATED

- [ ] In Facility
- [ ] In Air
- [ ] In Building(s)
- [ ] In Landfill(s)
- [ ] In Water
- [ ] In Other

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**
- [ ] Yes
- [ ] No
- [ ] N/A

**Description of Asbestos-Containing Materials (ACM)**
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**
300 LF

**Abatement Type**
X

---

**Name of Registered Waste Hauler**

**Waste Management**

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**

**Disposal Date**

**Name of Registered Landfill**

**Salem County Landfill**

**City, State**

Trenton, NJ

[Signature]

Jack Carney

Sr. Project Manager

Do not use this form for asbestos liscensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 4 / 11 / 18

Name of Building Owner/Operator (2) PSE&G / Job # 1802-5272 Check #10024

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)

Type Notification
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

Street Address
4000 Hadley Road

City, State, Zip Code
South Plainfield, NJ

Name of Contact
Ryan Thomesen

Telephone Number
973-941-8155

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G - Plainfield Gas Facility

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

Square Feet

# of Floors

Bldg. Age

County Code (?)(STATE USE ONLY)

Current Use (Prior if being demolished)

District Office

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
856-452-1311

License No.
00529

Start Date (10) 4 / 18 / 18

Scheduled Completion Date (11) 4 / 24 / 18

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

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

Time of Abatement: _____AM-____PM/____PM-____AM

Scope of Work (Check all that apply)
- >3 sf or >3 if
- >160 sf or >260 if
- Renovation
- Demolition

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, VAB, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclose

Name of Registered Waste Hauler
Environmental Transport Group
NJDEP Waste Hauler ID No. NJD000000920

Cubic Yards of Waste
40

Name of Registered Landfill
G.R.O.W.S.

City, State
Planders, NJ 07836

Disposal Date
4/24/18

Completed By (Print or Type)
Gwenda Trumbetti

Title
Operations Coordinator

Signature

Date
4/11/18

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4 / 11 / 18</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>PSE&amp;G / Job # 1802-5274</th>
<th>Check #10019</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
<td>4000 Hadley Road</td>
<td>South Plainfield, NJ</td>
<td>Ryan Thomassen</td>
<td>973-941-8155</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>☑ Amended</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>☑ DHSS</td>
<td>☑ Emergency (including, justification)</td>
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<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>☑ Cancellation</td>
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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>PSE&amp;G- Oakland Gas Facility</td>
<td>☑ School (K-12)</td>
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<tr>
<td></td>
<td>☑ Subchapter 8 (Other than K-12)</td>
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<tr>
<td></td>
<td>☑ Other (i.e., private and commercial buildings, homes, etc.)</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Dimensions</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>13 feet x 13 feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Oakland, NJ 07436</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>Bergen</td>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Safety Services</td>
<td></td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Proctor</td>
<td>856-452-1311</td>
<td>00529</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>4 / 16 / 18</th>
<th>Scheduled Completion Date (11)</th>
<th>4 / 17 / 18</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Time of Abatement:</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>AM - PM</td>
<td>EMSL Analytical</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td>AM - PM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ &gt;3 sf or &gt;3 if</td>
<td>☑ Roof Flashing</td>
<td>400 SF</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ &gt;180 sf or &gt;260 if</td>
<td>☑ Tar &amp; Paper</td>
<td>50 SF</td>
<td>☑ Mini-Enclosure</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td>☑ Roof Flashing</td>
<td>400 SF</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Exterior</td>
<td>No</td>
<td>☑ Roof Flashing</td>
<td>400 SF</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Environmental Transport Group</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
<td>NJD0006920</td>
<td>40</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flanders, NJ</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
This is an image of a page from a document titled "NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)" from the State of New Jersey. The document includes various details such as dates, names, addresses, and descriptions of asbestos abatement activities. It includes fields for the name of the building owner, the facility information, and details about the asbestos abatement process. The form is filled out with various details, including the name of the abatement contractor, the type of facility, and the scope of work. The form also includes sections for the location of asbestos-containing material and the description of asbestos-containing material used. The form includes a date stamp and a signature at the bottom. There is a note at the bottom of the page that reads, "* Do not use this form for asbestos licensure exempted activities."
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification:** 4/13/18  
**Name of Building Owner / Operator:** Wells Fargo Bank

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:** Wells Fargo NBOC  
- **Street Address:** One South Broad Street, Philadelphia, PA 19107

#### Name of Contact

- **Anmar Baban**  
- **Telephone Number:** 212-763-3647

#### Current Use, # of Floors, Bldg. Age

- **Square Feet:** 75,000  
- **# of Floors:** 2  
- **Bldg. Age:** 45+

#### Banking Offices

- **Name of Abatement Contractor:** Bristol Environmental, Inc.

