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

"OPEN NOTIFICATION"

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Date of Notification (1) 4/21/2017			Name PSE	of Buildin	g Owner	r/Operato	r (2)		<u>E</u> 6	置			5,
Agencies Notified Type Notified X Initial	cation			Address HADLE	Y RO	AD			&PR	2-7	20	477	
	dment#		City, S	State, Zip (ITH PLA	Code INFIEL	D. NJ (7068	į		L 5	40	1 /	1
DOH		ıg	Name	of Contac	t		1	120	RESTO) 3 (1	71 1 1 T	101	. %
						71011						4 14	
Name of Facility Where Abatement is PSE&G - L-1364 CIRCUIT LO	Taking Place	(3)	2	CILITY INF	ORIVIA	IION	Type of Facili	ty (4)			** ***		
Street Address		1.	_		Λ.		School (i	ter 8 (Oth	er than K-	-12)			
MEMORIAL PO	DOL A	ナナ	£5.	SEX	41	AC.E	etc.)	e. private		cial bu			nes,
County (6)	N						Square Feet N/A	# 01 N/A	Floors		Bldg. N/A	Age	
BERGEN				Code (7) USE ONL	0		Current Use (F N/A	Prior if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Buil ENVIRONMENTAL TACTICS	ding Owner (8	3)	ASC 004	M No.		Name	of Abatement C	Contractor	(9)	`^			
Street Address 64 BROAD STREET						Street	Address VHITEHEAD		TIVILITIE	<i>-</i>			
City, State, Zip Code MATAWAN, NJ 07747						City, St	late, Zip Code						
Project Manager for Monitoring Firm TOM GEIGER			Telepho			Teleph		NJ 0888.	License	No.			
Start Date (10)	Schedu	led Co	mpletion	90-2217 Date (11)			32-8350 of OSHA Monito	or	01111				
5/10/2017 Occupancy Status During Abatement (0	12/31/					UNIQ	UE SYSTEM		MERIC	Α			
Facility Closed/Vacated During En	tire Period of	Absto	ment			Sireet A 396 V	Address VHITEHEAD	AVE.					
Abatement Performed Outside of I Other – Describe: OUTDOORS	Normal Facilit	y Hour	rs ————				ate, Zip Code TH RIVER, N	J 08882	2				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	×		-0										
≥160 sf or ≥260 lf	₩,	Renova Demoli				×	Full Containr Mini-Enclosu Glovebag Pro	re océdure					
	le	Locat	ion				Non-Exempte	ed (*) and	Non-Frial	ole Pro			
Location of Asbestos-Containing Material (ACM)	1	Norma ed Sole	lly		Des	scription o	of					men pe	
TO BE ABATED In Facility (13)	Ma	intena todial ((12)	nce/	Asbest (i.e.	thermal surfac	aining Ma systems i sing VAT, siscellane		(Sp	ecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							/al	H.	ılate	ure
OUTDOORS		X			PIPE	SCMAT	ΓIC	20	00	X			
N										-		-	
Name of Registered Waste Hauler WASTE MANAGEMENT			JDEP Wa		Cubic Y			Registere					
City, State			125		APPX	. 15		'S NOR	ГН				
ELIZABETH, NJ					Disposa TBD	ai Date	City, Stat	e ISVILLE	, PA				
Completed by CAROL RAIMO	Title OFFI0	CE M	IGR		Sig	gna ure	e 1	,	Da				
	01110	JE IVI	OIV.		1	Leko	el Xa	1000	2) 4/2	21/20	17		

CH8014

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

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Date of Notification (1) 4/21/2017			Name PSE	of Buildin &G	g Owner	r/Or erato	r (2)			API	1 2	4 8	2017	777
Agencies Notified Type Notif				Address HADLE	EY RO	AD		1	- Company	SPEST	00	201	TEV	1
DEP Amer	nded ndment #		City, S SOU	state, Zip (TH PLA	Code INFIEL	D, NJ (07068	3				ISIM		<u>H_ ()</u>
의 DOH 및 justifi	gency (including cation) ellation		100 mg 2012 (100 mg 200 mg	of Contac					Tel	ephone N	umbei	r		
			FAC	CILITY IN	FORMA	TION	_				-			
Name of Facility Where Abatement is PSE&G - L-1364 CIRCUIT LO	s Taking Place (3 OCATION #	3)	1				Туре	of Facility			5-17-51		-	
Street Address GRASS OF MEMOR	iAL Poo	1-	OPPA	TE e	0F 1	57 57.	×	School (K Subchapte Other (i.e. etc.)	er 8 (Othe	er than K- & commerc	12) cial bu	uilding	s, hon	nes,
FA; RLAWN			- 1100	,,,,				re Feet	# of	Floors	T	Bldg.	Age	
County (6) BERGEN				Code (7)	Y)		Curre N/A	ent Use (Pi			shed)	1477		
Name of Monitoring Firm Hired by Bu ENVIRONMENTAL TACTICS	ilding Owner (8)		ASC 004	M No.		Name	of Aba	tement Co	ontractor	(9) MEDIO	^	-		
Street Address 64 BROAD STREET			100.			Street	Addres			AWERIC	A			
City, State, Zip Code MATAWAN, NJ 07747						City, S	tate, Z	ip Code		-				
Project Manager for Monitoring Firm TOM GEIGER		T	Telepho			Teleph	one N		J 0888	License N	10.			
Start Date (10) 5/10/2017				90-2217 Date (11)		160501000000000000000000000000000000000	of OSF	A Monitor		01111				
Occupancy Status During Abatement	12/31/2							SYSTEM	IS OF A	MERIC	Ą			
Facility Closed/Vacated During F	ntire Period of A	haten	nent			Street 2		s EHEAD .	AVE.					
Abatement Performed Outside o Other – Describe: OUTDOORS		Hours	S					p Code IVER, N.	J 08882	2			55.550 	
Scope of Work (Check All That Apply)							2							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enova emolit				×	Min Glo	Containm i-Enclosur vebag Pro i-Exempte	e cedure				-0	
Location of	9.1	Locati ormal							a () and	NOTE TIAL		Abat	ement /pe	
Asbestos-Containing Material (ACI <u>TO BE ABATED</u> In Facility (13)	Mair	d Sole ntenar odial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfa	scription of aining Market systems cing, VAT niscelland	aterial insulal 「, or	(ACM) lion,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								val	=	llate	ure
OUTDOORS		X			PIPE	SOMA	TIC		2	00	Х			
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic '	Yards		Name of F	Registere	d I andfill				
WASTE MANAGEMENT			auler ID 25	No.	of Was			GROWS						
City, State ELIZABETH, NJ					Dispos TBD	al Date		City, State		. PA	- 1123			
Completed by CAROL RAIMO	Title OFFIC	EM	GR.		Si	gnature		Lac		Dat	e 21/20	17		
			2000 mg					1000	1000	2) 14/2	1/20	111		

Name of Contact JEFFREY GAZICK Name of Facility Where Abatement is Taking Place (3) PSE&G - L-1364 CIRCUIT LOCATION # Street Address 3/2 BERGEN AVE. City (5) Cauchy (6) Subchapter 8 (Other than K-12 other (i.e. private & commercial etc.) Square Feet # of Floors N/A Name of Contact JEFFREY GAZICK FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12 other (i.e. private & commercial etc.) Square Feet # of Floors N/A N/A	DS C DENC umber	OIN(
Street Address 4000 HADLEY ROAD DEP	DS C DENC umber	OIN(FRC	
DEP Amended Amended Amended Amended Amended Amendent # Emergency (including justification)	umber	iilding Bldg.		
Amendment # SOUTH PLAINFIELD, NJ 07068 I.C. SOUTH PLAINFIELD, NJ 07068 SOUTH PLAINFIELD, NJ 07068	umber	iilding Bldg.		
Name of Contact Telephone Nur	I2) sial bui	iilding Bldg.	s, ho	
Name of Facility Where Abatement is Taking Place (3) PSE&G - L-1364 CIRCUIT LOCATION # /5 Street Address 3/2 BERGEN AVE. City (5) County (6) Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial etc.) Square Feet # of Floors N/A N/A	cial bui	Bldg.	s, ho	
Street Address Street Address Street Address Street Address Street Address Other (i.e. private & commercial etc.) Square Feet # of Floors N/A N/A	cial bui	Bldg.	s, ho	
Subchapter 8 (Other than K-12 Subchapter 8 (Other than K-12 Other (i.e. private & commercial etc.) Square Feet # of Floors N/A N/A	cial bui	Bldg.	s, ho	
FAIR LAWN Square Feet # of Floors N/A N/A	1	- T-		
County Code (7)	hed)	N/A	Age	
BERGEN (STATE USE ONLY) N/A		291		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS ASCM No. Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	Α			
Street Address 64 BROAD STREET Street Address 396 WHITEHEAD AVE.				
City, State, Zip Code MATAWAN, NJ 07747 City, State, Zip Code SOUTH RIVER, NJ 08882				
Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. ToM GEIGER 732-290-2217 732-432-8350 01111	lo.			
Start Date (10) 5/10/2017 Scheduled Completion Date (11) 12/31/2017 Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	Δ			
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Street Address 396 WHITEHEAD AVE.				
Abatement Performed Outside of Normal Facility Hours Other – Describe: OUTDOORS C ty, State, Zip Code SOUTH RIVER, NJ 08882	-			
Scope of Work (Check All That Apply)				
X ≥3 sf or ≥3 lf X Renovation Full Containment with Negative Properties of the pro				
Is Location Non-Exempted (*) and Non-Friable	T		re temer	nt
Location of Normally Description of			уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
OUTDOORS X PIPE SOMATIC 200			ate	, co
OUTDOORS X PIPE SOMATIC 200	X	-		-
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Leadful				
WASTE MANAGEMENT NJDEP Waste Hauler ID No. 1125 NJDEP Waste Cubic Yards of Waste APPX. 15 Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ Disposal Eate TBD MORRISVILLE, PA				
Completed by Title Signature Date	e 21/20	17		

