# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12-120)

### Agency Information
- **Name of Building Owner/Operator (1)**: PSE&G
- **Street Address**: 4000 HADLEY ROAD
- **City, State, Zip Code**: SOUTH PLAINFIELD, NJ 07080
- **Name of Contact**: JEFFREY GAZICK

### Facility Information
- **Name of Facility Where Abatement Is Taking Place (2)**: PSE&G - L-1364 CIRCUIT LOCATION # 13
- **Type of Facility (4)**: MEMORIAL POOL AT ESSEX PLACE
  - **Memorial Pool at Essex Place**
- **Square Feet**: N/A
- **Number of Floors**: N/A
- **Building Age**: N/A
- **Current Use (Prior if being demolished)**: N/A

### Environmental Tactics
- **Name of Monitoring Firm Hired by Building Owner (5)**: ENVIRONMENTAL TACTICS
- **ASDM No.**: 0045
- **Name of Abatement Contractor (9)**: UNIQUE SYSTEMS OF AMERICA
- **Street Address**: 396 WHITEHEAD AVE.
- **City, State, Zip Code**: SOUTH RIVER, NJ 08882
- **Telephone No.**: 732-325-0350
- **License No.**: 01111
- **Name of OSHA Monitor**: UNIQUE SYSTEMS OF AMERICA
- **Street Address**: 396 WHITEHEAD AVE.
- **City, State, Zip Code**: SOUTH RIVER, NJ 08882

### Project Details
- **Start Date (10)**: 5/10/2017
- **Scheduled Completion Date (11)**: 12/31/2017
- **Occupancy Status During Abatement (Check Only One)**:
  - Facility Closed/Abandoned During Entire Period of Abatement
  - Abatement Performed Outside of Normal Facility Hours
  - Other – Describe: OUTDOORS

### Scope of Work
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)**
  - OUTDOORS
  - **Cubic Yards of Waste**: APPX. 15
  - **Name of Registered Landfill**: GROWS NORTH
  - **Name of Registered Waste Hauler**: NJDEP Waste Hauler ID No. 1125
  - **Disposal Date**: TBD
  - **City, State**: ELIZABETH, NJ

### Description of ACM
- **Location Normally Used Solely by Custodial Staff? (12)**
  - Yes
  - No
  - N/A
- **Description of ACM**
  - I.e., thermal insulation, surfacing VAT, or other miscellaneous
- **Amount (Specify SF or LF)**: 200 x

### Compliance Information
- **Completed by**: CAROL RAIMO
- **Title**: OFFICE MGR.
- **Signature**: Carol Raimo
- **Date**: 4/21/2017

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*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification:** 4/21/2017

**Name of Building Owner/Operator:** PSEG

**Street Address:** 4000 HADLEY ROAD

**City, State, Zip Code:** SOUTH PLAINFIELD, NJ 07088

**Name of Contact:** JEFFREY GAZICK

**FACILITY INFORMATION**

**Type of Facility:**
- [ ] School (K-12)
- [X] Subchapter 8 (Other than K-12)
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet:** N/A

**# of Floors:** N/A

**Bldg. Age:** N/A

**Current Use (Prior to being demolished):** N/A

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

<table>
<thead>
<tr>
<th>Indoors</th>
<th>Outdoors</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF):** 200

**Abatement Type:**
- [X] Removal
- [ ] Regrade
- [ ] Encapsulate
- [ ] Enclose

**Name of Registered Waste Hauler:** WASTE MANAGEMENT

**City, State:** ELIZABETH, NJ

**Waste Hauler ID No.:** 1125

**Cubic Yards of Waste:** APPX. 13

**Name of Registered Landfill:** GROWS NORTH

**City, State:** MORRISVILLE, PA

**Disposal Date:** TBD

**Completed by:** CAROL RAIMO

**Title:** OFFICE MGR.

**Signature:**

**Date:** 4/21/2017

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1): 4/21/2017
Name of Building Owner/Operator (2): PSE&G

Agencies Notified: EPA
                Type Notification: Initial

Name of Facility Where Abatement is Taking Place (3):
PSE&G - L-1384 CIRCUIT LOCATION # 15

Environmental Tactics:

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No. 0045

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

Street Address:
3/2 BERGEN AVE.

City (5):
FAIR LAWN

County (6):
BERGEN

Square Feet: N/A

Occupancy Status During Abatement (Check Only One):
Facility Closed/Vacated During Entire Period of Abatement

Start Date (10): 5/10/2017

Scheduled Completion Date (11): 12/31/2017

Scopes of Work (Check All That Apply):
- ≥300 ft² or ≥300 fl

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):
Yes

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

Amount (Specify SF or LF):
200

Abatement Type:
X Endposal

Name of Registered Waste Hauler:
WASTE MANAGEMENT

Cubic Yards of Waste:
APPX. 15

Name of Registered Landfill:
GROWS NORTH

City, State:
MORRISVILLE, PA

Compromised by:
CAROL RAIMO

Print Form

* Do not use this form for asbestos licence exempted activities.
Date of Notification (1): 4/21/2017

Name of Building Owner/Operator (2): PSEG

Street Address: 4000 HADLEY ROAD
City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080

Name of Contact: JEFFREY GAZICK

Name of Facility Where Abatement is Taking Place (3): PSEG - L-1364 CIRCUIT LOCATION #16

Street Address: JU BERGEN AVE.
City (6): FAIRLAWN
County (8): BERGEN

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

Square Feet: N/A
# of Floors: N/A
Bldg. Age: N/A

Current Use (Prior to being demolished): N/A

Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL TACTICS
ASCM No.: 0045

Name of Abatement Contractor (9): UNIQUE SYSTEMS OF AMERICA
Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm: TOM GEIGER
Telephone No.: 732-290-2217

Start Date (10): 5/10/2017
Scheduled Completion Date (11): 12/31/2017

Occupancy Status During Abatement (Check Only One):
Facility Closed/Abandoned During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: OUTDOORS

Scope of Work (Check All That Apply):
а) 23 sf or 23 ft
b) 180 sf or 2600 ft

Renovation
Demolition

Type of Abatement:
Full Containment with Negative Pressure
Miniseal
Groovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
In Facility:

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, VAF, or other miscellaneous):

Amount (Specify SF or LF):

Abatement Type:

Name of Registered Waste Hauler:
WASTE MANAGEMENT

Waste Hauler ID No.: 1125
Cubic Yards of Waste APPX.: 15
Name of Registered Landfill:
GROWS NORTH

Disposal Date: TBD
City, State:
MORRISVILLE, PA

Compiled by:
CAROL RAIMO
Title:
OFFICE MGR.
Signature:
Date: 4/21/2017

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
4/21/2017

Agency Notified
EPA
DEP
DOL
X DOH
DCA

Type Notification
Initiated
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
JEFFREY GAZICK

Name of Company Where Abatement is Taking Place (3)
PSE&G - L-1364 CIRCUIT LOCATION # 17

Street Address
9-03 WESMORELAND AVE.

City (5)
FAIR LAWN

County (6)
BERGEN

County Code (7)
N/A

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

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

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS

ASCM No.
0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

License No.
01111

Telephone No.
732-432-8350

Telephone No.
732-290-2217

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Start Date (10)
6/10/2017

Scheduled Completion Date (11)
12/31/2017

Scope of Work (Check All That Apply)
X 33 ft or 40 ft
X 160 ft or 200 ft

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

In Facility

13

Location Normally Used Solely by Maintenance/Custodial Staff

Yes
No
N/A

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

Amount (Specify SF or LF)
200

Abatement Type

Removal
Repair
Encapsulation

Name of Registered Waste Hauler
WASTE MANAGEMENT

NDEP Waste Hauler ID No.
1125

Cubic Yards of Waste
APPX. 15

Name of Registered Landfill
GROWS NORTH

City, State
ELIZABETH, NJ

Disposal Date
TBD

Completed by
CAROL RAIMO

Title
OFFICE MGR.

Signature

Date
4/21/2017

* Do not use this form for asbestos licensure exempted activities.
**Notification of Asbestos Abatement**

- **Date of Notification**: 4/21/2017
- **Name of Building Owner/Operator**: PSE&G
- **Street Address**: 4000 Hadley Road
- **City, State, Zip Code**: South Plainfield, NJ 07080

**Facility Information**

- **Name of Facility Where Abatement is Taking Place**: PSE&G - L-1384 Circuit Location #18
- **Name of Abatement Contractor**: Unique Systems of America
- **License No.**: 01111

**Scope of Work**

- **Location of Asbestos-Containing Material (ACM) To Be Abated in Facility**: Outdoors
- **Is Location Normally Used Solely by Maintenance/Custodial Staff**: No
- **Description of Asbestos-Containing Material (ACM)**: Pipe Somatic
- **Amount (Specify SF or LF)**: 200

**Waste Management**

- **Waste Hauler**: NuDep Waste Hauler ID No.: 1125
- **Cubic Yards of Waste**: Appx. 15
- **Name of Registered Landfill**: Grows North
- **City, State**: Morrisville, PA

**Complanted by**: Carol Raimo

**Signature**:

*Do not use this form for asbestos license exempted activities.*
Date of Notification (1)  
4/21/2017

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

Street Address  
4000 HADLEY ROAD

City, State, Zip Code  
SOUTH PLAINFIELD, NJ 07080

Name of Contact  
JEFFREY GAZICK

Name of Facility Where Abatement Is Taking Place (3)  
PSE&G - L-1364 CIRCUIT LOCATION # 19

Street Address  
18-74 McBride Ave.