#### Project Manager

- **Rollie Jones**
- **Telephone Number:** 609-392-4200

#### Occupancy Status During Abatement (Check only one)

- [ ] Facility Closed/Vacated During Entire Period of Abatement  
- [X] Abatement Performed Outside of Normal Hours - 7am to 3pm  
  **Describe:** 5:00PM to 1:30AM  
- [ ] Facility Occupied During Abatement

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

- [ ] 1,000 sf or less  
- [ ] 2,000 sf or more

#### Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility

- **Storage Room**

#### Is Location Normally Used Solely by Maintenance or Custodial Staff?

- **Yes**  
- **No**  
- **N/A**

#### Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)

- **Pipe insulation**  
- **Mastic**

- **Amount:** 40 LF  
- **220 SF**

#### Name of Registered Waste Hauler

- **Service Transport Inc.**
- **NJDEP Waste Hauler ID No.:** 20990

#### Disposal Date

- **Date:** 4/25/18

#### Name of Registered Landfill

- **Minerva Landfill**
- **Cubic Yards of Waste:** 1 CU YD

#### Completed By (Print or Type)

- **Gino Pizzigoni**
- **Title:** Project Manager
- **Signature:**

---

**Ch # 33/47**  
**GI18041**
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
[03/11/2018]

Name of Building Owner/Operator (2)
Morristown National Guard Armory

Street Address
430 Western Avenue

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
Joe McBride

Telephone Number
609-530-7136

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Morristown National Guard

Street Address
430 Western Avenue

City (5) County (6) County Code (7)
Morristown Morris 0110

Name of Monitoring Firm Hired by Bldg. Owner (8)
The Whitman Companies, Inc.

ASCM No.
0110

Phone Number
732-390-5858

Scheduled Start Date (10) Sched. Completion Date (11)
04/23/2018 04/27/2018

Occupancy Status During Abatement (Check only one)
[ ] Facility closed/vacated during entire period of abatement.
[ ] Abatement performed outside of normal facility hours.
[ ] Other-Describe: Occupied Sub-8

Scope of Work (check all that apply)
[ ] Demolition [X] Renovation

[ ] > 1 sf or > 1/2 li
[ ] > 160 sf or > 260 li

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes No N/A

Location Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

[ ] Full Containment w/ negative pressure
[ ] Glovebag procedure
[ ] Mini-enclosure
[ ] Non-viable procedure

Location

Shower Room

Yes No N/A

ceiling plaster

380 sqft

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19583

Cubic Yards of Waste
4

Name of Registered Landfill
Fairless Landfill

City, State
Lincoln Park, NJ

Disposal Date
04/23-27/2018

City, State
Lincoln Park, NJ

Date
03/23/2018

Complied by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Check # 8884
**State of NJ**
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

**Name of Building Owner/Operator (2)**

**NANCY MULLAN**

**Street Address**

**City, State, Zip Code**
clifton, nj 07012

**Name of Contact**
NANCY MULLAN

**Telephone Number**

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**

**NANCY MULLAN**

**Street Address**

**City (5)**

**County (6)**
PASSAIC

**County Code (7)**
(State use only)

**Name of Monitoring Firm Hired by Bldg. Owner (8)**

**ASCM No.**

**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

**Start Date (10)**
04/26/2018

**Sched. Completion Date (11)**
05/10/18

**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

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

- >3 sf or >3 if
- 
- Renovation
- 
- Demolition

**Location of asbestos-containing material (acm) to be abated in facility (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>PIPE INSULATION</td>
<td>1301 ft</td>
</tr>
</tbody>
</table>

**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**
TULLYTOWN, PA

**Disposal Date**
04/27/18

**Completed by (Print or Type)**

**BOGDAN JOLDZIC**

**Title**
PRESIDENT

**Signature**

**Date**
04/11/2018

*Do not use this form for asbestos licensure exempted activities.*
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:80 and 12:120)

**FAITH AND GARY TAYLOR**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Amendments</th>
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</thead>
<tbody>
<tr>
<td>[X] DOL</td>
<td>Emergency (including justification)</td>
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<tr>
<td>[X] DOH</td>
<td>Emergency (including justification)</td>
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<td>[ ] EPA</td>
<td>Initial</td>
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<td>[ ] DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td>Cancellation</td>
<td></td>
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</tbody>
</table>

**Name of Building Owner/Operator:**
FAITH AND GARY TAYLOR

**Street Address:**

**City, State, Zip Code:**
SO. ORANGE, NJ 07079

**Name of Contact:**
FAITH AND GARY TAYLOR

**Telephone Number:**

**FACILITY INFORMATION**

**Name of facility where abatement is taking place:**
SO. ORANGE

**Type of Facility:**
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (Private/Commercial Bldgs., Homes, etc.)

**Square Footage:**
- Total: 0
- # of Floors: 0
- Bldg. Age: 00

**Name of Abatement Contractor:**
D & S RESTORATION, INC.

**Street Address:**
20 California Ave.

**City, State, Zip Code:**
Paterson, NJ 07503

**Telephone Number:**
973-345-8020

**License Number:**
01169

**Occupancy Status During Abatement:**
- [X] Normal Hours

**Scope of Work:**
- [X] Renovation

**Location of asbestos-containing material (ACM) to be abated in facility:**

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM by Maintenance/Custodial Staff</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>ACM Removal, Repair, Encapsulation</th>
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</thead>
<tbody>
<tr>
<td>DUCT INSULATION</td>
<td>Yes</td>
<td>24 SQ FT</td>
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<td></td>
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**Waste Hauler:**
D & S RESTORATION, INC.