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Date of Notification (1) 4/21/2017			Name	of Building	Owner/	C perato	r (2)						
Agencies Notified Type Notification	n		100000000000000000000000000000000000000	Address				-)-	APR	2.7	20	17	in the same of
EPA Initial			4000	HADLE'	Y ROA	(E)		i					
DEP Amended Amendme				State, Zip Co ITH PLAII		D, NJ (7068		SPEST	OS C			- 8
DOH justification Cancellation	1)	ig		of Contact REY GA				1	lanhone N	and the second second	the majorest or		
Name of Equility Where Abote 11 Tu			FA	CILITY INF	ORMAT	ION		_			=		
Name of Facility Where Abatement is Tak PSE&G - L-1364 CIRCUIT LOCA	ing Place TION #	(3)				524	Type of Facili	ty (4)					
Street Address		- 1000				-	School (I	ter 8 (Oth	er than K	-12)			
City (5)		<u> </u>					Other (i.e etc.) Square Feet		& comme	rcial bu	uilding: Bldg.		nes,
County (6) BERGEN			County	/ Code (7)			N/A Current Use (F	N/A	4.7	1	N/A		
Name of Monitoring Firm Hired by Building	0	0)	(STATE	USE ONLY)		N/A			snea)			
ENVIRONMENTAL TACTICS	Owner (8)	004	M No. 5		Name UNIC	of Abatement C	ontractor MS OF	(9) AMERIC	CA			
Street Address 64 BROAD STREET							Address VHITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747						City, S	ate, Zip Code TH RIVER, N	NJ 0888	2				
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No.		Teleph	one No.		License 01111	No.			
Start Date (10) 5/10/2017	Schedu 12/31	lled Co	mpletion	Date (11)		Name o	of OSHA Monito						
Occupancy Status During Abatement (Che	L 19000000000000000000000000000000000000						UE SYSTEM	MS OF /	AMERIC	Α		-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abater	nent s				VHITEHEAD ate, Zip Code	AVE.					
Scope of Work (Check All That Apply)					_		TH RIVER, N	NJ 0888	2				
≥3 sf or ≥3 if	তা	200											
≥160 sf or ≥260 lf	-	Renova Demoli				×	Full Containr Mini-Enclosu Glovebag Pro	ire ocedure					
	1	s Locati	ion				Non-Exempte	ed (*) and	Non-Fria	ble Pro		e ement	
Location of		Normal ed Sole	ly		Des	cription o	of					ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Ma	aintena stodial S	nce/	Asbesto (i.e. t	os Conta hermal s	iiriing Ma systems	iterial (ACM)	(S	nount	Re	Z)	Enc	E
(13)	Van	(12)	T			ing, VAT iscellane		SF	or LF)	Removal	Repair	Encapsulate	Enclosure
OUTDOORS	Yes	No	N/A		PIPE S	AMC	TIC	2	00	X		ਰ	
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Name of Registered Waste Hauler		l NI	JDEP W	(a.a.t.	0 11 1								
WASTE MANAGEMENT		H	auler ID 25	No.	Cubic Y of Wast APPX.	е		Registere /S NOR	ed Landfill TH				
City, State ELIZABETH, NJ					Disposa TBD		City, Sta	te ISVILLE	: DA				-
Completed by CAROL RAIMO	Title	CE M	CP		Sig	nature	Λ	, ville	Da				_
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Date of Notification (1) 4/21/2017			Name	e of Buildin	ig Owner	r/Operator	(2)	K		15	Ü	<u> </u>	5#
Agencies Notified Type Notifie	cation			t Address					APF	2.	1 21	117	
EPA Initial DEP Amen	4			O HADLE		40		***		4-3	- (14-7	1
X DOL Amend	dment # ency (includia			State, Zip (JTH PLA		D, NJ 0	7068	A.	SBEST	OS C	ONT	201	0
DOH justific	ation)	ng		of Contac FREY G					ephone I	5 T 7	1111		
- Cance			100000000000000000000000000000000000000	CILITY IN		TICAL							
Name of Facility Where Abatement is PSE&G - L-1364 CIRCUIT LC	Taking Place	(3)	7	OILITE HA	ONIMA	IICIV	Type of Facility	(4)			-		
Street Address	CATION #	//					School (K	(-12)					
9-03 WEST	MORE	1AK	00	AVE			Other (i.e etc.)	. private		-12) rcial bu	ilding	s, hon	nes,
FAIR LAU	2 N						Square Feet N/A	# (N)	Floors A		Bldg. N/A	Age	
BERGE	N		County (STATE	y Code (7) E USE ONL	Y)		Current Use (P N/A	rior if be	eing demol	ished)			
Name of Monitoring Firm Hired by Buil ENVIRONMENTAL TACTICS	ding Owner (8)	ASC 004	CM No.		Name o	f Abatement Co	ontracto	r (9)	^^			
Street Address 64 BROAD STREET						Street A			7 UVILI (IV				
City, State, Zip Code MATAWAN, NJ 07747						City, Sta	ate, Zip Code						
Project Manager for Monitoring Firm TOM GEIGER				one No.	,	elepho		J 0888	License	No.			
Start Date (10)	Schedu	led Co		Date (11)			32-8350 FOSHA Monitor		01111				
5/10/2017	12/31	/2017		r Date (11)			JE SYSTEN		AMERIC	CA			
Occupancy Status During Abatement (Facility Closed/Vacated During En	tire Period of	Abatar	ment			Street A	ddress HITEHEAD	AVF					
Abatement Performed Outside of Other – Describe: OUTDOORS	Normal Facili	ty Hour	S			City, Sta	te, Zip Code H RIVER, N				-		
Scope of Work (Check All That Apply)						3001	II KIVEK, N	J 0886	5,2				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro	e cedure					
	15	s Locat	ion				Non-Exempte	u (*) ani	Non-Fria	ble Pro	188.17	e ement	-
Location of Asbestos-Containing Material (ACM		Normal ed Sole			Des	scription of						ре	
TO BE ABATED In Facility (13)	IVI	aintena todial ((12)	nce/	Asbes (i.e.	thermal surfac	aining Mat systems ir sing, VAT, niscellaned	or	(S	riount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
OUTDOORS	Yes	No	N/A		2122							ate	ਰ
COTBOOKS		X			PIPE	SOMAT	IC		200	X			
										+			-
Name of Registered Waste Hauler													
WASTE MANAGEMENT		H	JDEP W auler ID 125		of Was	te	Name of GROW		ed Landfill				
City, State ELIZABETH, NJ					Dispose		City, State	3					
Completed by CAROL RAIMO	Title	CE M	GR		Sig	gnature	MORRI	JVILLI J	Da				-
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Date of Notification (1) 4/21/2017	-			Name PSE	of Building	Owner/	Operato	r (2)	""			Ш	<u> </u>	SI
Agencies Notified	Type Notificatio	n			Address				111	APR	9	1 20)17	11
EPA DEP	X Initial			-) HADLE		D			197 99		- (1	HI	lem
× DOL	Amended Amendmer	nt#			State, Zip C TH PLAI) NI (7060	1 /	RREGEZ	10.0			
⊠ DOH DCA	Emergency justification	(includir	ng	Name	of Contact		J, 190 (SREST(1 2 6	15.2.2.24	HOL	
П вох	Cancellatio	n		1	REY GA									
Name of Facility Where	Abatement is Taki	ng Place	(3)		CILITY INF	ORMATI	ON	Type of Facil	ity (4)		_			
PSE&G - L-1364 (CIRCUIT LOCA	TION #	18	>				School						
Street Address	00.000				1			Subcha	pter 8 (Oth	er than K-	12)			
16-01 City (5)	MCBRIDE	AV	6.	AT	Poll.	77 1	DR.	etc.)	e. private	& commer	cial bu	ildings	s, hon	nes,
FAIR	LAU	2 4 3						Square Feet N/A	# c	f Floors		Bldg.	Age	
County (6)) !		County	Code (7)			Current Use (N/A		
	GEN			(STATE	USE ONLY)		N/A	, non n	nig demons	snea)			
Name of Monitoring Firm ENVIRONMENTAL	TACTICS	Owner (3)	004	M No. 5		Name UNIC	of Abatement (QUE SYSTE	Contractor	(9) AMERIC	A			
Street Address 64 BROAD STREE	ΞT							Address VHITEHEAI	D AVE					
City, State, Zip Code MATAWAN, NJ 07	747						City, S	tate, Zip Code TH RIVER,		2				
Project Manager for Mor	nitoring Firm			Telepho	one No.		-	one No.	143 0000	License 1	la.			
TOM GEIGER Start Date (10)		Cabad	10.10	732-2	90-2217		732-4	132-8350		01111	NO.			
5/10/2017		12/31	2017	mpletion	Date (11)			of OSHA Monit UE SYSTE		AMERIC	Α			
Occupancy Status Durin		70	52					Address						
Facility Closed/Vac Abatement Perform	ated During Entire	Period of	Abater	nent				VHITEHEAD	D AVE.					
X Other - Describe:	OUTDOORS	nai i aciii	y rioui			_		ate, Zip Code TH RIVER, I	N.I OBBB	2				
Scope of Work (Check A	II That Apply)								10 0000	2.				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Full Contain Mini-Enclosi Glovebag Pi Non-Exemp	ure rocédure					
		Is	Locati	ion				11011 Exchip	led / and	NOH-FIIAL	T Pro		emeni	
Location			Normal	2		Desc	cription o	of					ре	
Asbestos-Containing TO BE ABA		Ma	ed Sole aintena	nce/	Asbesto	os Conta	in ng Ma	aterial (ACM) insulation,	100	nount	_		Ш	_
In Facili (13)	ty	Cus	todial 8 (12)	Staff?	(1.0. (surfaci	nc, VAT	, or		pecify or LF)	Remova	Repair	псар	inclo
(10)		Yes	No	N//0		other mi	scellane	ous)			oval	air	Encapsulate	Enclosure
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Name of Registered Wast	to Haulas													
WASTE MANAGEME				JDEP Wa auler ID I		Cubic Ya of Waste		Marine Section		ed Landfill				
City, State			11	25		APPX.	15	GROV	VS NOR	TH				
ELIZABETH, NJ						Disposal TBD	Late	City, Sta	ite RISVILLE	E, PA				
Completed by CAROL RAIMO		Title				Sign	nature	1	,	Dat	e		-	-
CARUL RAIIVIU		OFFI	CE M	GR.		1	LER	el La	com	4/2	21/20	17		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8-50 and 12:120)

"OPEN NOTIFICATION"