City (5)  
FAIRLAWN

County (6)  
BERGEN

Type of Facility (4)  
☑ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
N/A

# of Floors  
N/A

Bldg. Age  
N/A

Current Use (Prior to being demolished)  
N/A

Name of Monitoring Firm Hired by Building Owner (8)  
ENVIRONMENTAL TACTICS

ASCM No.  
0045

Name of Abatement Contractor (9)  
UNIQUE SYSTEMS OF AMERICA

Street Address  
396 WHITEHEAD AVE.

City, State, Zip Code  
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm  
TOM GEIGER

Telephone No.  
732-340-2217

License No.  
01111

Name of OSHA Monitor  
UNIQUE SYSTEMS OF AMERICA

Street Address  
396 WHITEHEAD AVE.

City, State, Zip Code  
SOUTH RIVER, NJ 08882

Start Date (10)  
5/10/2017

Scheduled Completion Date (11)  
12/31/2017

Occupy Status During Abatement (Check Only One):  
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Outdoors

Other – Describe: OUTDOORS

Scope of Work (Check All That Apply)  
☐ ≥3,000 ft² or ≥3,000 sf
☐ ≥190 ft² or ≥200 sf
☑ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  
OUTDOORS

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)  
PIPE SMCATIC

Amount (Specify SF or LF)  
200

Abatement Type  
☐ Removal
☐ Regrout
☐ Encapsulation
☒ Endoscope

Name of Registered Waste Hauler  
WASTE MANAGEMENT

NJ/DEP Waste Hauler ID No.  
1125

Cubic Yards of Waste  
APPX. 15

Name of Registered Landfill  
GROWS NORTH

City, State  
MORRISVILLE, PA

Completed by  
CAROL RAIMO

Title  
OFFICE MGR.

Signature  
Carol Raimo

Date  
4/21/2017

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)  4 / 19 / 17

Name of Building Owner/Operator (2)  Joseph Arensberg

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA
(NJAC 5:23-3)

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

Street Address
Mount Ephraim, NJ 08059

City, State, Zip Code
Mount Ephraim, NJ 08059

Name of Contact
Joseph Arensberg

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence

City (5)
Mount Ephraim

County (6)
Camden

Name of Monitoring Firm Hired by Building Owner (6)
Mgmt. & Environmental Consulting Services

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Bill Weissgarber

Telephone No.
609-298-4070

Start Date (10)
05 / 02 / 17

Scheduled Completion Date (11)
05 / 08 / 17

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

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 If
- ≥160 sf or ≥280 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Sleevebag Procedure
- Non-Exempted (*) and Non-Firable Procedure

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

Attic

Yes

Vermiculite

864 SF

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS North Landfill

City, State
Morrisville, PA

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature

Date
4 / 19 / 17

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES**

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

I. NOTIFICATION INFORMATION

<table>
<thead>
<tr>
<th>Date of Notification:</th>
<th>4 / 19 / 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
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<tr>
<td>Emergency (must include justification)</td>
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<tr>
<td>Type of Work:</td>
<td>Demolition</td>
</tr>
<tr>
<td></td>
<td>Renovation</td>
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</table>

II. BUILDING INFORMATION

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator:</th>
<th>Jacobs Landing Phase 1 LIHTC, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>5 Powell Lane</td>
</tr>
<tr>
<td>City:</td>
<td>Collingswood</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08108</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Joe DiSalvo</td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
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</tbody>
</table>

III. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Work Activity is to Take Place:</th>
<th>Jacobs Landing Phase 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe Facility Use:</td>
<td>Vacant</td>
</tr>
<tr>
<td>Street Address:</td>
<td>12-20 Bunns Lane</td>
</tr>
<tr>
<td>City:</td>
<td>Woodbridge</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>07095</td>
</tr>
<tr>
<td>County Name:</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (State Use Only):</td>
<td></td>
</tr>
<tr>
<td>Scheduled Start Date:</td>
<td>4 / 28 / 2017</td>
</tr>
<tr>
<td>Scheduled Completion Date:</td>
<td>5 / 2 / 2017</td>
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<tr>
<td>Occupancy Status During Activity (check only one):</td>
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<tr>
<td>Facility Closed/Vacated During Entire Activity</td>
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<tr>
<td>Activity Performed Outside Normal Facility Hours—Describe:</td>
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<tr>
<td>Other—Describe:</td>
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<tr>
<td>Scope of Work (check all that apply):</td>
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<tr>
<td>Floor Tile</td>
<td>480 SF</td>
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<tr>
<td>Mastic</td>
<td>40 SF</td>
</tr>
<tr>
<td>Percentage Asbestos:</td>
<td>%</td>
</tr>
</tbody>
</table>

IV. CONTRACTOR INFORMATION

| Company Name:                                               | Shade Environmental, LLC   |
|                                                           | Telephone No.: 856-755-0099|
| Street Address:                                            | 623 Cutler Avenue          |
| City:                                                      | Maple Shade                |
| State:                                                     | NJ                         |
| Zip:                                                       | 08052                      |
| New Jersey Asbestos License Number (if applicable):        | 00842                      |
| Monitoring Firm (if applicable):                           | EHS Environmental, Inc.    |
| Telephone No.:                                             | 856-224-0080               |

V. SIGNATURE

<table>
<thead>
<tr>
<th>Completed By (type or print legibly):</th>
<th>Christina Lynch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Vice President of Operations</td>
</tr>
<tr>
<td>Date:</td>
<td>April 19, 2017</td>
</tr>
</tbody>
</table>

Signature: 

![Signature]
State Of New Jersey
NOTIFICATION OF ASBESTOS' ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 04/17/17
Agency Notified
x EPA
X DEP
X DOL
X DOH
DCA
Type Notification
Amended
Amended #
x Emergency (including Justification)
Cancellation
Name of Building Owner/Operator (2) David Rue
Street Addresses: [Redacted]
City, State, Zip
Belleville NJ 07109
Name of Contact Joe Palermo
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
House
Street Addresses
City(5)
Belleville NJ 07109
County (6) Essex
County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8)- IRIS Environmental laboratories
Type of Facility (4)
School (K-12)
Subchapter 8 (Other than (K-12)
ex Other (i.e. private & commercial Buildings,
Square Feet

# of Floors
Bldg. Age

Current Use (Prior if being demolished) Ebended

Name of Abatement Contractor (9)
Pezo Inc
Street Address:
4 Beaverbrook Rd., #150
City, State, Zip Code
Lincoln Park, NJ 07035

Telephone No.
973-628-7829
License No
01141

Name of OSHA Monitor
IRIS Environmental Laboratories
Street Address
2333 Route 22 West
City, State, Zip Code
Lincoln Park, NJ 07035
Union NJ 07083

Start Date (10)
04/17/17
Scheduled Completion Data (11)
04/17/17
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

Scope of Work (Check all apply)

= 3 sf or > 3 lf
xx > 160 sf or > 260 lf

Renovation
Demolition
x Non-Exempted (*) and Non-Friable procedure

Location of
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)

Is Location Normally

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

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure

The House
x Duct Insulation
4 SF

Name of registered Waste Hauler
Pezo Inc
NJDEP Waste Hauler
CS 6224
Cubic Yards of Waste
6
Name of Registered Landfield Waste Management of Pennsylvania
City, State
Lincoln Park, NJ 07035 # 150
Disposal Date
City, State
Morrisville Pennsylvania
Completed by
Tom Pezic
Title
President
Signature
Data 04/17/17

Do not Use this form for asbestos licensure exempted activities
# Notification of Asbestos Abatement

## Date of Notification
- **4/18/17**

## Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

## Name of Building Owner/Operator
- **Merck Sharp & Dohme Corp.**
  - Street Address: 126 E. Lincoln Avenue, P.O. Box 2008, RY28-414
  - City, State, Zip Code: Rahway, New Jersey 07065

## Name of Facility Where Abatement Is Taking Place
- **Merck Sharp & Dohme Corporation**
  - Street Address: 126 East Lincoln Avenue - Building 80 U
  - City, State, Zip Code: Rahway, New Jersey 07065

## Name of Monitoring Firm Hired by Building Owner
- **Environmetnal Health Investigations, Inc.**
  - ASCM No.: 104

## Name of Abatement Contractor
- **Par Environmental Corporation**
  - Street Address: 313 Spook Rock Road
  - City, State, Zip Code: Suffern, New York 10901

## Occupancy Status During Abatement
- **Facility Closed/Vacated During Entire Period of Abatement**

## Location of Asbestos-containing Material (ACM)
- **To Be Abated**
  - Is Location normally used solely by Maint/Custodial Staff: No

## Cubic Yards of Waste
- **5**

## Name of Registered Waste Hauler
- **Freehold Cartage, Inc.**
  - 825 Highway 33
  - City, State: Freehold, New Jersey

## Name of Registered Landfill
- **Lyon County Resource Management Service**
  - 447 Alexander Drive/Route 15
  - City, State: Montgomery, PA 17752

## Name of Contact
- **Sandra M. Schenk**

## Building U - 1st Floor

## Scope of Work
- **Demolition**, **Glovebag Procedure**, **Removal**, **Enclosure**

## Description of Asbestos-Containing Material (ACM)
- **Thermal systems insulation, surfacing, VAT, or other miscellaneous**

## Amount (Specify SF or LF)
- **120 SQ. FT.**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

4 / 1 / 17

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
Sandra M. Schenk

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80 U

City (5)
RAHWAY

County (6) COUNTY CODE (7)
UNION

FACILITY USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No. 104

Type of Facility (4)
SUBCHAPTER 8 (OTHER THAN K-12)

Square Feet
150

Current Use (Prior if being demolished)
VACANT

Project Manager for Monitoring Firm
WILLIAM S. KERBEL CIN

Sched. Completion Date (11)
4 / 17 / 17

Telephone Number
973-729-5849

License Number
1101

Expected State Date (10)
4 / 30 / 17

License Number
845-369-7500

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

Name of OSHA Monitor
SPARTA, NEW JERSEY 07871

City, State, Zip Code
SUFFERN, NEW YORK 10901

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement

Other - Describe: MONDAY - FRIDAY 7 AM - 3:30 PM

Scope of Work (Check all that apply)

Demolition

X Renovation

>250 SF OR L.F.