**Disposal Date:**
04/25/18

**Name of Registered Landfill:**
TULLY TOWN, RESOURCE RECOVERY

**Date:**
04/11/18

**Title:**
PRESIDENT

**Signature:**

---

*Do not use this form for asbestos licensed activities.*
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

**Date of Notification (1):** 1/1/18

**Name of Building Owner/Operator (2):** Atlantic Health System

**Street Address:** 100 Madison Avenue

**City, State, Zip Code:** Morristown, NJ 07960

**Name of Contact:** Peter Palmer  
**Telephone Number:** (973) 971-4194

**Name of Facility where abatement is taking place (3):** Morristown Medical Center (NON Sub 8)

**Street Address:** 100 Madison Avenue

**City (5):** Morristown

**County (6):** Morris

**County Code (7):** (State use only)

**Type of Facility (4):** Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet:** 0

**Current Use (Prior if being demolished):** Hospital (non sub 8)

**Name of Monitoring Firm Hired by Bldg. Owner (8):** T&M Associates

**ASCM No.:** 0145

**Street Address:** 11 Tindall Road

**City, State, Zip Code:** Middletown, NJ 07748

**Project Manager for Monitoring Firm:** Kevin Burns

**Phone Number:** 732-676-4000

**Scheduled Start Date (10):** 04/23/2018

**Scheduled Completion Date (11):** 04/24/2018

**Occupancy Status During Abatement: (Check only one):**  
- Facility closed/vacated during entire period of abatement.  
- Abatement performed outside of normal facility hours.
- Other: Describe: Work shift 4:00 pm - 12:30 am

**Scope of Work (check all that apply):**
- Demolition
- Renovation
- >32 sf or >3 If
- ≥100 sf or ≥280 lf

**Location of asbestos-containing material to be abated in facility (13):**
- Deskovick 5 Elder Life Program Office

**Description of asbestos-containing material (ACM):** VAT/mastic

**Amount (Specify SF or LF):** 130 sf

**Registered Waste Hauler:** B & G Restoration, Inc.

**Hauler ID#:** 19583

**Cubic Yards of Waste:** 2

**Name of Registered Landfill:** Tullytown Resource & Recovery Center

**City, State:** Tullytown, PA

**Disposal Date:** 04/24/2018

**Completed by (Print or Type):** Gordana Luna

**Title:** Secretary/Treasurer

**Signature:**

**Check #** 8920
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4/16/18

Agencies Notified

☐ EPA  ☐ DEP  ☒ DOL  ☐ DOH  ☐ DCA
☐ Initial  ☒ Amended  ☐ Amendment #  ☐ Emergency (including justification)  ☐ Cancellation

Name of Building Owner/Operator (2) PSE&G

Street Address
4000 HADLEY ROAD

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

Name of Contact
JONATHAN VILLA-Gonzalez 908-622-0249

Name of Facility Where Abatement is Taking Place (3)
PSE&G

Street Address
958 JERSEY AVE.

City (5)
NEW BRUNSWICK

County (7)
MIDDLESEX

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

Square Feet
200

# of Floors
1

Bldg. Age
Approx. 65 yrs

Name of Monitoring Firm Hired by Building Owner (5)
ENVIRONMENTAL TACTICS

Ascm No. 0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA INC

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

License No. 01111

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA INC.

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Table:

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ ≥ 23 sf or ≥ 23 if</td>
</tr>
<tr>
<td>☒ ≥ 160 sf or ≥ 260 if</td>
</tr>
<tr>
<td>☐ Renovation</td>
</tr>
<tr>
<td>☒ Demolition</td>
</tr>
<tr>
<td>☒ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☒ Mini-Enclosure</td>
</tr>
<tr>
<td>☒ Glovebag Procedure</td>
</tr>
<tr>
<td>☒ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

| Location of Asbestos-Containing Material (ACM) TO BE ABATED |
| In Facility (13) |
| Name of Registered Waste Hauler |
| Waste Management |
| ☒ Middle of Building |
| ☒ Wire Sock |
| ☒ Transite Panels |
| ☒ LSF |
| ☒ 50 LF |

| Name of Registered Landfill |
| FAIRLESS |
| City, State |
| ELIZABETH, NJ |
| Disposal Date |
| TBD |
| City, State |
| MORRISVILLE, PA |
| Cubic Yards of Waste |
| ☒ 000 |

Completed by
CAROL RAIMO
Title: OFFICE MGR.

Signature
CAROL RAIMO
Date 4/16/18

* Do not use this form for asbestos licensure exempted activities.