_ 000			(Pursua	nt to NJAC 8	:60 and 12:1	20)	EN PR	1112		110	M.
Date of Notification (1) 4/21/2017			Name PSE	of Building C	wner/Operati	or (2)				<u> </u>	
Agencies Notified Type Notificat EPA Initial	ion			Address HADLEY	ROAD		III APR	2 4	20	17	
DEP Amender DOL Amender	ent#			State, Zip Cod ITH PLAINI		07068	RECOTA				
DOH justificati		ng	Name	of Contact REY GAZ			SPESTO TO TO TO THE PERSON OF	Viimbe	ING.	<u> 101</u>	<i>P.</i>
Name of Equility Mineral About			FAC	CILITY INFOR	RMATION		 -		2 <u>111</u>		
Name of Facility Where Abatement is Ta PSE&G - L-1364 CIRCUIT LOC Street Address	ATION #	(3)	7			Type of Facili School (1.000				
18-74 Ma	BR	Δ,	E 1	AVE.		Subchar	oter 8 (Other than K e. private & comme	(-12) ercial b	uilding	s, hor	nes,
FAIRLAU						Square Feet N/A	# of Floors N/A		Bldg.	Age	
BERGE	RI			Code (7) USE ONLY)		Current Use (I	Prior if being demo	lished)			
Name of Monitoring Firm Hired by Buildir ENVIRONMENTAL TACTICS	g Owner (3)	ASC 004	M No. 5	Name	of Abatement (QUE SYSTE	Contractor (9) MS OF AMERI	<u></u>			
Street Address 64 BROAD STREET			1	U.S. S.	Street	Address WHITEHEAD) 		
City, State, Zip Code MATAWAN, NJ 07747					City, S	State, Zip Code JTH RIVER, I					
Project Manager for Monitoring Firm TOM GEIGER			Telepho	one No. 90-2217	Telepi	hone No. 432-8350	License	No.			
Start Date (10) 5/10/2017	Schedu 12/31	led Co	mpletion	Date (11)	Name	of OSHA Monito					
Occupancy Status During Abatement (Ch	eck Only C	ne)			Street	Address	MS OF AMERIC	CA			_
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: OUTDOORS	e Period of rmal Facilit	Abater y Hour	ment 's		City, S	WHITEHEAD tate, Zip Code TH RIVER, N					
Scope of Work (Check All That Apply)						777777777, 1	VJ 00062				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demoli			×	Mini-Enclosu Glovebag Pr					
Location of		Locat Norma				- Hon Exemple	ed () and Non-File	IDIE Pri	Abat	re ement /pe	
Asbestos-Containing Material (ACM)	Use	ed Sole	ely by	Ashaetae	Description Containing M	of aterial (ACM)		-	T ,	pe	
TO BE ABATED In Facility (13)		todial (12)		(i.e. the	rmal systems surfacing, VA her miscellan	insulation, T. or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
OUTDOORS	Yes	No	N/A							ate	ге
OUTDOORS		Х		Р	IPE SCMA	TIC	200	X			
ame of Registered Waste Hauler		N	JDEP W	aste C	ubic Yards	I NI					
/ASTE MANAGEMENT		H	auler ID I 125	No. of	Waste PPX. 15		Registered Landfil				
ity, State LIZABETH, NJ					sposal Date BD	City, Sta	te ISVILLE, PA				
ompleted by AROL RAIMO	Title OFFI	CE M	GR.		Signature	al La	D:	ate 21/20)17		
						100	18001 "				

Ch 390	0		NO.			N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		D,EG	E			
Date of Notification (1)	19 /	17		1		ne of Buildi	ng Owner/Operator	(2)	API	R 2 Z	20	17	
Agencies Notified	Type Notif				3	et Address							-
⊠ EPA ⊠ DOLWD	☐ Amend	lad							ASBEST				_&
⊠ DOH	Amend	100000				, State, Zip			L	CEN	HYG		
☐ DCA	☐ Emerge	ency (ir		ng		All the second second	raim, NJ 08059						
(NJAC 5:23-8)	justifica	ation)			310.000000	ne of Conta			Telephone Nu	mber			
<u>/</u>	☐ Cancel	lation			J	oseph Are	ensberg		- 70 				
					F	ACILITY II	NFORMATION						
Name of Facility Where	Abatement is	s Taking	g Plac	e (3)				Type of Facility	(4)				
Street Address									8 (Other than K- private and comm		ouildir	igs,	
City (5)								Square Feet	# of Floors	1 5	Bldg. A	۸۵۵	
Mount Ephraim								1,800	3	,	80	nge	
County (6)					Co	unty Code (7)(STATE USE ONLY)		rior if being demo	lished)			_
Camden						,	,,,	Residentia		/ilonicu)			
Name of Monitoring Firm	Hired by Bu	ilding (wner	(8)	ASCI	И No.	Name of Abatem	ent Contractor (9	9)				
Mgmt. & Environme	ental Cons	ulting	Serv	ices				onmental, LLC					
Street Address							Street Address					-	
PO Box 341							623 Cutler Av	venue					
City, State, Zip Code							City, State, Zip Co	ode					
Chesterfield, NJ 08	515						Maple Shade	, NJ 08052					
Project Manager for Mon	itoring Firm			Tel	ephone	e No.	Telephone No.	-	License No.				
Bill Weisgarber				6	09-29	8-4070	856-755-0099		00842				
Start Date (10)	201 To 200					ate (11) 17	Name of OSHA N EMSL Analyt						
Occupancy Status During	Abatement	(Check	only	one)			Street Acidress						
☐ Facility Closed/Vacate							200 Route 13	0 North					
Abatement Performed Time of Abatement: _	Outside of N	Vormal	Facilit	y Hou	rs - De	scribe	City, State, Zip Co	ode				77	
	1.		u	PIV		_AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)			A-0.09000.0000	0.000		☐ Full Cont	ainment with Ne	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				enovat emoliti			☐ Mini-Enc ☐ Glovebag ☐ Non-Exe	Procedure	n-Friable Proced	ure			
				Loca Norma			929 = 18 II s			Al	atem	ent T	уре
Location Asbestos-Containing N		M)			ely by	Ashe	Description of stos Containing Mat		Amount	20	Re	m	Ш
TO BE ABA	TED			intena			., thermal systems i		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit (13)	У		Cus	(12)	Staff?		surfacing, VAT,	or	SF or LF)	val	,	Sula	sure
(10)			Yes	No	N/A		other miscellaned	ous)				ate	100
Attic				\boxtimes		Vermice	ulite		864 SF			П	
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Name of Registered Waste	- Hauler					1011-	01: 1/	100				Ш	Ш
Freehold Cartage	e i laulei			10	auler I 1593		Cubic Yards of Waste 10	Name of Regis	orth Landfill				
City, State Freehold, NJ							Disposal Date 05/08/2017	City, State Morrisville	, PA				
Completed By (Print or Ty	pe)	Title					Signature			ate			
Christina Lynch		Vic	e Pre	eside	nt of	Operation	101	0	1	1 10	1-	٦.	

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

			- Maria	T. J.	CENSING
	I. NOTIFIC	ATION INFOR MATI	ON		
Date of Notification: 4 /	19 / 2017				
	ancellation	Emergency (must in	clude justification)		
Type of Work: Demolition	Renovation				
	II. BUILD	ING INFORMATION	V		
Name of Building Owner/Operator:		Jacobs Landing	Phase 1 LIHTC, L	LC	
Street Address: 5 Powell Lane	City:	Collingswood	State: N	J Zip:	08108
Name of Contact: Joe DiSalvo			elephone No.	WILLIAM ************************************	
	III. FACIL	LITY INFORMATION			Physical C
Name of Facility Where Work Activity is			cobs Landing Pha	se 1	
Describe Facility Use:					
Street Address: 12-20 Bunns Lane			State: N	J Zip:	07095
County Name: Middlesex			tate Use Only):		
Scheduled Start Date: 4 / 2				/ 2	/ 2017
Occupancy Status During Activity (c			0 1 8 (1997 1996) 19 19 19 19 19		
☐ Facility Closed/Vacated During Entir	re Activity				
☐ Activity Performed Outside Normal F		ribe:			
Other—Describe:					
Scope of Work (check all that apply):		2			241
⊠ Floor Tile Squ	uare Footage:	480 SF			
			Percentage Asb	estos:	%
⊠ Mastic Squ	uare Footage:	40 SF	Percentage Asb Percentage Asb		
	uare Footage:	40 SF	Percentage Asb		
	IV. CONTRA	40 SF	Percentage Asb	estos:	<u>%</u>
	IV. CONTRA	40 SF ACTOR INFORMATI	Percentage Asb	estos:	<u>%</u>
Company Name: Shade Street Address: 623 Cutler Avenue	IV. CONTRA	40 SF ACTOR INFORMATI	Percentage Asb ON Telephone No.: _	estos:	% 0099
Company Name: Shade	IV. CONTRA	40 SF ACTOR INFORMATI LLC Maple Shade 00842	Percentage Asb ON Telephone No.: _	856-755 J Zip: _	% i-0099 08052
Company Name: Shade Street Address: 623 Cutler Avenue New Jersey Asbestos License Number	IV. CONTRA e Environmental, City: (if applicable): EHS Environme	40 SF ACTOR INFORMATI LLC Maple Shade 00842	Percentage Asb ON Telephone No.: State:N	856-755 J Zip: _	% i-0099 08052
Company Name: Shade Street Address: 623 Cutler Avenue New Jersey Asbestos License Number Monitoring Firm (if applicable): Completed By	IV. CONTRA e Environmental, City: (if applicable): EHS Environme	40 SF ACTOR INFORMATI LLC Maple Shade 00842 ntal, Inc.	Percentage Asb ON Telephone No.: State:N Telephone No.:	856-755 J Zip: 856-224	% i-0099 08052 i-0080