>150 SF OR 260 LF

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

Is Location normally used solely by Maint/Custodial Staff (12)

Yes

No

NIA

Description of Asbestos-containing Material (ACM) (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

BUILDING U - 1ST FLOOR

X VAT

120 SQ. FT.

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

NJ/DEP Waste Hauler ID No.
823 HIGHWAY 33

15393

Cubic Yards of Waste
5

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE

Disposal Date
4/17/17 - 4/30/17

City, State
FREEHOLD, NEW JERSEY

MONTGOMERY, PA 17752

Made by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
4/17/17
State of New Jersey
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 04-18-17

Name of Building Owner/Operator (2) JCP&L/First Energy Corp.

Agency Notified Type Notification
☐ EPA Initial
☐ DEP Amended
☐ DOL Amendment #
☐ DOH Emergency (including justification)
☐ DCA Cancellation

Street Address 300 Madison Avenue

City, State, Zip Code Morristown, NJ 07960

Name of Contact John T. Grecco Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Morristown General Office (MGO) Building

Street Address 300 Madison Avenue

City (5) Morristown

County (6) Morris

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
One Source Safety & Health Inc.

ASCM No. Name of Abatement Contractor (9)

Street Address 140 South Village Avenue, Suite 130

City, State, Zip Code Exton, PA 19341

Telephone No. 908-309-1021

License No. 00756

Project Manager for Monitoring Firm Brian Hoverdon

Name of OSHA Monitor Testor Technologies

Start Date (10) 05-01-17

Scheduled Completion Date (11) 07-01-17

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 

Scope of Work (Check All That Apply)

☐ ≥60 sf or ≥231 ft
☐ ≥160 sf or ≥260 ft
☐ 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, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type Removal Repair Encapsulate Endorse

Ground Floor: Maintenance Garage x Pipe Insulation 250 LF x

Name of Registered Waste Hauler ATC, Inc. / JBT (50071)

NJDEP Waste Hauler ID No. 24310

Cubic Yards of Waste TBD

Name of Registered Landfill Minerva Enterprises

City, State Shifley, New York

Disposal Date TBD

City, State Waynesburg, OH 44688

Completed by Richard Doran Title Project Manager

Signature 04-18-17

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1):** APRIL 20, 2017

**Name of Building Owner/Operator (2):** DENA of the Brothers Christian Schools

**Street Address:** 444-A ROUTE 35 SOUTHERN

**City, State, Zip Code:** EATONTOWN, NJ 07724

**Name of Contact:** BR. JOSEPH JULIANO

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3):** RESIDENCE

**Street Address:**

**City:** LINCROFT

**County:** MONMOUTH

**Square Feet:** 1600 SF

**# of Floors:** 2

**Bldg Age:** 100 YRS

**Current Use:** (Prior if being demolished)

**TYPE OF FACILITY**

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (I.e., private & commercial buildings, homes, etc.)

**Name of Monitoring Firm Hired by Building Owner (8):** ASCM No.

**Name of Abatement Contractor (9):** Finishing Touch Asbestos Abatement Corp., Inc.

**Street Address:** 17 Thompson Street

**City, State, Zip Code:** West Long Branch, NJ 07764

**Telephone No.:** 732.222.8372

**License No.:** 00040

---

**Project Manager for Monitoring Firm:** N/A

**Telephone No.:**

**Start Date (10):** MAY 3, 2017

**Scheduled Completion Date (11):** MAY 4, 2017

**Occupancy Status During Abatement (Check Only One):**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

**Scope of Work (Check All That Apply):**

- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13):**

<table>
<thead>
<tr>
<th>Location</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, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>TSI</td>
<td>444 SF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>AC CEMENT BOARD</td>
<td>70 SF</td>
<td>X</td>
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</table>

**Name of Registered Waste Hauler:** Finishing Touch Asbestos Abatement Corp.

**Waste Hauler ID No.:** 120558

**Cubic Yards of Waste:** 1 CY

**Name of Registered Landfill:** FAIRLESS LANDFILL

**City, State:** WEST LONG BRANCH, NJ

**Disposal Date:** 5/5/17

**City, State:** MORRISVILLE, PA

**Date:** 4/20/17

---

**Do not use this form for asbestos licensure exempted activities.**
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

JAC Project # 060-16

Date of Notification (1): April 17, 2017

Agencies Notified:
- EPA
- DCA
- DEP- No Longer REQUIRED
- DOH
- ATC

Notification Type:
- Initial Notification
- Amended Notification #1 – new start and completion dates and NOT SUB.8.
- Emergency (including justification)
- Cancelled

Name of Building Owner/Operator (2):
- RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address:
- ENVIRONMENTAL HEALTH & SAFETY DEPT. - RGTC
- 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
- PISCATAWAY, NJ 08854

Name of Contact:
- MICHAEL SMITH, ENV. HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
- JOHNSON APTS., BLDG# 3738

Street Address:
- BUSCH CAMPUS

City (5):
- PISCATAWAY

County (6):
- MIDDLESEX

County Code (7) (State Use Only):
- ASCM No. 0098

Name of Contractor (9):
- GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
- 3 TERRI LANE
- BURLINGTON, NJ 08016

City, State, Zip Code:
- BUTLER, NJ 07405

Phone Number:
- 973-492-0477

Name ofhash Monitor:
- ENVIRONMENTAL VISION, INC.

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

Square Feet:
- N/A

# of Floors:
- 3

Bldg. Age:
- 60+ years

Current Use (prior to being demolished):
- ACADEMIC

Name of Contractor (9):
- GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
- 3 TERRI LANE
- BUTLER, NJ 07405

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

Schedule: 3PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

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) in Facility (13):
- In Location Normally Used Solely by Maint./Custodial Staff? (12)
- YES
- NO

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

Location of Asbestos-Containing Material (ACM) in Facility (13):
- In Location Normally Used Solely by Maint./Custodial Staff? (12)
- YES
- NO

Surfacing Material:
- <20 SF

Name of Registered Landfill:
- G.R.O.W.S. North Landfill

Cubic Yards of Waste:
- 5 CY

Disposal Date:
- 4/27/2017

City, State:
- 100 New Ford Mill Rd. Morrisville, Pa 19067
- 100 New Ford Mill Rd. Morrisville, Pa 10067

Signature:
- Raymond C. Pedalino

Date:
- April 17, 2017
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:66-7 and 12:120-7)

GAC Project # 060-16

Date of Notification (1)  
April 7, 2017

Name of Building Owner/Operator (2)  
RUTGERS, THE STATE UNIVERSITY OF NJ

Site H Address  
ENVIRONMENTAL HEALTH & SAFETY DEPT.  
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code  
PISCATAWAY, NJ 08854

Name of Contact  
MICHAEL SMITH, ENV. HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
JOHNSON APTS, BLDG# 3738

Street Address  
BUSCH CAMPUS

City (5)  
PISCATAWAY  County (6)  MIDDLESEX  County Code (7)  (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)  
ATC  ASCM No. 0098

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

Sq. Feet: N/A  # of Floors: 3  Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

Name of Contractor (9)  
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address  
268 MAIN STREET

City State Zip Code  
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm  
BRIAN KEARNY  Telephone Number  609-386-8800

Scheduled Start Date (10)  
04/17/17  

Scheduled Completion Date (11)  
04/20/17

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: SubChapter 8 Occupied. Schedule: 3PM-5AM (24 HOURS & WEEKENDS AS NEEDED)

Scope of Work (Check all that apply)  
☒ ≥ 3 sf or ≥ 3 if
☒ ≥ 160 sf or ≥ 260 if

Location of Asbestos-Containing Material (ACM) in Facility (13)  
Is Location Normally Used Solely by Maint./Custodial Staff? (12)  YES NO NA

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

Amount (Specify SF or LF)  
Abatement Type  
Full Containment with Negative Pressure

Renovation  ☑ Demolition

☐ Mini-Enclosure  ☑ Non-Exempted (*) and Non-Friable Procedure

Glove bag Procedure / Wrap & Cut

SURFACING MATERIAL  <20 SF

Name of Req. Waste Hauler  
NJDEP Waste Hauler ID #

See Hauler Below #1 & 2

Cubic Yards of Waste: 5 CY

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

Disposal Date  
4/20/2017

City, State  
Butler, NJ 07405

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405  
NJDEP # 12561

Hauler #2) Newark Carling, Inc., Newark, NJ 04509  
NJ DEP # 4509

Completed by (Print or Type)  
RAYMOND C. PEDALINO  
SENIOR PROJECT MANAGER

Signature  
Raymond C. Pedalino

Date  
April 7, 2017
State of New Jersey  
Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**Date of Notification (1)**  
04/19/17

**Name of Building Owner/Operator (2)**  
RBG Hightstown LLC

**Agencies Notified**  
- [ ] EPA  
- [ ] DCA  
- [ ] DOL  
- [ ] DEP  
- [ ] DOH

**Notification Type**  
- [ ] Initial notification  
- [ ] Amended #1  
- [ ] Emergency notification  
- [ ] Cancelled

**Street Address**  
3930 Hightower Drive #202

**City, State, Zip Code**  
West Palm Beach, Florida

**Name of Contact**  
Ryan Cowell

**Telephone Number**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement Is Taking Place (3)</strong></td>
</tr>
<tr>
<td>Hightstown Mill Redevelopment</td>
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<table>
<thead>
<tr>
<th><strong>Type of Facility (4)</strong></th>
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</thead>
</table>
| □ School (K-12)  
□ Subchapter 8 (other than K-12)  
□ Other i.e. private & commercial buildings, homes, etc.

<table>
<thead>
<tr>
<th><strong>Square Feet</strong></th>
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<tr>
<td>80,000 SF</td>
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<table>
<thead>
<tr>
<th><strong># floors</strong></th>
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<tr>
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<table>
<thead>
<tr>
<th><strong>Bldg. Age</strong></th>
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<tbody>
<tr>
<td>100</td>
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<table>
<thead>
<tr>
<th><strong>Current Use (prior if being demolished):</strong></th>
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<tbody>
<tr>
<td>Former Fabrics Mill</td>
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<table>
<thead>
<tr>
<th><strong>Name of Monitoring Firm Hired by Bldg. Owner (8)</strong></th>
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<tbody>
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<th><strong>ASCM No.</strong></th>
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<table>
<thead>
<tr>
<th><strong>Street Address</strong></th>
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</thead>
<tbody>
<tr>
<td>10 Bank Street</td>
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<table>
<thead>
<tr>
<th><strong>City, State, Zip Code</strong></th>
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<tbody>
<tr>
<td>Hightstown, NJ</td>
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<table>
<thead>
<tr>
<th><strong>Name of Contractor (9)</strong></th>
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<tbody>
<tr>
<td>BL Contracting, Inc</td>
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<table>
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<tr>
<th><strong>Telephone Number</strong></th>
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<tbody>
<tr>
<td>973-901-0153</td>
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<table>
<thead>
<tr>
<th><strong>License Number</strong></th>
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<tbody>
<tr>
<td>01265</td>
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<table>
<thead>
<tr>
<th><strong>Street Address</strong></th>
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</thead>
<tbody>
<tr>
<td>5 Marguerite Lane</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>City, State, Zip Code</strong></th>
</tr>
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<tbody>
<tr>
<td>Towaco 07082</td>
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<table>
<thead>
<tr>
<th><strong>Project Manager for Monitoring Firm</strong></th>
</tr>
</thead>
<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th><strong>Telephone Number</strong></th>
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<table>
<thead>
<tr>
<th><strong>Scheduled Start Date (10)</strong></th>
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<tbody>
<tr>
<td>04/21/17</td>
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<table>
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<th><strong>Scheduled Completion Date (11)</strong></th>
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<tr>
<td>04/27/17</td>
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<table>
<thead>
<tr>
<th><strong>Occupancy Status During Abatement (Check only one):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe</td>
</tr>
<tr>
<td>□ Other - Describe: 8am-4pm Monday-Saturday</td>
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<table>
<thead>
<tr>
<th><strong>Source of Work (Check all that apply):</strong></th>
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</thead>
<tbody>
<tr>
<td>□ Ge: 3 sf or ≥ 3 sf</td>
</tr>
<tr>
<td>□ Ge: 160 sf or ≥ 260 sf</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Non Exempted and Non Friable Procedure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glove bag Procedure</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Location of Asbestos-Containing Material (ACM) in Facility (13):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 3 2nd Floor</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Is Location Normally Used Solely by Maint/Custodial Staff? (12):</strong></th>
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<tbody>
<tr>
<td>YES</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other misc.):</strong></th>
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</thead>
<tbody>
<tr>
<td>TSI</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Amount (Specify SF or LF):</strong></th>
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</thead>
<tbody>
<tr>
<td>40 LF</td>
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<table>
<thead>
<tr>
<th><strong>Abatement Type</strong></th>
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<tbody>
<tr>
<td>Remove, Repair Encap,</td>
</tr>
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<table>
<thead>
<tr>
<th><strong>Name of Registered Landfill</strong></th>
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<tbody>
<tr>
<td>T.R.R.F.</td>
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<table>
<thead>
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<th><strong>Disposal Date</strong></th>
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<table>
<thead>
<tr>
<th><strong>City, State</strong></th>
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<tbody>
<tr>
<td>Tullytown, PA</td>
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<table>
<thead>
<tr>
<th><strong>Name of Rea. Waste Hauler</strong></th>
</tr>
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<tbody>
<tr>
<td>Waste Management of Pennsylvania</td>
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<table>
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<tr>
<th><strong>NJDEP Waste Hauler ID #</strong></th>
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<tbody>
<tr>
<td>0036784</td>
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<table>
<thead>
<tr>
<th><strong>Cubic Yards of Waste</strong></th>
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<tbody>
<tr>
<td>3</td>
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<table>
<thead>
<tr>
<th><strong>Completed by (Print or Type):</strong></th>
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<tbody>
<tr>
<td>Nedo Vasilic</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Title</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Signature</strong></th>
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<tbody>
<tr>
<td>Nedo Vasilic</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>04/19/2017</td>
</tr>
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</table>
NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

I. NOTIFICATION INFORMATION

Date of Notification: 4 / 19 / 2017

- Initial
- Amended
- Cancellation
- Emergency (must include justification)

Type of Work:
- Demolition
- Renovation

II. BUILDING INFORMATION

Name of Building Owner/Operator: Carol Schaefer
City: Roselle Park
State: NJ
Zip: 07204

Name of Contact: Carol Schaefer

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Residence
City: Roselle Park
State: NJ
Zip: 07204

County Name: Union
County Code (State Use Only): 5
Scheduled Start Date: 4 / 28 / 2017
Scheduled Completion Date: 5 / 1 / 2017

Occupancy Status During Activity (check only one):
- Facility Closed/Vacated During Entire Activity
- Activity Performed Outside Normal Facility Hours—Describe:
- Other—Describe:

Scope of Work (check all that apply):
- Floor Tile
- Mastic
- Square Footage: 250 SF
- Percentage Asbestos: %
- Percentage Asbestos: %

IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC
City: Maple Shade
State: NJ
Zip: 08052
Telephone No.: 856-755-0099

New Jersey Asbestos License Number (if applicable): 00842
Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services
Telephone No.: 609-298-4070

V. SIGNATURE

Completed By (type or print legibly): Christina Lynch
Title: Vice President of Operations
Date: April 19, 2017

Signature: [Signature]
# Notification of Asbestos Abatement

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

**Date of Notification:** April 20, 2017  
**Name of Building Owner / Operator:** AtlantiCare Regional Medical Center – Mainland Division  
**Address:** 65 West Jimmie Leeds Road  
**City, State & Zip Code:** Pomona, NJ 08240  
**Name of Contact:**  

### Facility Information

- **Name of Facility Where Abatement is Taking Place:** AtlantiCare Regional Medical Center – Mainland Division  
- **Street Address:** 65 West Jimmie Leeds Road  
- **City:** Pomona, NJ  
- **County:** Atlantic  
- **County Code:** USE ONLY  
- **Name of Monitoring Firm Hired by Building Owner:** Hillmann Consulting, Inc.  
- **Telephone Number:** 908-688-7800  
- **Scheduled Start Date:** February 13, 2017  
- **Occupancy Status During Abatement:**  
  - Facility Closed/Vacated During Entire Period of Abatement  
  - Abatement Performed Outside of Normal Hours  
  - Other – Describe:  
- **Scope of Work:**  
  - ≥ 3 sf or ≥ 50 if  
  - ≥ 160 sf or ≥ 260 if  
- **Type of Facility:**  
  - School (K-12)  
  - Subchapter 8 (Other than K-12)  
  - Other (i.e., private & commercial buildings, home, etc.)  
- **Square Feet:**  
- **# of Floors:**  
- **Bidg. Age:** 42 Years  
- **Current Use (Prior if being demolished):** Hospital  
- **Name of Abatement Contractor:** Synatec, Inc.  
- **Street Address:** 829 Radio Road  
- **City, State & Zip Code:** Little Egg Harbor, NJ 08087  
- **Telephone Number:** 609-296-6916  
- **License Number:** 008177  
- **Name of OSHA Monitor:** Synatec, Inc.  
- **Street Address:** 829 Radio Road  
- **City, State & Zip Code:** Little Egg Harbor, NJ 08087  

### Location of Asbestos-Containing Material (ACM) To Be Abated

| Location of ACM TO BE ABATED IN Facility | Is Location Normally Used Solely by Maintenance or Custodial Staff? | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |
|----------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|------------------------|-----------------
| First Floor | X | Floor Tile | 1,600 SF |  
| Endo Suite | X | Floor Tile | 4,000 SF |  
| Operating Room Hallway | X | Floor Tile | 3,100 SF |  
| Sterile Core | X | Floor Tile | 1,400 SF |  

| Name of Registered Waste Hauler | Synatec, Inc.  
|--------------------------------|----------------|
| Name of Registered Landfill | Fairless Hills  
| Disposal Date | June 2, 2017  
| City, State | City, State  
| Little Egg Harbor, NJ 08087 | Morrisville, PA  
| Completed By | Diane Alola  
| Title | Executive Administrator  
| Signature |  

*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) March 30, 2017
Name of Building Owner / Operator (2)
AtlanticCare Regional Medical Center – Mainland Division

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☒ Amended
☐ Amendment # 3
☐ Cancellation

Street Address
65 West Jimmie Leeds Road

City, State & Zip Code
Pomona, NJ 08240

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
AtlanticCare Regional Medical Center – Mainland Division

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

Square Feet
# of Floors
Bldg. Age
42 Years

Current Use (Prior if being demolished)
Hospital

County (5)
Atlantic

County Code (7)
USE ONLY

Name of Monitoring Firm Hired by Building Owner (6)
Hillmann Consulting, Inc.