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

Date of Notification (1) 04/17/17 Name of Building Cwner/Operator (2 David Rue Agency Notified Type Notification Street Addresses: EPA Initial X DEP Amended City, State, Zip ASBESTOS CONTROL & X DOL Amended # Belleville NJ 07109 X DOH LICENSPIG Emergency (including DCA Justification) Name of Contact Telephone Number Cancellation Joe Palermo FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Addresses Subchapter 8 (Other than (K-12) x Other (i.e. private & commercial Buildings, City(5) Square Feet # of Floors Bldg. Age Belleville NJ 07109 County (6) Essex County Code (7) (STATE USE Current Use (Prior if being demolished) ONLY) ebended Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8)\- IRIS Environmental laboratories Pezo Inc Street Address Street Address: 2333 Route 22 West 4 Beaverbrook Rd., #150 City, State, Zip Code City, State, Zip Code Union NJ 07083 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 908-206-0073 973-628-7829 01141 Start Date (10) Scheduled Completion Data (11) Name of OSHA Monitor 04/17/17 04/17/17 IRIS Environmental Laboratories Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other -Describe Union NJ 07083 Scope of Work (Check all apply) Full Containment with Negative Pressure Mini-Enclosure > 3 sf or > 3 lfRenovation Glovebag Procedure xx > 160 sf or > 260 lfDemolition X Non-Exempted (*) and Non-Friable procedure Is Location Abatement Description of Location of Normally Туре Asbestos-Containing material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount Repair Removal Encapsulate Enclosure TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial IN Facility Surfacing, VAT, or SF or LF) Staff? Other miscellaneous) (13)(12)Yes No N/A The House X **Duct Insulation** 4 SF X Name of registered Waste Hauler NJDEP Waste Huler Cubic Yards of Name of Registered Landfield Pezo Inc. CS 6224 Waste Management of Pennsylvania Waste 6 City, State Disposal Date City, State Lincoln Park, NJ 07035 # 150 Morrisville Pennsylvania Completed by Title Signature, Data 04/17/17 Tom Pezic President

		N OF	of New Jersey ASBESTOS AB AC 8:60-7 and 12	ATEN 2:120-	IENT	retor (2)	E .		5	W		The state of the s
NOCK	(Fulldam)		ame of Building ERCK SHARP &			RP.		APR	2.4	201	7	
Date of Notification (1)			treet Address 26 E. LINCOLN				00, RY28-41	4 BEST	18 C	ONT	104	<u> </u> &
Agencies Notified X EPA DEP DEP Cancellation Type Notification Type Notification Amended Notification Cancellation	on fication #1	CR	ity, State, Zip C AHWAY, NEW	ode JERSI		35	elephone Nu	LIC	DENS	ING		
X DOL Cancellation On Hold EMERGENCY	NOTIFICATI	ON S	Name of Contact Sandra M. Scher	nk					-			
DCA EMERCENT	F	ACILIT	Y INFORMATION	ON	Tupo of	Facility (4)					
Name of Facility Where Abatement is Taking	g Place (3)				Sc	thool (K-1	2)	n K-12)				
MERCK SHARP & DOHME CORPORATION					X O	ther (ie. pr	# of Floors	nci. Diug	gs., ho Bld	mes, o	etc.)	
					1	re Feet 50	1			30		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80) U	_	County Code (7	7)	Curren	t Use (Price	or if being de	molishe	d)			1
City (5)		(8	STATE USE ON	LY)	VACAN	VT	mont Contra	ctor (9)				1
RAHWAY Fix Used by Building	g Owner (8)	1	ASCM 104	No.	Name PAR E	NVIRON	MENTAL CO	RPORA	TION			4
Name of Monitoring Firm Hired by Barrens ENVIRONMETAL HEALTH INVESTIGATION	IS, INC.		102	+	Stroet	Address						
Street Address					313 S	POOK RC	Code					7
655 WEST SHORE TRAIL					City, S	State, Zip	W YORK 109	01		No. of the		-
City, State, Zip Code SPARTA, NEW	JERSEY 0787	71	mhor		Telep	hone Num	nber	License	e Num	ber		
Project Manager for Monitoring Firm	Telepho 973-729	ne ivui	linei		845-3	69-7500	Manitor	1101				7
WII LIAM S. KERBEL, CIH	Sched. Com	pletior	n Date (11)		Name	e of OSHA	BORATORIE	SINC		#114	80	
Expected State Date (10)	4 /		18 /1 Day	7 Year								\dashv
4 / _ '' Vear	Month		Day		Stree	et Address	S TH STREET					
Month Day Team Occupancy Status During Abatement (Chec X Facility Closed/Vacated During I	Entire Period	of Abat	tement		117	EAST 301	1110111221					\dashv
Abatement Performed Outside C	of Normal Faci - FRIDAY 7	lity Ho AM- 3:	30 PM			, State, Zij NE	EW YORK, N	EW YO	RK 10	016		
X Other 200			F	ull Co	ntainme	nt with Ne	egative Press	ure				
Scope of Work (Check all that apply) Demolition X	Renovation		H	Mini Er	bag Pro	cedure						
>3SF OR LF	_			Non-Fr	riable Pr	ocedure			Ab	ateme	nt Typ	ре
>160 SF OR 260 LF	Is Location	on	Descrip	tion of	f Asbest	os- CM)	Amo	unt		RE	EN	EN
Location of Asbestos-containing	normally u	sed	Containi (ie T	nerma	system	15	(Spe		REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
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TO BE ABATED	Staff (1	2)	or othe	er miso	cellaneo	us)			-	\vdash	m	<u> </u>
in Facility (13)	Yes No	N/A	The Areas				120 SQ.	FT.	X	-		H
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BOILDING 6 161		\vdash								-	-	\vdash
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		1112	Cubic Yards o	f Wast	te I	Name of R	Registered La	ndfill DESOU	RCE N	лама	GEME	NT SE
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	NJDEP \ Hauler I	No.	5		1.	447 ALEX	ANDER DRI	VE/ROL	JTE 15	j		
825 HIGHWAY 33	159	39	Disposal Date			City State	MERY, PA			1		1_
City, State FREEHOLD, NEW JERSEY			4/17/17 - 4/30	/17 gnatur		MONTGO	NIERT, FA	C	ate	1/	18/	17
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR (OF OP	4 1		1	//X)		//		/	

/NO CK	N	OTIFICA (Pursua	TION	OF ASE	ew Jersey BESTOS AB 60-7 and 12	ATEM 2:120-7	ENT	(LK	3	07	136	V E
Date of Notification (1)				Name	of Building K SHARP &	Owne	er/Operator	(2)	1.1/-		5 6		
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4 / 6 17 Agencies Notified Type Notificati	00			-	Address	\/	IE DO DO	V. 0000 . D.V.		A	PR (1 2	1017
				126 E.	LINCOLN A	VENU	JE, P.O. BO	X 2000, RY28-4	14				
X EPA X Initial No DEP Amended	d Notifica				tate, Zip Co AY, NEW J		Y 07065	-	A.S	BES	TOS	CON	TROL &
X DOL Cancella	tion							1			LICE	NSIN	i .
X DOH On Hold		_			of Contact			Telephone No.	mh				
DCA EMERGE	ENCY N	OTIFICA	TION	Sandra	M. Schenk								
			FACIL	ITY INF	ORMATION								1
Name of Facility Where Abatement is Ta	king Pl	ace (3)				Ту	pe of Facili						1
MERCK SHARP & DOHME CORPORATION	NC						School (K	ter 8 (Other than	K-12)				
Street Address						X		private & comm	cl. bld				
126 EAST LINCOLN AVENUE - BUILDING	200 11					S	quare Feet	100000000000000000000000000000000000000		Blo	ig. Ag	е	
					0 1 (7)		150	1			30		
City (5) County (RAHWAY UNION	0)			and the contract of the contra	Code (7) JSE ONLY)	2120150	rrent Use (P CANT	rior if being dem	olished	d)			
Name of Monitoring Firm Hired by Build	ing Ow	ner (8)	(3	TATE	ASCM No.			ement Contract	(O)				
ENVIRONMETAL HEALTH INVESTIGATION					104	100000000		MENTAL COR		ION			
Street Address 655 WEST SHORE TRAIL						100000	eet Address	OCK ROAD					
City, State, Zip Code						_	, State, Zip						
SPARTA, NEV				•				W YORK 10901					
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		elephone		ber			ephone Nun		cense I	Numb	er		
Expected State Date (10)	_	73-729-5 . Comple		Data /11	1		i-369-7500 ne of OSHA	100	01				
4 / 17 /17	Joned	4 /	stion i	30	/17	100000000000000000000000000000000000000		Nivionitor BORATORIES IN	ic	4	11480	,	
Month Day Year	Mont	th	D	ay	Year	1	LINIOOI LAL	DOTATORIES II	VC	#	11400	,	
Occupancy Status During Abatement (Che	ck only o	one)					eet Address				e e		
X Facility Closed/Vacated During						117	EAST 30TH	H STREET					
Abatement Performed Outside of X Other - Describe: MONDAY					ribe:	City	, State, Zip	Code					
	111107		0.00	141		City		V YORK, NEW	YORK	10016	5		
Scope of Work (Check all that apply)	-						ent with Neg	ative Pressure					
Demolition X	Renova	ation		X	Mini End								
X >3SF OR LF >160 SF OR 260 LF				-	Gloveba	200							
Location of	lala	cation			Non-Fria			T	1				
Asbestos-containing		illy used			aining Mate			Amount			nent T		
Material (ACM)	1.0000000000000000000000000000000000000	ely by			. Thermal s			(Specify	REMOVAL	REPAIR	NO.	NO I	
TO BE ABATED	Maint/0	Custodial		insul	ation, surfac	ing, V	AT,	SF or LF)	ΙŌ	A A A	AP	5	
in Facility (13)	Stat	ff (12) o N/A		ord	ther miscell	aneou	s)		A.	1	ENCAPSULE	ENCLOSURE	
BUILDING U -1ST FLOOR	163 11	X	VAT					100.00 57	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+	J m	m	
DOILDING 0 -131 LOOK		- ^-	VAI					120 SQ. FT.	X	+-	+-	\vdash	
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Name of Registered Waste Hauler	NJDEP	Waste	Cubic	Yards o	of Waste	Nam	ne of Registe	ered Landfill	. Ans.			\vdash	
FREEHOLD CARTAGE, INC.	Hauler	*		5				UNTY RESOUR	CE M	ANAG	EME	T SE	
825 HIGHWAY 33	15	939						R DRIVE/ROUT					
City, State				sal Date			State						
FREEHOLD, NEW JERSEY			4/17/1	7 - 4/30		MOI	NTGOMERY	7 , PA 17752	, /	/	1		
Completed by (Print or Type) Title	.0105	25 0255	14710	ISig	nature (1		Da	te//	6	11-	7	