ASCM No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
1600 Route 22 East, Sto 107

City, State & Zip Code
629 Radio Road
Little Egg Harbor, NJ 08087

Project Manager for Monitoring Firm
Stephen Cherepany

Telephone Number
908-688-7800

License Number
609-296-6916 00817

Scheduled Start Date (10)
February 13, 2017

Scheduled Completion Date (11)
May 15, 2017

Name of OSHA Monitor
Synatech, Inc.

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

Facility Occupied During Abatement

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥ 60 if
☒ ≥150 sf or ≥250 if

☐ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted(*) and Non-Firable Procedure

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

IN Facility

(13)

Yes
No
N/A

Is Location Normally Used Solely by Maintenance or 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

First Floor

Endo Suite

Operating Room Hallway

Yes
No
N/A

Flicer Tile

Flicer Tile

Flicer Tile

1,600 SF

4,000 SF

3,160 SF

X

X

X

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Synatech, Inc.
27429

Cubic Yards of Waste
30

Name of Registered Landfill
Fairless Hills

City, State
Little Egg Harbor, NJ 08087

Disposal Date
May 16, 2017

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
February 1-17

*Do not use this form for asbestos license exempted activities.
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tr>
<td>Date of Notification</td>
<td>10/4/12 11/11/12</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Roland &amp; Andrea Mueller</td>
</tr>
<tr>
<td>Street Address</td>
<td>[redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Pompton Lakes, NJ 07444</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Roland &amp; Andrea Mueller</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of facility where abatement is taking place</td>
<td>Roland &amp; Andrea Mueller</td>
</tr>
<tr>
<td>Street Address</td>
<td>[redacted]</td>
</tr>
<tr>
<td>City (6)</td>
<td>Pompton Lakes, NJ 07444</td>
</tr>
<tr>
<td>County (9)</td>
<td>Passaic</td>
</tr>
<tr>
<td>County Code (7) (State use only)</td>
<td>[redacted]</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner</td>
<td>[redacted]</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>n/a</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>B &amp; G Restoration, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>135 Ryerson Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(973)696-8689</td>
</tr>
<tr>
<td>License Number</td>
<td>00378</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>B &amp; G Restoration, Inc.</td>
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<tr>
<td>Street Address</td>
<td>105 Ryerson Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Facility closed/vacated during entire period of abatement.</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Demolition, Renovation, Transite pipe</td>
</tr>
<tr>
<td>Location of asbestos-containing material to be abated in facility</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of asbestos-containing material (ACM)</td>
<td>Transite pipe</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>13 LF</td>
</tr>
<tr>
<td>Registered Waste Hauler</td>
<td>B &amp; G Restoration, Inc.</td>
</tr>
<tr>
<td>NJDEP Hauler ID#</td>
<td>19683</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>1/2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
<tr>
<td>City, State</td>
<td>Lincoln Park, NJ, Tullytown, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>05/04/2017</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Gordana Luna</td>
</tr>
<tr>
<td>Title</td>
<td>Secretary/Treasurer</td>
</tr>
<tr>
<td>Signature</td>
<td>[signature]</td>
</tr>
<tr>
<td>Date</td>
<td>04/21/2017</td>
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</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th><strong>Date of Notification (1):</strong></th>
<th><strong>4/21/17</strong></th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2):** Bar-Cohen

**Street Address:** [Redacted]

**City, State, Zip Code:** Princeton, NJ 08540

**Name of Contact:** Eric Franzoni

**Telephone:** [Redacted]

**Facility Information**

| **Name of Facility Where Abatement is Taking Place (3):** Residential |
|---------------------------|-----------------------------|

**Type of Facility (4):** Residential

<table>
<thead>
<tr>
<th><strong>Square Feet:</strong></th>
<th><strong>2400</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong># of Floors:</strong></td>
<td><strong>2</strong></td>
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<tr>
<td><strong>Bldg. Age:</strong></td>
<td><strong>70+/-</strong></td>
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**Current Use (Prior to demolition):**

<table>
<thead>
<tr>
<th><strong>Type of Facility:</strong></th>
</tr>
</thead>
</table>

**Name of Monitoring Firm/Hired by Building Owner:** MECS

**Name of Abatement Contractor (9):** Stevens Environmental Services, Inc.

**Street Address:** PO Box 322

**City, State, Zip Code:** Allentown, NJ 08501

**Project Manager for Monitoring Firm:** Bill Weisgarber

**Telephone No.:** (609) 298-4070

**License No.:** 00493

**Name of OSHA Monitor:** MECS

**Street Address:** PO Box 341

**City, State, Zip Code:** Crosswicks, NJ 08515

**Start Date:** 5/1/17

**Scheduled Completion Date:** 5/5/17

**Occupancy Status During Abatement:**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

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

- >= 20 sf or >= 20 LF
- >= 150 sf or >= 260 LF

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:**

<table>
<thead>
<tr>
<th><strong>Basement</strong></th>
<th><strong>Thermal Pipe Insulation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st Floor</strong></td>
<td><strong>Thermal Pipe Insulation</strong></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Stevens Environmental Services, Inc.

**NJ/DEP Waste Hauler ID No.:** 18292

**Cubic Yards of Waste:** 2 cu

**Name of Registered Landfill:** Fairless Landfill

**City, State:** Morrisville, PA

**Completed By:** Mahlon E. Stevens

**Title:** Project Manager

**Signature:** [Redacted]

**Date:** 4/21/17

---

*Do not use this form for asbestos licensure exempted activities.*
### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>4/17/17</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Winters</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>East Brunswick, NJ 08816</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bill Winters</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place | Residential |
| Street Address | 
| City | New Brunswick, NJ 08901 |
| County | Middlesex |
| Name of Monitoring Firm | MECS |
| Street Address | PO Box 341 |
| City, State, Zip Code | Crosswicks, NJ 08515 |
| Project Manager for Monitoring Firm | Bill Weisgarber |
| Telephone No. | (609) 298-4070 |
| Start Date | 5/1/17 |
| Scheduled Completion Date | 5/5/17 |
| Occupancy Status During Abatement | Facility Closed/Vacated During Entire Period of Abatement |
| Scope of Work | 

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility | 
| Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAE, or other miscellaneous) | Thermal Pipe Insulation 190 lf |
| Amount (Specify SF or LF) | 
| Abatement Type | 

| Name of Registered Waste Hauler | Stevens Environmental Services, Inc. |
| NJDEP Waste Hauler ID No. | 18292 |
| Cubic Yards of Waste | 2 cu |
| Name of Registered Landfill | Fairless Landfill |
| City, State | Allentown, NJ |
| Disposal Date | 5/5/17 |
| Completed By | Mahlon E. Stevens |
| Title | Project Manager |
| Signature | 

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4/21/17

Name of Building Owner/Operator (2) Richard Viecelli

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment #
- Emergency (including justification)

Street Address

City, State, Zip Code Paramus, NJ 07652

Name of Contact Richard Viecelli

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential Home

Street Address

City (5) Paramus

County (6) Bergen

County Code (7) (STATE USE ONLY) __________

Current Use (Prior if being demolished)
Residential Home

Name of Monitoring Firm Hired by Building Owner (8)
Project Manager

ASCM No.