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) HECK # 24041 Date of Notification (1) Name of Building Owner/Operator (2) 2017 04-18-17 JCP&L/First Energy Corp. Agencies Notified Type Notification Street Address 300 Madison Avenue ASBESTOS CONTROL & **EPA** Initial City, State, Zip Code LICENSING DEP Amended × DOL Amendment # Morristown, NJ 07960 Emergency (including Name of Contact Telephone Number DOH justification) John T. Grecco DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Morristown General Office (MGO) Building School (K-12) Street Address Subchapter 8 (Other than K-12) 300 Madison Avenue × Other (i.e. private & commercial buildings, homes, etc.) City (5) # of Floors Square Feet Bldg. Age Morristown County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Morris Commercial Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) One Source Safety & Health Inc. Pinnacle Environmental Corp. Street Address Street Address 140 South Village Avenue, Suite 130 200 Broad Street City, State, Zip Code City, State, Zip Code Exton, PA 19341 Carlstadt, NJ 07072 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Hoverdon 908-309-1021 201-939-6565 00756 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05-01-17 07-01-17 Testor Technologies Occupancy Status During Abatement (Check Only One) Street Address 10-59 Jackson Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Long Island City, NY 11101 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normaily Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Ground Floor: Maintenance Garage Pipe Insulation 250LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste ATC, Inc. / JBT (50071) Minerva Enterprises 24310 TBD

Disposal Date

Signature

TBD

Project Manager

Completed by

Richard Doran

Shirley, New York

City, State

Waynesburg, OH 44688

Date

04-18-17

City, State

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 13:420)

Ch 14510		(Pursua	ant to NJAC 8:60	and 12:12	:MENT (0)	1100	1			
Date of Notification (1) APRIL 20, 2017		Name	e of Building Owne	er/Operato	r (2)	1 1 1		APF	1 2	4 20
Agencies Notified Type No	tification	DEI	NA of the Broth	ers Chr	istian Schools					
5 504			t Address -A ROUTE 35	SOUTH			ASB	ESI	US (TONT
Ø DEP □ Ame	ended	City,	State, Zip Code					<u> </u>	JEN	SING
□ Eme	endment #_ ergency (including		TONTOWN, NJ	07724						
justi	fication) cellation	Name BR.	of Contact JOSEPH JULI	ANO	74.75	Telephone	Numbr			
Name of English Manage About	-		CILITY INFORMA							
Name of Facility Where Abatement RESIDENCE	is Taking Place (3)				Type of Facility					
Street Address					☐ School (K-	12) er 8 (Other than	K-12)			
Cib. (E)					Other (i.e. etc.)	private & comm	nercial b	uilding	s, hor	nes,
City (5) LINCROFT					Square Feet 1600 SF	# of Floors		Bldg	Age	
County (6)		Count	y Code (7)		Current Use (Pr	2	aliah a d		YRS	3
MONMOUTH		(STATE	E USE ONLY)		RESIDENCI	E n being dem	iolisned)			
Name of Monitoring Firm Hired by B N/A	uilding Owner (8)	ASC	CM No.	Name	of Abatement Co	ntractor (9)	lams - '	0-	e oper	
Street Address					hing Touch As	SUESIUS ADAI	ement	Corp	o., In	C.
City State 7in Co. 1				17 T	hompson Stre	et				
City, State, Zip Code				City, St	tate, Zip Code Long Branch	N107764				
Project Manager for Monitoring Firm		Teleph	one No.		one No.	Licens	o No			
NIA				732.2	222.8372	0004				
Start Date (10) MAY 3, 2017	Scheduled MAY 4, 2	Completion 2017	Date (11)	Name o	of OSHA Monitor					
Occupancy Status During Abatemen	1 22			0.0000000000000000000000000000000000000	Address					
☐ Facility Closed/Vacated During	Entire Period of Aba	tement								
☐ Abatement Performed Outside of Other – Describe:	or Normal Facility H	ours		City, Sta	ate, Zip Code			200		_
Scope of Work (Check All That Apply)									
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		ovation		Q	Full Containme	ent with Negativ	e Pressi	ure		
~ ~ 100 51 01 <200	□ Dem	olition		ઇ	Mini-Enclosure Glovebag Prod		J . 10001			
					Non-Exempted	(*) and Non-Fr	iable Pro			
Location of	Norr	cation nally	Do.	scription o	of.				emen ype	t
Asbestos-Containing Material (AC TO BE ABATED	Mainte	olely by nance/	Asbestos Cont	taining Ma	iterial (ACM)	Amount		1	Е	
In Facility (13)	[I] (C.1544) (ASSA) (ASSA) (ASSA)	al Staff? 2)		cing, VAT	, or	(Specify SF or LF)	Removal	Repair	ncap	Enclosure
(1-5)	Yes N		other n	niscel ane	ous)		oval	yair	Encapsulate	sure
BASEMENT	100	X		TSI		444 \$ F	v	-	CD	
BASEMENT		X	AC CEM		DARD	70 SF	X	-		
						7001	_ X	-		
							-	-		
lame of Registered Waste Hauler		NJDEP W		1000000000000	Name of R	legistered Land	fill			
inishing Touch Asbestos Abat	ement Corp., I	Hauler ID 12058	No. of Was	ste	1	SS LANDFIL				
ity, State VEST LONG BRANCH, NJ			Dispos 5/5/1	al Date	I Dare City, State MORRISVILLE, PA					-
ompleted by OSEPH P. MILLER	Title PRESID	ENT	Si	gnature	1 pla	[Date 4/20/17			
			1 4	E1 474 82	O					

ciede# 12658

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

ECEIVE

GAC Project # 060-16

APR 2 4 2017

2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					Name o	f Building Owner/Op SEF(S, THE STA	TE UNI	VERSIT	OF NJ	CONTE	101.0	+
te of Notification (1)					RUT(dense		ASE	SESTOS	CUNT	IUL a	1
	Votification	Type			Street /	RONMENTAL H	FALTH	& SAFE	TY DEPI	15ING		+
	Initial N	lotifica	tion	the same of the sa	ENVI	RONMENTAL H	1 1 88 I IV	NGSTO	N CAMP	US		4
encies ivenies	Initial	1 1 No	ification	n #1 -	27 RC	A[1 1, BLDG 4	J00, LIV.					
EPA	X Amen	ded Not	lilication		0.1 . 0	oto Zin Linde						4
DCA	new start	and cor	mpletion	luates	PISC	ATAWAY, NJ U	8854	Tolenho	one Numbe	r		
DOA	and NOT	SUB 8	Comment of the second	-	Namo	of Contact		Leiening	J. 10			
DOL DEP- No Longer REQUIRED	■ Emer	gency ((includi	ng	MICH	IAEL SMITH, EI	NV.					
a DLi	inetif	ication))		HEA	TH & SAFETY					_	\dashv
DOH	Cance	alled.										\dashv
	LCance	illeu	F	ACILITY INF	ORMAT	ION						
	Diago /	2)			Type	T Fasility (4)						
ame of Facility Where Abatement is Takin	ng Place (7				nool (K-12)	K-12)					- 1
OHNSON APTS, BLDG# 3738	5				Sul	ochapter 8 (other than ther i.e. private & cor	-morcial bu	ildinas, hor	mes, etc.)			
Officeren					XO	her i.e. private & cor	nmercial bo	· 3 Blda	. Age: 60	+ years		
Street Address				3	Sa. F	eet: N/A #	of Floors	. J Didg				
BUSCH CAMPUS					THE DESIGNATION OF THE PERSON	MENOR DESTRUCTION	lich	ed). ACA	DEMIC			
		Cou	inty Code	<u>(7)</u>	Curre	ent Use (prior if bein	g demolisi	euj.				
City (5) County (6)	LESEX	-	ate Use O	nly)					a the particular			_
PISCATAWAY	LLULA					(0)			5-1			
		100	CM No		Nam	e of Contractor (9)						
Name of Monitoring Firm Hired by Bldg. (Owner (8)		CM No.			ENWOOD ABA	TEMENT	CONSL	JLTANTS	, INC.		_
Name of Monitoring Control		1 00	098		GR	ENWOOD ABA						
ATC					Stre	et Ac dress						
Street Address						MAIN STREET				1/2		_
3 TERRI LANE						MAIN STREET						
3 IERNI LAND					City	State, ZipCode						
21-t- Zin Code					BU	TLER, NJ 07403)	Lice	nse Number			
City, State, Zip Code NJ 08016					Tel	ephone Number		Lice				
	Telepho	one Numb	ber		-			008	340			_
Project Manager for Monitoring Firm	609-	386-88	00		97	3-492-0477		000				
BRIAN KEARNY				ato (11)	Na	me of OSHA Monitor						
LOSs + Data (10)	Sched	ıled Com	pletion Da	ale (11)	14							_
Scheduled Start Date (10)	04/27	/117			E	IVIROVISION, I	NC.			-		
04/24/17	NOT THE REAL PROPERTY.	Reserved.			St	eet Address						
Occupancy Status During Abatemen	it (Check o	only one))				W POAT					_
Occupancy Status During Abatement	ntire Perio	d of Abat	tement		21	-21 WARGARA	W KOAD					
☐ Facility Closed/Vacated During Li ☐ Abatement Performed Outside of	Normal F	acility Ho	ours -		C	ty, State, Zip Code						
Abatement Performed Outside of												
Describe				- Andrew		A SAZAL ALL						
XOther - Describe:	DS & W	EEKEN	DS AS I	(EEDED)	F	AIRLAWN, NJ						
☑Other – Describe: Schedule: 3PM – 5AM (24 HOU	100 00 111	and the party of	product of Popular	Series Control				1 1 1	ment with N	legative F	Pressur	е
							X Fi	ıll Contain	ment win i	.ogu		
Scope of Work (Check all that apply)							Min	i-Enclosur	e	-on & Cu	t	
1.00				X Renovati	ion		☐ Glo	ve bag Pro	cedure / W	iap α ou	o Droce	dur
$\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$				☐ Demoliti	on		□ Nor	n-Exempte	d (*) and iv	Oll-I Habi	0	
≥ 160 sf or ≥ 260 lf				194		S. Atalaira Motor	rial	Amount	Abate	ATTOTIC . JE		
52.5		Mormalli	v Used T	Description	of Asbe	stos Containing Mater	urfacing.	(Specify S	SF Remo	ve Repair	Encap	Enc
	Is Location Solely by	Maint /Cu	stodial	(ACM) (IR	mermai	Systemo		or LF)	130.110			
	Staff? (12)	name.	10000	VAT, or oth	er misce	11.)						_
Matorial	YES	NO	NA					<20 SF	X			1
	120			CLIDEVO	CING	MA'TERIAL		~20 01				
1000 0 000		X		SUKFAI	00		1925			-		T
Apt 892 & 893									1.6.000	andfill		
					62.75		ste: 5 C	Y	Name of Re	gisterea L	alland	fill
		DED 111	ste Hauler	· ID #		Cubic Yards of Wa	ste: 5 C		G.R.O.W.	S. North	Lano	1111
	1 511									T City S	tate	
Name of Reg. Waste Hauler		e Belov	N				Dis	sposal Date	2	100 N	ew Ford	Mi
Name of Reg. Waste Hauler Name of Reg. Waste Hauler Name of Reg. Waste Hauler	Se	C Delo.					100	and the same of	No	Dd M	orrisvil	0 0
	Se	nts Inc	- Butler,	NJ 07405						Ka. IVI	0	,,,
See Hauler Below #1 & 2	Se	nts, Inc	Butler,	NJ 07405			4	27/2017	al- mag	19067	•	
See Hauler Below #1 & 2 Hauler #1) Greenwood Abatemen	Se t Consulta	nts, Inc	Butler,	NJ 07405			4/	27/2017	e e une	19067		
See Hauler Below #1 & 2 Hauler #1) Greenwood Abatemen NJDEP # 12561 Mark #2) Newark Carting, Inc.,	Se t Consulta	nts, Inc	Butler,	NJ 07405			41	27/2017	200	19067	•	
See Hauler Below #1 & 2	Se t Consulta	nts, Inc	Butler,	NJ 07405		Signature	Same and	S. T. Sandar	Date	19067 215-7	36-1700	
See Hauler Below #1 & 2 Hauler #1) Greenwood Abatemen NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509	Se t Consulta Newark, N	nts, Inc				Signature	Same and	S. T. Sandar	Date	19067	36-1700	
See Hauler Below #1 & 2 Hauler #1) Greenwood Abatemen NJDEP # 12561 Hauler #2) Newark Carting, Inc.,	Se t Consulta Newark, N	nts, Inc	Butler,			Signature Raymond C	Same and	S. T. Sandar	Date	19067 215-7	36-1700	

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

GAC	Project	#	060 - 16
CARC	T rolece		000 10

WO CO											
Date of Notification (1)	estoTatOs/IN				Name of Building Owne	r/Operato	or (2)	A	PR 2	4 20	17
April 7, 2	017				RUTGERS, THE S				FNJ		
Agencies Notified		Notification IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		-4:	Street Address			ASPES	TOS	CONITI	001
□ EPA				ation tification #	ENVIRONMENTAL 27 ROAD 1, BLDG	L HEAL	TH& S	AFETY	DEPT	SAVG	TUL
I⊠ DCA				(including	City, State, Zip Code	4086,	LIVING	STUNE	AMP	15	
X DOL			cation)		PISCATAWAY, NJ	08854					
☑ DEP- No Longer REQUIRE	D	Cancel			Name of Contact	00004		lephone N	lumbar		
☑ DOH		-0411001	100		MICHAEL SMITH,	ENV.					
					HEALTH & SAFET						
Name of Facility Where Abatemer	at in Tale	Di (2)		FACILITY IN	FORMATION						
JOHNSON APTS, BLDG	# 3738	ng Place (3)			Type of Facility (4) School (K-12)						
001110011711 10, DEDO	11 0100	•		650	Subchapter 8 (other than	an K-12)					
Street Address					Other (i.e. private & co		huildings	homes et	c)		
BUSCH CAMPUS							ors: 3 BI			/ears	
City (5) Co	unty (6)		Count	y Code (7)							
PISCATAWAY	MIDDL	ESEX	(State	Use Only)	Current Use (prior if bein	ng demoli	shed): A	CADEMI	С		
Name of Monitoring Firm Hired by	Bldg. Ov	wner (8)	ASCM		Name of Contractor (9)						
ATC			009	8	000000000000000000000000000000000000000						
Street Address					GREENWOOD ABA	TEMEN	IT CONS	BULTAN	ITS, IN	C.	
3 TERRI LANE					Street Address						
					268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						_
	016				BUTLER, NJ 07405						
Project Manager for Monitoring Fir BRIAN KEARNY	<u>m</u>	Telephone N			Telephone Number		Lice	nse Numi	ber		
DRIAN REARNT		609-386-	0008		973-492-0477		000	340			
Scheduled Start Date (10)	generality /	Scheduled C	ompletic	on Date (11)	Name of OSHA Monitor		1000	7-70			
04/17/17		04/20/17	No.		<u>'1</u>	_					
Occupancy Status During Abate	mont (C	hook only or	201		ENVIROVISION, INC	C.					
Facility Closed/Vacated During				nt	Street Address						
□Abatement Performed Outside					20-21 WARGARAW	ROAD					
Describe		10.50			City, State, Zip Code						
☑Other – Describe: SubChapte	r 8 Occi	uppied:									
Schedule: 3PM - 5AM (24 H)	JURS 8	& WEEKE	NDS A	S NEEDED)	FAIRLAWN, NJ						
Scope of Work (Check all that appl	y)										
	_					X Full	Containm	ent with N	legative	Pressu	ге
$\boxtimes \geq 3 \text{ sf or } \geq 3 \text{ lf}$				Z Renovation	2	Mini-E			7		
$\square \ge 160 \text{ sf or } \ge 260 \text{ l}$	f			Demolition			bag Proce				
Location of Asbestos-Containing	le Loos	ation Normall	Llood	Description of Ash			xempted (dure
Material (ACM) in Facility (13)		by Maint./Cu			estos Containing Material al systems insulation, surfaci		mount specify SF	Abater	ment Tyr	<u>oe</u>	
	Staff? (A.I.A.	VAT, or other miss			LF)	Remov	e Repair	Encap	Enclose
	NO	NA									
Apt 892 & 893	[X]		SURFACING	MATERIAL	<2	20 SF	X				
Name of Reg. Waste Hauler	NJDEP Wast	e Hauler	ID#	Cubic Yards of Waste:	5 CY		e of Regis				
See Hauler Below #1 & 2		See Below					G.R	.O.W.S.	North	Landfi	11
Hauler #1) Greenwood Abatement	Consult	tants, Inc	Butler, N	NJ 07405		Disposa	l Date		City, Sta		4.11
NJDEP # 12561 Hauler #2) Newark Carting, Inc., ?	Vewark	NJ 04509				410010	els arrels		100 Nev Rd. Mor		
NJ DEP # 4509			4/20/2	U17		19067		oscill.			
0 11 11 (5:: =									215-736	-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title	e NIOR PR	0 150	·T	Signature		Date		W 00.1		1
TOTALINO		ANAGER	UJEU	, 1	Razimond C. Ped	dalino		April	7,201		4
	1			1			- Address				

State of New Jersey Notification of Asbestos Abatement (Pursuant to <u>N.J.A.C.</u> 8:60-7 and 12:120-7)

ADD 0.4 0047

Date of Notification (1)					Name of Building		2)		-011	1
04/19/17		Matification	Tues		RBG Hightstown L	LC			ge dure ure nt Type epair Encap	1
Agencies Notified		Notification ☐ Initial not			Street Address 3930 Flagler Driv	a #202	ASB)L&
⊠ EPA					City. State, .Zip Co			IN ENG		
□ DCA			ncy notifi	cation	West Palni Beach					
⊠ DOL		☐ Cancelle			Name of Contact;		Telephon	e Number		
⊠ DEP					Ryan Cowell					
⊠DOH				SAOU IT (INI	ODMATION					
Name of Facility Miles of A	otomont in '	Takina Diana	(2)	FACILITY INF					327/2	
Name of Facility Where Ab Hightstown Mill Redevelo		raking Place	(3)		Type of Facility (4) ☐ School (K-12)					
riightotowir illili redeven	pinone				☐ Subchapter 8 (other than K-12)				
Street Address					☑ Other (i.e. priva		ouildings, hor	mes, etc.		
10 Bank Street					Square Feet	# floors		Bldg. A	ge	
					60,000 SF	3		100		
	County (6)			/ Code (7)	Current Use (prio	r if being demolish	ed):			
Hightstown, NJ	Mercer		(State	Use Only)	Former Fabrics M					
Name of Monitoring Firm H	lired by Bldo	g. Owner (8)	ASCM	No.	Name of Contracto					
N/A					BL Contracting ,Ir	10				
Street Address					Street Adcress					
Street Address					5 Marguerite Lane					
					o margaorito zant					
City, State, Zip Cod					City State, Zip Cod	<u>e</u>				
					Towaco 07082					
Project Manager for Monit	oring Firm	Telephone I	Number		Telephone Number		License N	lumber		E-200 and Colonia No.
					973-901-0153		01265			
0 1 1 1 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0-1-1-1-1	2 1 - 12	D-1- (44)	N	-11				
Scheduled Start Date (10) 04/21/17		04/27/17	Completi	on Date (11)	Name of CISHA Mo					
04/21/17		04/2////			BL Contracting in	c.				
Occupancy Status During A	Abatement (Check only or	ne)		Street Address					
□ Facility Closed/Vacate	d During En	tire Period of	Abateme	ent	5 Marguerite Lane					
☐Abatement Performed Or	utside of No	rmal Facility F	lours -							
Describe					City, State Zip Coo	ie				
⊠Other - Describe: 8am-4	nm Monda	av- Saturday			Towaco, NJ 07082	,				
EGuiei – Describe: Gain-	pin monac	ay- Gaturday			10waco, 115 07062					
Source of Work (Check all	that apply)					C Non Committee	and Non Es	abla Dassa	4	
□ ≥ 3 sf or ≥ 3	£			⊠Renovation		☐ Non Exempted ☐ Mini-Enclosure	and Non Fil	able Proce	dure	
				☐ Demolition		☐ Glove bag Pro	cedure			
								tive Press	ure	
Location of Ashastas	lele	cation Norma	Iller	Description of As	bestos Containing	Amount (Spec	ify SE or	Ahateme	nt Tyne	
Location of Asbestos- Containing Material (ACM)		d Solely by	шу		e. thermal systems	LF)	any or or	Abateme	it Type	
Facility (13)	Mair	t/Custodial S	taff?		ing, VAT, or other				epair Enca	ap
	(12)			misc.)	0.00			Enclose		
	YES	S NO	NA			40.15		[D]		
Building 3 2 nd Floor			X	TSI		40 LF		X		
							-	-	-	
									-	
				L					1511	
Name of Reg. Waste Hauler		NJDEP Waste	Hauler II	terrenten .	Cubic Yards of Waste		Name of Reg	gistered Lar	afill	
Waste Management of Penns	sylvania	0036784			3		T.R.R.F			
						Disposal Date	2	City, Stat		
								Tullytown	, PA	
						04/28/17				
Completed by (Print or Type	2)	Title			Signature		Date			
Nedo Vasilic	<u>~1</u>	President				, 1,				
11040 1401110		. 100/401/6			1 Na	La V4517	04/19/201	7		