Name of Abatement Contractor (9) All Stages Abatement Inc

Street Address 280 N. Midland Ave

City, State, Zip Code Saddle Brook, NJ 07663

Project Manager for Monitoring Firm

Telephone No. 201-600-3184

License No. 01305

Start Date (10) 5/1/17

Scheduled Completion Date (11) 5/3/17

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Other – Describe: 8 A.M. to 4 P.M

Scope of Work (Check All That Apply)

- ≥ 3 sf or ≥ 23 if
- ≥ 160 sf or ≥ 260 ft
- Renovation
- Demolition

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

In Facility (13)

<table>
<thead>
<tr>
<th>Basement</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)

- Yes
- No

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

- VAT

Amount (Specify SF or LF)

350 SF

Abatement Type

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler

Newark Carting

NJDEP Waste Hauler ID No. 04509

Cubic Yds of Waste 3 CU

Name of Registered Landfill

IESI Landfill

City, State Bethlehem, PA

Disposal Date TBD

Completed by Richard Cristofoli

Title President

Signature

Date 4/21/17

* 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)**
4 / 20 / 17

**Name of Building Owner/Operator (2)**
Princeton University-Office of Design and Construction

**Street Address**
200 Elm Dr

**City, State, Zip Code**
Princeton, NJ 08544

**Name of Contact**
Robert Ortega

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Princeton University- Corwin Hall

**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**

**Mercer**

**Name of Monitoring Firm Hired by Building Owner (8)**
ATC Group Services LLC

**Name of Abatement Contractor (9)**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Telephone No.**
215-788-6040

**License No.**
00509

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Project Manager for Monitoring Firm**
Michael Keen

**Telephone No.**
609-386-8800

**Start Date (10)**
5 / 1 / 17

**Scheduled Completion Date (11)**
5 / 2 / 17

**Occupy 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: 7:00AM-3:30PM/ 3:30PM-7:00AM

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥3 lb
- ≥160 sf or ≥260 lb
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Min - Enclosure
- Glovebag Procedure
- Non - Exempted (*) and Non - Firable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)**

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**

<table>
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<tr>
<th>Men's Room 2nd floor</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Window caulk</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>20 LF</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Men's Room 1st floor</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window caulk</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>14 LF</td>
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**Name of Registered Waste Hauler**
BRISTOL ENVIRONMENTAL, INC.

**NJDEP Waste Hauler ID No.**
18706

**Cubic Yards of Waste**

**Name of Registered Landfill**
FAIRELESS LANDFILL

**City, State**
BRISTOL, PA 19007

**Disposal Date**
City, State
MORRISVILLE, PA 19067

**Completed By (Print or Type)**
Brian Scafiro

**Title**
Estimator

**Signature**
Brian Scafiro

**Date**
4-20-17

---

* 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)**  
04 / 20 / 17

**Name of Building Owner/Operator (2)**  
Pascack Valley Regional Board of Education

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

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

**Street Address**  
46 Akers Avenue

**City, State, Zip Code**  
Montvale, NJ 07645

**Name of Contact**  
Pamela Baxley

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Pascack Hills High School - Former Superintendent & Board Office Bldgs.

**Street Address**  
46 Akers Avenue

**City (5)**  
Montvale

**County (6)**  
Bergen

**Bldg. Age**  
53 ea.

**Square Feet**  
768 & 1900

**# of Floors**  
1 / 2

**Current Use (Prior to if being demolished)**  
Vacant

**Name of Monitoring Firm Hired by Building Owner (8)**  
Health and Safety Services, Inc.

**ASCM No.**  
00117

**Name of Abatement Contractor (9)**  
Superior Abatement Inc

**Street Address**  
2 Henderson Drive

**City, State, Zip Code**  
West Caldwell, NJ 07006

**Telephone No.**  
(973) 808-1616

**License No.**  
00411

**Project Manager for Monitoring Firm**  
Jim Proctor  
856-452-1311

**Start Date (10)**  
5 / 1 / 17

**Scheduled Completion Date (11)**  
5 / 4 / 17

**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)**  
- [ ] 23 sf or ≥33 sf
- [ ] ≥160 sf or ≥260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**IN Facility (13)**

| 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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</tbody>
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**Superintendents Office**

- [ ] Roof Sealant
  - 250 SF

- [ ] Caulking on Windows
  - 26 ea

**Board Office**

- [ ] Roof Sealant
- [ ] Caulking on Windows

**Name of Registered Waste Hauler**  
Service Transport Group, Inc

**NJDEP Waste Hauler ID No.**  
SW2117

**Disposal Date**  
5/4/17

**Cubic Yard(s) of Waste**  
30

**Name of Registered Landfill**  
Minerva Landfill

**City, State**  
Waynesburgh, OH

**Completed By (Print or Type)**  
Mary Petrovski

**Title**  
President

**Signature**  
[Signature]

**Date**  
4/10/17

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

Date of Notification (1)
[04/14/11]

Name of Building Owner/Operator (2)
June Zimmerman

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #:
- Emergency
- (Including justification)
- Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
June Zimmerman

Street Address

City (5)
Nutley, NJ 07110

County (6)
ESSEX

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)
04/26/17

Sched. Completion Date (11)
05/10/17

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 >50 lf
- Renovation
- ≥160 sf or ≥260 lf
- Demolition

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

Is location normally used solely by maintenance/custodial staff?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of asbestos-containing material (ACM)
Pipe Insulation

Amount (Specify SF or LF)
1500 ft

Registered Waste Hauler
D & S Restoration, Inc.

NJ DEP Hauler ID
13506

Cubic Yards of Waste
2 yds.

Name of Registered Landfill
Tullytown, Resource Recovery

City State
Tullytown, PA

Completed by (Print or Type)
Bogdan Joldzic

Title
President

Signature

Date
04/13/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:86 and 12:120)

Date of Notification (1)
04/19/2017

Name of Building Owner/Operator (2)
Glenwood Apartments & County Club

Street Address
1 Cherry Hill Lane
City, State, Zip Code
Old Bridge, NJ 08857

Name of Contact
Eric Prieto

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Glenwood Apartments

Street Address
11-17 Ashwood Mall
City (5)
Old Bridge
County (6)
Middlesex

County Code (7) (STATE USE ONLY) N/A

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

Type of Facility (4)

Name of Abatement Contractor (9)
DIA General Construction, Inc

Street Address
1360 Clifton Ave, PMB Suite 218
City, State, Zip Code
Clifton, NJ 07012

Telephone No.
973-389-0089
License No.
00693

Name of OSHA Monitor
DIA General Construction, Inc

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
05/04/2017
Scheduled Completion Date (11)
05/17/2017

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Facility Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)

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

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

11 A-D Ashwood Mall-Crawl Space x
Pipe/Elbow Insulation 160 LF 160 LF

15 A-D Ashwood Mall-Crawl Space x
Pipe/Elbow Insulation 155 LF 155 LF

17 A-D Ashwood Mall-Crawl Space x
Pipe/Elbow Insulation 160 LF 160 LF

Name of Registered Waste Hauler
Service Transport Group

Cubic Yards of Waste

Name of Registered Landfill
Minerva Landfill

Diagonal Date
05/17/2017
City, State
Waynesburg, OH 44688

Name of Registered Landfill

Completed by
Milan Njezic
Title
Vice President

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**OPEN NOTIFICATION**

**Name of Building Owner/Operator:** PSE&G

**Street Address:**
- **4000 HADLEY ROAD**
- **SOUTH PLAINFIELD, NJ 07080**

**Name of Contact:** JEFFREY GAZICK

**Name of Facility Where Abatement Is Taking Place:**
- **PSE&G - L-1364 CIRCUIT LOCATION #1**

**Street Address:**
- **13A CIRCLE AVE.**
- **CLIFTON**
- **PASSAIC**

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

**Square Feet:** N/A

**# of Floors:** N/A

**Building Age:** N/A

**Current Use:** Prior if being demolished

**County Code:** N/A

**Name of Monitoring Firm:** ASCM No. 0045

**Name of Abatement Contractor:** UNIQUE SYSTEMS OF AMERICA

**Street Address:**
- **396 WHITEHEAD AVE.**
- **SOUTH RIVER, NJ 08882**

**Telephone No.:**
- **732-432-8350**
- **01111**

**Name of OSHA Monitor:** UNIQUE SYSTEMS OF AMERICA

**License No.:**

**Street Address:**
- **396 WHITEHEAD AVE.**
- **SOUTH RIVER, NJ 08882**

**Start Date:** 10/11/2017

**Scheduled Completion Date:** 12/31/2017

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Scope of Work:**
- Outdoors

**Location of Asbestos-Containing Material (ACM) To Be Abated:**
- Outdoors

**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):**
- PIPE RIGID

**Amount (Specify SF or LF):** 200

**Abatement Type:**
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Name of Registered Waste Hauler:** WASTE MANAGEMENT

**City, State:** ELIZABETH, NJ

**Disposal Date:** TBD

**Name of Registered Landfill:** GROWS NORTH

**City, State:** MORRISVILLE, PA

**Completed by:** CAROL RAIMO

**Title:** OFFICE MGR.

**Signature:** CAROL RAIMO

**Date:** 4/21/2017

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:1-120)

Date of Notification (1) 4/21/2017
Name of Building Owner/Operator (2) PSE&G

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment #
DOH Emergency (including justification)
DCA Cancellation

Street Address
4000 HADLEY ROAD
City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080
Name of Contact
JEFFREY GAZICK

Name of Facility Where Abatement is Taking Place (3)
PSE&G - L-1364 CIRCUIT LOCATION # 2

13 Gould AVE.
PATerson
PASSA IC

County Code (7)

Type of Facility (4)
School (K-12)
Subchapter B (Other than K-12)
Other (i.e. private & commercial buildings, homes, etc.)
ASCM No.
0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm
TOM GEIGER
Telephone No. 732-290-2217

Start Date (10)
6/10/2017
Scheduled Completion Date (11)
12/31/2017

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: OUTDOORS

Scope of Work (Check All That Apply)
≥300 sf or ≥300 ft
≥150 sf or ≥250 ft
Renovation
Demolition