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Fax: 609-826-4975 Telephone: 609-826-4950 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 ASBESTOS CONTROL & / 2017 19 ☐ Emergency (must include justification) Date of Notification: ☐ Cancellation ☐ Amended □ Renovation II. BUILDING INFORMATION Carol Schaefer Name of Building Owner/Operator: 07204 State: NJ Zip: City: Roselle Park Street Address: Telephone No.: Name of Contact: Carol Schaefer III. FACILITY INFORMATION Residence Name of Facility Where Work Activity is to Take Place: _ Residence 07204 Describe Facility Use: Zip: State: City: Roselle Park Street Address: County Code (State Use Only): 2017 County Name: Union Scheduled Completion Date: 2017 1 28 Scheduled Start Date: Occupancy Status During Activity (check only one): Activity Performed Outside Normal Facility Hours—Describe: _____ Other—Describe: Scope of Work (check all that apply): Percentage Asbestos: _ 250 SF Square Footage: Percentage Asbestos: Square Footage: ☐ Mastic IV. CONTRACTOR INFORMATION 856-755-0099 Telephone No.: Shade Environmental, LLC 08052 Zip: Company Name: City: Maple Shade Street Address: 623 Cutler Avenue 00842 New Jersey Asbestos License Number (if applicable): ___ 609-298-4070 Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.:

V. SIGNATURE

Christina Lynch

Title:

Date:

Vice President of Operations

April 19, 2017

Completed By

Signature:

(type or print legibly):

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) A					ling Owner / C				SUN #	110	10	- 1
	e Notification			ntiCare Ret Addres		ical Cen	nter - Mainland Di	ivision API	27	20	17	-:[]
□EPA □DEP	o Notification				nie Leeds Ro	ad		ASSEST	OS OG	ONT	ROI	L&
⊠DOL [Initial		City,	State & Z	Zip Code	- 8-2-0						
□ DOH □	Amended		Pom	ona, NJ	08240							
DCA F	Amendment #	4_	Nam	e of Cont	act						ran la	
			11000	0 01 00110	401						ımbe	ar.
			FA	ACILITY	/ INFORM	NOITA		<u></u>				
Name of Facility Where At AtlantiCare Regional Med	patement is Taking	Place (3)	ision		Тур	e of Fac						
Street Address	mul	maria Divi	131011		—— H		apter 8 (Other than	V 12)				
65 West Jimmie Leeds R	oad				岗				an ha		-4-1	
					-	are Feet		ommercial building			HC.)	
City (5)					- Joqu	are r eer	# 01 F10	lois Bi	dg. Age	e I2 Ye	are	
Pomona, NJ						ent Jse	(Prior if being den	nolished)		12 10	210	
County (6) Atlantic		ounty Cod										
Name of Monitoring Firm H	lired by Building Ov	vner (8)		ASCN	No. Nam	ne of Aba	atement Contracto	r (9)				
Hillmann Consulting, Inc. Street Address					Syn	atech, Ir	nc.					
1600 Route 22 East, Ste 1	07					et Addre Radio R						
City, State & Zip Code							Zip Code	4				
Union, NJ 07083					Little	e Egg H	larbor, NJ 08087					
Project Manager for Monito Stephen Cherepany	ring Firm		elephone			phone N		License Nur				
Scheduled Start Date (10)	Schedule	d Complet	08-688-78			296-691	HA Monitor		0081	7	_	
February 13, 2017		Jur	ne 1, 201			atech, Ir						
Occupancy Status During A	Abatement (Check	only one)				et Addre						
Facility Closed/Va				ent	829	Rad o R	Road					
Abatement Perform	ned Outside of Nor	mal Hour	S				Zip Code					1
Other – Describe:	During Abotomore				Little	Egg H	arbor, NJ 08087					
Facility Occupied I Scope of Work (Check all the												
scope of work (Check all the	тат арріу)						7					
\ge 3 sf or \ge 50 lf			Renovati	ion			Full Containment	with Negative Pres	sure			
≥160 sf or ≥260 lf		H	Demolitio				Mini-Enclosure					
			Domondo	J11		\vdash	Glovebag Proced					
Location	of	Is Locati	on Norm	ally Used		Descript) and Non-Friable P		re atem	ont T	Type
Asbestos-Containing N		Solely b	y Mainter	nance or	■ 5000 €		Containing	Amount (Specify		atem	SHL I	yhe
TO BE ABA IN Facilit		Custo	dial Staff	? (12)		Material		SF or LF)				
(13)	у						ll systems facing, VAT				ū	_
7.4.000							cellaneous)		Remova	Re	Encapsulate	Enclosure
									Non	Repair	nsq	losu
		Yes	No	N/A					<u>a</u>	_	late	ıre
First Floor				Х		Floor	Tile	1,600 SF	X		\vdash	$\vdash\vdash$
Endo Suite				Х		Floor	Tile	4,000 SF	X			
Operating Room Hallway				Х		Floor	Tile	3,100 SF	X			
Sterile Core				Х		Floor	Tile	1,400 SF	X			
Name of Registered Waste	Hauler	NJDEP V Hauler ID		Cubic '	Yards of Was	e	Name of Registe	ered Landfill				
Synatech, Inc.		27	429	30			Fairless Hills					
City, State				Dispos	al Date		City, State					
ittle Egg Harbor, NJ 0808	37			June 2	. 2017		Morrisville, PA					1
Completed By	Title			Signatu	ire -	11	In	ate				-
Nione Aleie					Ane 6	Mn.	_	April 20, 2017				İ
iane Aloia	Executiv	e Adminis	strator	1 (4	une o	Nº 00	F	ebruary 1, 2017				- 1

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

1/0 06			NO					STOS Al	BATEMENT 12:120)		HE G	E		Ų.	E.
110 (Y)					T.	5 D 11 II	_	10 :	(0)		Chec	k # 1	1620)	
Date of Notification (1		h 30, 2017 1, 2017						/ Operato	r (2) enter – Mainland D	ivision	APR	2	20	117	
Agencies Notified	-	otification			_	Address	3					-		111	1
□EPA □DEP					65 We	st Jimmi	ie Leeds	Road		A Charles and the state of the	ASBEST(DS O			1 &
DOL		Initial			City, S	tate & Zi	p Code			-	-	Table is not	+	-	
⊠рон		Amended			Pomo	na, NJ 0	8240								
DCA		Amendmen	10000		Name	of Contac	ct		-1-		Te	lephor	ne Nu	mbe	r
					FA	CILITY	INFOR	MATIO	N		T.				
Name of Facility Wher AtlantiCare Regional	re Abate Medica	ment is Taki I Center – N	ng Place (: //ain/and D	3) Divisi	ion			Type of Fa	cility (4) ol (K-12)						
Street Address									hapter 8 (Other that						
65 West Jimmie Leed	ds Road	I							r (i.e., private & c	omme				tc.)	
City (E)								Square Fe	et # of Flo	oors	Bld	g. Age		0.20	
City (5) Pomona, NJ								Current Us	se (Prior if being de	molishe	d)	4	2 Yea	rs	
County (6) Atlantic			County C		(7)			тоорнал							
Name of Monitoring Fi Hillmann Consulting		d by Building		_		ASCM		Name of A	batement Contract	or (9)					
Street Address								Street Add							
1600 Route 22 East,								829 Radio							
City, State & Zip Code Union, NJ 07083									& Zip Code Harbor, NJ 08087	,					
Project Manager for M Stephen Cherepany	lonitoring	g Firm			ephone N -688-780			Telephone 609-296-6	Number		License Num	ber 0081	7		
Scheduled Start Date		Sched	uled Comp				12		SHA Monitor						
February 13, Occupancy Status Dur	ring Aba		ck only on	e)	15, 2017			Street Add			Te - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Facility Close					batemer	nt		329 Radio	COLD TO SERVICE STATE OF THE S						
Abatement Pe		d Outside of	Normal Ho	ours					& Zip Code						
Other – Description		ina Abatoma	nt				ľ	Little Egg	Harbor, NJ 08087						
Scope of Work (Check			:111												
≥3 sf or ≥ 50 lf	Can that	арріу)		F	Renovatio	on		I	Full Containmen	nt with N	legative Press	ure			
≥160 sf or ≥260) If		[Demolitio	n		į	Glovebag Proce	edure					
-									Non-Exempted	(*) and l	Non-Friable Pr	ocedu	re		
Loca Asbestos-Contain	ation of	orial (ACMA)				Illy Used			iption of -Containing			Ab	ateme	ent T	ype
	ABATE				lial Staff				al (ACM)		ount (Specify SF or LF)				
	acility								nal systems					ш	
(13)		1						urfacing, VAT scellaneous)			Re	Z	Encapsulate	Enclosure
								or outer 111				Removal	Repair	psu	losi
			Yes	s	No	N/A						'al	=	late	ıre
First Floor		1		Х		Floo	or Tile		1,600 SF	X					
Endo Suite						X		100000	or Tile		4,000 SF	X			
Operating Room Hall	way			+		Х		Floo	or Tile		3,100 SF	X			
Name of Registered W	/aste Ha	uler	NJDE	EP W	/aste	Cubic	Yards of \	Waste	Name of Regis	tered L	andfill				
NEC 36 1000 FG			Haule	er ID	No.										
Synatech, Inc. City, State				274	29	30 Disnos	al Date		Fairless Hills City, State	- CA (7) 1					
ony, otale						Dishos	טו שמנט								
Little Egg Harbor, NJ	08087	1-11				May 16			Morrisville, PA						
Completed By		Title				Signatu	ıre	alo		Date	March 30, 201	7			
Diane Aloia		Exec	utive Adn	ninis	trator	1 10	ane	alo	_		ry 1, 2017				

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

2017-52 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 8348 Date of Notification (1) Name of Building Owner/Operator (2) 10 14 1/12 11 1/11 17 1 Roland & Andrea Mueller Agencies Notified Type Notification Street Address ☐ EPA 2 4 2017 X Initial □ DEP City, State, Zip Code Amendment X DOL Pompton Lakes, NJ 07444 ASPESTOS CONTROL X DOH Telephone Number CENDING Name of Contact Cancellation ☐ DCA Roland & Andrea Mueller **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Roland & Andrea Mueller Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Pompton Lakes, NJ 07444 Passaic residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 135 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 05/03/2017 05/04/2017 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Glovebag procedure | Renovation Non-friable procedure X Mini-enclosure ≥160 sf or ≥260 lf E Is location normally used solely E Location of by maintenance/custodial e n Amount asbestos-containing Description of asbestos-containing m n staff(12) p C (Specify SF or material to be material (ACM) 0 a LF) abated in facility (13) Yes No N/A p X transite pipe 13 If pool house Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# B & G Restoration, Inc. Tullytown Resource & Recovery Center 19563 Disposal Date City, State City, State Tullytown, PA 05/04/2017 Lincoln Park, NJ