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
in Facility (13)

OUTDOORS

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

Description of Asbestos Containing Material (ACM)
(i.e. thermal insulation, surfacing, VAT, or other miscellaneous)
PIPE SOMATIC

Amount (Specify SF or LP)
200

Abatement Type

Name of Registered Waste Hauler
WASTE MANAGEMENT

City, State
ELIZABETH, NJ

Compiled by
CAROL RAIMO
Title
OFFICE MGR.
Signature
Date 4/21/2017

Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:58 and 12:120)

**Date of Notification (1)**  
4/21/2017

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

**Name of Facility Where Abatement is Taking Place (3)**  
PSE&G - L-1384 CIRCUIT LOCATION # 3

**Street Address**  
112 Goud AV

**City (5)**  
PAVERS

**County (6)**  
PASSAIC

**Name of Monitoring Firm Hired by Building Owner (8)**  
ENVIRONMENTAL TACTICS

**ASC# No.**  
0045

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

**Street Address**  
396 WHITEHEAD AVE.

**City, State, Zip Code**  
SOUTH RIVER, NJ 08882

**Occupancy Status During Abatement (Check Only One)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Start Date (10)**  
5/10/2017

**Scheduled Completion Date (11)**  
12/31/2017

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

**Amount (Specify SF or LF)**  
200

**Abatement Type**

- Removal
- Degradation
- Encapsulation
- Ensheath

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

**In Facility**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>250</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OUTDOORS**

- PIPE SOMATIC

**Name of Registered Waste Hauler**

WASTE MANAGEMENT

**City, State**

ELIZABETH, NJ

**Compiled by**

CAROL RAIMO

**Title**

OFFICE MGR.

**Signature**

*Note: Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1)**
4/21/2017

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

**Agency Notified (3)**
- EPA
- DEP
- DOL
- DOH
- DCA
- Initial
- Amended
- Amendment
- Emergency (including justification)
- Cancellation

**Street Address (4)**
4000 HADLEY ROAD

**City, State, Zip Code (5)**
SOUTH PLAINFIELD, NJ 07080

**Name of Owner (6)**
JEFFREY GAZICK

**Facility Information**
- **Type of Facility (7)**
  - School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (i.e., private & commercial buildings, homes, etc.)

**Location of Facility Where Abatement is Taking Place (8)**
PSE&G - L-1384 CIRCUIT LOCATION # 4

**Street Address (9)**
316 TRENTON AVE. AT MARYLAND AVE. PATTERSON

**County Code (10)**
PASSAIC

**Current Use (Prior if being demolished) (11)**
N/A

**Name of Monitoring Firm Hired by Building Owner (12)**
ENVIRONMENTAL TACTICS

**ACSM No. (13)**
0045

**Name of Abatement Contractor (14)**
UNIQUE SYSTEMS OF AMERICA

**Street Address (15)**
398 WHITEHEAD AVE.

**City, State, Zip Code (16)**
SOUTH RIVER, NJ 08882

**Telephone No. (17)**
732-382-6350

**License No. (18)**
01111

**Name of OSHA Monitor (19)**
UNIQUE SYSTEMS OF AMERICA

**Street Address (20)**
396 WHITEHEAD AVE.

**City, State, Zip Code (21)**
SOUTH RIVER, NJ 08882

**Scope of Work (Check All That Apply)**
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

**Amount (Specify SF or LF)**
200

**Abatement Type**
- Removal
- Repair
- Encapsulation
- Enclosure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Acronym</th>
<th>Normal Use</th>
<th>Maintenance/Custodial Staff</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTDOORS</td>
<td>X</td>
<td></td>
<td></td>
<td>PIPE SOMATIC</td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
WASTE MANAGEMENT

**Disposal Date (23)**
TBD

**City, State**
ELIZABETH, NJ

**Name of Registered Landfill**
GROWS NORTH

**City, State**
MORRISVILLE, PA

**Completed by**
CAROL RAIMO

**Title**
OFFICE MGR.

**Signature**
Carol Raimo

**Date**
4/21/2017

*Do not use this form for asbestos license exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

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

**Date of Notification (1)**
4/21/2017

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

**Address (3)**
4000 HADLEY ROAD

**City, State, Zip Code (4)**
SOUTH PLAINFIELD, NJ 07088

**Name of Contact (5)**
JEFFREY GAZICK

**Name of Facility Where Abatement is Taking Place (6)**
PSE&G - L-1364 CIRCUIT LOCATION # 5

**Type of Facility (7)**

**Square Foot (8)**
N/A

**County Code (9)**
N/A

**Current Use (Prior to being demolished)**
N/A

**County (10)**
PATTERSON

**County Code (11)**
N/A

**Current Use (Prior to being demolished)**
N/A

**Name of Monitoring Firm Hired by Building Owner (12)**
ENVIROTESTS

**ASCM No. (13)**
0045

**Name of Abatement Contractor (14)**
UNIQUE SYSTEMS OF AMERICA

**Street Address (15)**
396 WHITEHEAD AVE.

**City, State, Zip Code (16)**
SOUTH RIVER, NJ 08882

**Telephone No. (17)**
732-432-6360

**License No. (18)**
01111

**Name of OSHA Monitor (19)**
UNIQUE SYSTEMS OF AMERICA

**Street Address (20)**
396 WHITEHEAD AVE.

**City, State, Zip Code (21)**
SOUTH RIVER, NJ 08882

**Occupancy Status During Abatement (Check Only One)**

**Facility Closed/Vacated During Entire Period of Abatement**

**Abatement Performed Outside of Normal Facility Hours**

**Other – Describe: OUTDOORS**

**Start Date (22)**
5/10/2017

**Scheduled Completion Date (23)**
12/31/2017

**Scope of Work (Check All That Apply)**

**≥3 sf or ≤33 if**

**≥180 sf or ≥260 if**

**Renovation**

**Dismantlement**

**Full Containment with Negative Pressure**

**Gloves and Enclosure**

**Non-Exempted (4) and Non-Friable (5)**

**Location of Asbestos-Containing Material (ACM)**

**TO BE ABATED**

**In Facility**

**Yes**

**No**

**N/A**

**Description of Asbestos-Containing Material (ACM)**

(i.e. thermal systems insulation, surfacing, VIT, or other miscellaneous)

**Amount (Specify $F or $L)**
200

**Abatement Type**

**Removal**

**Repair**

**Enclosure**

**Enclosure**

**Name of Registered Waste Hauler (24)**

**NJDEP Waste Hauler ID No. (25)**

**1125**

**Cubic Yards of Waste (26)**

**APPX. 15**

**Name of Registered Landfill (27)**

**GROWS NORTH**

**City, State (28)**

**MORRISVILLE, PA**

**Completed by (29)**

CAROL RAIMO

**Title (30)**

OFFICE MGR.

**Signature (31)**

[Signature]

**Date (32)**
4/21/2017

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*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Date of Notification (1)**
4/21/2017

**Agencies Notified**
- [X] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

**Type Notification**
- [X] 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**
JEFFREY GAIZICK

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
PSE&G - L-1364 CIRCUIT LOCATION # 6

**Street Address**
172 TRENTON AVE

**City, State, Zip Code**
PATerson 07564

**County (6)**
PASSAIC

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIRONMENTAL TACTICS

**ASCM No.**
0045

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

**Street Address**
396 WHITEHEAD AVE.

**City, State, Zip Code**
SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm**
TOM GEIGER

**Telephone No.**
732-290-2217

**Scheduled Completion Date (11)**
12/31/2017

**Occupancy Status During Abatement (Check Only One)**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours
- [ ] Other -- Describe: OUTDOORS

**Scope of Work (Check All That Apply)**
- [X] Renovation
- [ ] Demolition

**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)**
200

**Abatement Type**
- [X] OSHA
- [ ] EPA
- [ ] State

**Name of Registered Waste Hauler**
WASTE MANAGEMENT

**NJDEP Waste Hauler ID No.**
1125

**Cubic Yards of Waste**
APPX. 15

**Name of Registered Landfill**
GROWS NORTH

**City, State**
MORRISVILLE, PA

**Disposal Date**
TBD

**Compiled by**
CAROL RAIMO

**Title**
OFFICE MGR.

**Signature**

**Date**
4/21/2017

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

(02/15/68 and 12/12/02)

**State of New Jersey**

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

PSE&G

**Name of Facility Where Abatement Is Taking Place (3)**

PSE&G - L-1364 CIRCUIT LOCATION # 7

**Street Address**

586 E. 30TH STREET

**City (5)**

PATERSON

**County Code (6)**

PASSaic

**Name of Monitoring Firm Hired by Building Owner (8)**

ENVIRONMENTAL TACTICS

**ASCM No. (0045)**

Name of Abatement Contractor (9)

UNIQUE SYSTEMS OF AMERICA

**Street Address**

396 WHITEHEAD AVE.

**City, State, Zip Code**

SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm**

TOM GEIGER

**Telephone No.**

732-290-2217

**Start Date (10)**

5/10/2017

**Scheduled Completion Date (11)**

12/31/2017

**Occupancy Status During Abatement (Check Only One)**

- Facility Closed/Vacated During Entire Period of Abatement
- Other – Describe: OUTDOORS

**Scope of Work (Check All That Apply)**

- Renovation
- Demolition

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

In Facility

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**

Yes

**Description of Asbestos-Containing Material (ACM)**

I.e. thermal systems insulation, surfacing, /AT, or other miscellaneous)

**Amount**

200

**Abatement Type**

x

**Name of Registered Waste Hauler**

WASTE MANAGEMENT

**NJDEP Waste Hauler ID No.**

1125

**Cubic Yards of Waste**

APPX. 15

**Name of Registered Landfill**

GROWS NORTH

**Disposal Date**

TBD

**City, State**

ELIZABETH, NJ

**Completed by**

CAROL RAIMO

**Title**

OFFICE MGR.

**Signature**

**Date**

4/21/2017

---

Do not use this form for asbestos license exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
4/21/2017

Agencies Notified:
☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA

Type Notification:
☑ 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 Contractor:
JEFFREY GAZICK

Name of Facility Where Abatement is Taking Place (3):
PSE&G - L-1364 CIRCUIT LOCATION # 8

Street Address:
NW OF 31ST STREET & 20TH AVE.

City:
PATERSON

County:
PASSAIC

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

Square Feet:
N/A

# of Floors:
N/A

Bldg. Age:
N/A

Current Use (Prior if being demolished):
N/A

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

ASCM No.:
0045

Name of Abatement Contractor (6):
UNIQUE SYSTEMS OF AMERICA

Street Address:
396 WHITEHEAD AVE.

City, State, Zip Code:
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm:
TOM GEIGER

Telephone No.:
732-290-2217

Telephone No.:
732-432-8350

License No.:
01111

Name of OSHA Monitor:
UNIQUE SYSTEMS OF AMERICA

Street Address:
396 WHITEHEAD AVE.

City, State, Zip Code:
SOUTH RIVER, NJ 08882

Start Date (10):
5/10/2017

Scheduled Completion Date (11):
12/31/2017

Occupancy Status During Abatement (Check Only One):
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: OUTDOORS

Scope of Work (Check All That Apply):
☐ ±3 sf or ±10 sf
☐ ±150 sf or ±260 sf
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13):
OUTDOORS

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):
Yes

Description of Abatement:
Pipe Somatic

Amount (Specify SF or LF):
200

Abatement Type:
X

Name of Registered Waste Hauler:
WASTE MANAGEMENT

NJDEP Waste Hauler ID No.:
1125

Cubic Yards of Waste:
APX. 15

Disposal Date:
TBD

Name of Registered Landfill:
GROWS NORTH

City, State:
ELIZABETH, NJ

Completed by:
CAROL RAIMO

Title:
OFFICE MGR.

Signature:
[Signature]

Date:
4/21/2017

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
4/21/2017

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

Street Address
4000 HADLEY ROAD

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07086

Name of Contractor
JEFREY GAZICK

Name of Facility Where Abatement is Taking Place (3)
PSE&G - L-1364 CIRCUIT LOCATION # 4

FACILITY INFORMATION

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

Street Address
394 E. 30TH STREET

City (5)
PATerson

County (6)
PASSAIC

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS

ASCM No.
0045

Name of Abatement Contractor (3)
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA

Start Date (10)
5/10/2017

Tel ephone No.
732-290-2217

License No.
01111

City, State, Zip Code
SOUTH RIVER, NJ 08882

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: OUTDOORS

Scope of Work (Check All That Apply)
☑ 2-3 ft or 23 ft
☐ 200 ft or 260 ft
☐ Renovation
☐ Demolition

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

IN FACILITY

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, VAM, or other miscellaneous)

Amount (Specify SF or LF)
200

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
WASTE MANAGEMENT

Cubic Yards
APPX. 15

Name of Registered Landfill
GROWS NORTH

Disposal Date
TBD

City, State
ELIZABETH, NJ

COMPLETED BY
CAROL RAIMO

Signature

Title
OFFICE MGR.

Date
4/21/2017

* Do not use this form for asbestos license exempted activities.
**Notation of Asbestos Abatement**

**Date of Notification (1)**
4/21/2017

**Agency Notified**
- EPA
- DEP
- DOL
- DOH
- DCA

**Type of Notification**
- [X] 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**
JEFFREY GAZICK

**Facility Information**

**Name of Facility Where Abatement Is Taking Place (3)**
PSE&G - L-1364 CIRCUIT LOCATION # 1D

**Street Address**
139 E. 30TH ST. NORTH OF 11TH AVE.

**City (5)**
Paterson

**County (5)**
Passaic

**County Code (7)**
N/A

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

**Current Use (Prior or Being Demolished)**
N/A

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIRONMENTAL TACTICS

**ASCN No.**
0045

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

**Street Address**
396 WHITEHEAD AVE.

**City, State, Zip Code**
SOUTH RIVER, NJ 08882

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

**Project Manager for Monitoring Firm**
TOM GEIGER

**Telephone No.**
732-290-2217

**Start Date (10)**
5/10/2017

**Scheduled Completion Date (11)**
12/31/2017

**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: OUTDOORS

**Scope of Work (Check All That Apply)**
- [X] 
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)**
- [X] IN Facility

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

**Description of Asbestos Containing Material (ACM) (i.e., thermal materials insulation, surfacing, etc.)**
PIPE SOMATIC

**Amount (Specify SF or LF)**
200

**Abatement Type**
- [X] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

**Name of Registered Waste Hauler**
WASTE MANAGEMENT

**NJ DEP Waste Hauler ID No.**
1125

**Cubic Yards of Waste**
APPX. 15

**Name of Registered Landfill**
GROWS NORTH

**City, State**
ELIZABETH, NJ

**Disposal Date**
TBD

**City, State**
MORRISVILLE, PA

**Completed by**
CAROL RAIMO

**Title**
OFFICE MGR.

**Signature**

**Date**
4/21/2017

*Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:121)

**Date of Notification (1)**
4/21/2017

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

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

<table>
<thead>
<tr>
<th>Location</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, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTDOORS</td>
<td>X</td>
<td>PIPE SOMATIC</td>
<td>200</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Agency**
PSE&G - L-1364 CIRCUIT LOCATION # 11

**Name of Facility Where Abatement is Taking Place (3)**
15 E. 30th STREET

**City (5)**
PATERSON

**County (6)**
PASSAIC

**Type of Facility (4)**
X Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

**Current Use (Prior if being demolished)**
N/A

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIRONMENTAL TACTICS

**Asbestos No.**
0045

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

**Street Address**
396 WHITEHEAD AVE.

**City, State, Zip Code**
SOUTH RIVER, NJ 08882

**Telephone No.**
732-729-2217

**License No.**
01111

**Start Date (10)**
5/10/2017

**Scheduled Completion Date (11)**
12/31/2017

**Occupancy Status During Abatement (Check Only One)**
X Abatement Performed Outside of Normal Facility Hours

**Scopes of Work (Check All That Apply)**

<table>
<thead>
<tr>
<th>Scopes of Work</th>
<th>X</th>
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</thead>
<tbody>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td>X</td>
</tr>
</tbody>
</table>

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**

**Type of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)**
PIPE SOMATIC

**Amount (Specify SF or LF)**
200

**Name of Registered Waste Hauler**
WASTE MANAGEMENT

**Cubic Yards of Waste**
APPX. 15

**Name of Registered Landfill**
GROWS NORTH

**Disposal Date**
TBD

**City, State**
ELIZABETH, NJ

**MORRISVILLE, PA**

**Completed by**
CAROL RAIMO

**Title**
OFFICE MGR.

**Signature**
Carol Raimo

**Date**
4/21/2017

*Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
4/21/2017

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

Street Address  
4000 HADLEY ROAD

City, State, Zip Code  
SOUTH PLAINFIELD, NJ 07080

Name of Contact  
JEFFREY GAICK

Name of Facility Where Abatement is Taking Place (3)  
PSE&G - L-1364 CIRCUIT LOCATION # 12

Street Address  
10-90 ARNOT PLACE

City (5)  
FAIR LAWN

County (6)  
BERGEN

Name of Monitoring Firm Hired by Building Owner (8)  
ENVIRONMENTAL TACTICS

ASCN No.  
0045

Name of Abatement Contractor (9)  
UNIQUE SYSTEMS OF AMERICA

Street Address  
396 WHITEHEAD AVE.

City, State, Zip Code  
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm  
TOM GEIGER

Telephone No.  
732-290-2217

License No.  
01111

Start Date (10)  
5/10/2017

Scheduled Completion Date (11)  
12/31/2017

Occupancy Status During Abatement (Check Only One)  

Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours

Other – Describe: OUTDOORS

Scope of Work (Check All That Apply)  

x 23 sf or x2 if  
\( \times 150 \) sf or x250 If

Renovation

Demolition

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

Location Normally Used Solely by Maintenance/Custodial Staff? (12)  
Yes No N/A

x OUTDOORS

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

Amount (Specify SF or LF)  
200

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler  
WASTE MANAGEMENT

NJDEP Waste Hauler ID No.  
1125

Cubic Yards of Waste  
APPX. 15

Name of Registered Landfill  
GROWS NORTH

City, State  
ELIZABETH, NJ

Disposal Date  
TBD

City, State  
MORRISVILLE, PA

Completed by  
CAROL RAIMO

Title  
OFFICE MGR.

Signature  

Date  
4/21/2017

"OPEN NOTIFICATION" RECEIVED  
APR 26 2017

ASB-41 (R-08-98)

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