Signature

Gordana Luna

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Date

04/21/2017

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

Check # 25476

Date of Notification (1)			I Nam	ne of Buildi	na O	wner/Operato	or (2)		JE	C	5		/
	4/21/17				io oi ballai	ng O	WhenOperato	Bar-Coh	en 📙	7				
Agencies Notified	Type Notif	ication		Stre	et Address	3					100	0.6	00	147
□ EPA □ DEP	Initial	22								ba-	APR	2 4	21	111
☑ DOL	Amend Amend			City,	State, Zip	Code			T	+ manufig.				
⊠ DOH		ency (includi	ng				P	rinceton, NJ		-				
DCA DCA	justification			Nam	e of Conta		г .		Telep	hone Mur	-h-21	FIVS	ING	1
						Eric	Franzoni						_	
None of Facility 188				FA	CILITY IN	FOR	MATION		¥				_	
Name of Facility Where	e Abatement is	Resident						Type of Facili						
Street Address		Resident	läl					School (K-	12)	rthon V	12\			
Oli oci / Idal oss								Other (i.e.,	private &	commer	rz) cial bui	ldings		
City (5)								homes, et	c.)				Tri	
(-)	Prin	ceton, NJ	085	40				Square Feet 2400	# OT	Floors		Bldg. A		
County (6)	11111	ccton, 143	003		inty Code (7) (STATE	Current Use (Prior if ho	Z ina domo	liahad\		+/-	_
	Mercer				E ONLY)	() (STATE	Current Ose (rior ii be	ing demo	iisnea)			
Name of Monitoring Fin		ilding Owner	-	ASCN	1 No.	Na	ame of Abaten	nent Contractor	(9)		_	-		=
(8)	MECS							ens Enviror		Service	es I	nc		
Street Address						St	reet Address			DUITIO	, ,			-
	PO Bo	x 341						PO	Box 32	.2				
City, State, Zip Code			100			Cit	ty, State, Zip C	ode						_
	rosswicks,	NJ 0851	5			_		Allentov	vn, NJ	08501				
Project Manager for Mo				ephone		Te	lephone No.		Lice	nse Ne .				=
	eisgarber		_		98-4070	_	(609) 25			11	0049	3		_
Start Date (10)		Scheduled (ate (11)	Na	me of OSHA I							
5/1/17 Occupancy Status Duri	in n. Alb - 4 4	(0) 1 1	5/5/	17		_		N	1ECS					
Facility Closed/Vaca						Str	eet Address	DO.	Day 24	1				
Abatement Performe	ed Outside of N	lire Period o Jormal Facil	ity Hou	ment		Cit	Ctata 7in O		Box 34	1				_
Other - Describe:		10111101110011	,			CIL	y, State, Zip C		leo NII	00515				
Scope of Work (Check	all that apply)					_		Crosswic	KS, INJ	08313				=
								tainment with N	egative Pi	ressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio				Miri-End	closure ag Procedure						
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			Location Lormality								A	bater		
Location		Used	d Solei	y by		9	Description of					Тур	e 	
Asbestos-Containing TO BE ABA			ntenar		Asbest	os C	ontaining Mat	erial (ACM)		ount			m	-
IN Facilit			Staff?	41	(i.e.,		mal systems in rfacing, VAT,		SF o	ecify r LF)	Removal	₽ Re	Encapsulate	incl
(13)			(12)			othe	er miscel aneo	us)		· ·	SVOL	Repair	Sul	Enclosure
		Yes	No	N/A							100		ate	Те
Basem	ent		×		The	erm	al Pipe Ins	ulation	12	lf	×	\vdash	-	
1st flo			X				al Pipe Ins			lf	X	-	-+	_
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		_									-	-	-	
Name of Registered Wa	aste Hauler		IN	JDEP \	Vaste T	Cut	oic Yards	Name of Reg	istered La	ndfill				
Stevens Environ		vices Inc	1 6	lauler ID	No.		Vaste	Trains of fieg			JE:11			
City, State	LIOIIUI DOI	, 1003, 1110	<u>- -</u>	182	292	Die	2 cu posal Dale	City, State	rairie	ss Lan	ann		-	_
	Allentow	n. N.I					5/5/17	/ State	Mom	iov:11	DΛ			
Completed By		Title				_	Signature	LA/	/ IVIOIT	isville, Date	ra.			=
Mahlon E. Ste	evens		oject	Man	ager		7111	1/		Date	4/21	/17		
7972 NV 197					-	-	7 7 7					- 1		_

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

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Date of Notification (1)	/17/17			Nam	e of Buildi	ng Ow	ner/Operat	tor	1000000	11	Wr.			- U	
Agencies Notified	Type Notific	cation		Stro	et Address				Winters			A 124	- 2	1	1017
⊠ EPA	Initial	oation		Sile	et Address	•				1	3 L.	MI I	1 6	- L	.017
DEP	Amende			City,	State, Zip	Code					5.0	DECT	.00	201	-
	Amendn Emerger	nent #_ ncy (includir	ig				Eas	t E	Brunswick, 1	NJ 088	16	REST	CEV		
DOH DCA	justifica Cancella			Nam	e of Conta	Name and the				Telep	hone No	umber			
						Bill	Winters			_					
N				FA	CILITY IN	FORM	IATION								
Name of Facility Where		Taking Plac Resident							Type of Facility	E - 1000FCC					
Street Address		Resident	iai					4	☐ School (K-1		r than K	(-12)			
									Other (i.e.,	private &			ilding	s,	
City (5)								+	homes, etc Square Feet		Floors		Bldg.	Age	
	New Bri	unswick,	NJ (8901					1800		2)+/-	
County (6)				Cou	inty Code ((7) (S	TATE	+	Current Use (F	rior if be	ing dem	olished			_
	ddlesex			USE	EÓNLY)										
Name of Monitoring Firm (8)		lding Owner		ASCN	No.	Nar			ent Contractor (3.6	Chickey			33112	
	MECS					_			ens Environ	menta	Serv	ices, l	nc.		
Street Address	DO D	. 241				Stre	eet Address	s	DO.		_				
City, State, Zip Code	PO Box	341						_		Box 32	.2				_
- 10mm 1 시 개 : C - C - C - C - C - C - C - C - C - C	rosswicks,	NI 0851	5			City	, State, Zip	Co	ode Allentow	n NI	08501				
Project Manager for Mor		110 0001		ephone	No	Tele	phone No.		Allelitow		nse Ne.				_
	eisgarber				98-4070	1000	(609) 2	259	9-9688	1	1130 140.	0049)3		
Start Date (10)		Scheduled (_			Nan	ne of OSHA	_				0013		_	=
5/1/17			5/5/	17					M	IECS					
Occupancy Status Durin						Stre	et Address	S							
Facility Closed/Vacat	ed During Ent	ire Period of	Abate	ement						30x 34	1				
☐ Abatement Performed ☐ Other - Describe:	d Outside of N	Iormal Facili	ty Hou	Irs		City	, State, Zip	Со				<u> </u>			
	all that anni A								Crosswick	ks, NJ	0851:	5			_
Scope of Work (Check a	iii that apply)						☐ Full Co	ont	ainment with Ne	egative P	ressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic				☐ Mini-E	ncl	osure						
			HIOHUG	ווכ			Non-E	yer	g Procedure mpted (*) and No	on-Friabl	e Proce	dure			
			Location										Abate		
Location	of	100000	Sole!			D	escription (of					Ту	pe	
Asbestos-Containing N TO BE ABAT			ntenar ustodia				ntaining Ma				ount			m	-
IN Facility			Staff?		(i.e.,		nal systems facing, VAT				ecify r LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			othe	r misce lane	eou	ıs)			lova	pair	sula	osur
		Yes	No	N/A								-		ate	.е
Baseme	ent		×		Th	erma	al Pipe Ir	nsı	ulation	19	0 lf	×			
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Name of Registered Was	ste Hauler		1000	JDEP V			ic Yards		Name of Regi	stered La	andfill		_		-
Stevens Environn	nental Serv	vices, Inc	. +	lauler ID	2 No.		/aste 2 cu			Fairle	ess La	ndfill			
City, State			- -	102	- J M		osal Date		City, State		20 20				-
	Allentow	n, NJ					5/5/17 _A	/	N	Morr	isville	e, PA			
Completed By		Title		172021			Signature	/	7		Date				_
Mahlon E. Ste	vens	P1	ojec	t Mar	nager	.	1111		1,/			4/2	1/17		

								pressure			\Box	P	rint
CKILOB		NOTIF	FICATIO	State of New . N OF ASBES It to NJAC 8:	STOS ABATE	EMEN 20)	т) <u>E</u>	C			
Date of Notification (1) 4/21/17			Name Richa	of Building Ov ard Vieceli	vner/Operato	or (2)			j. 1	APR	2.4	201	7
Agencies Notified Type Notification EPA Initial	n		Street	Address					ASBE	STO	S CC	ONTI	105
EPA Initial DEP Amended Amendmer	nt#			tate, Zip Code nus, NJ 07						LIC	ENS	ING	
☐ DOH ☐ Emergency justification ☐ DCA ☐ Cancellatio	(including	3	Name o	of Contact				Teleph	none Nu	ımber			
	***			ILITY INFOR	MATION								
Name of Facility Where Abatement is Taki Residential Home	ng Place ((3)				Тур	e of Facility (4	1)					
Street Address			A			×	School (K-12 Subchapter Other (i.e. pr	8 (Other t	han K-1	12) cial bui	ldinas	. hom	es.
City (5) Paramus							etc.) lare Feet	# of FI		E	3ldg. /	Age	
County (6) Bergen			County (STATE	Code (7) USE ONLY)		Cur	rent Use (Prio sidential Ho	r if being	demolis)J+/-	-	
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASCI	M No.		of At	patement Cont	tractor (9)					
Street Address					Street	t Addr							
City, State, Zip Code							Zip Code Brook, NJ 07	7663					
Project Manager for Monitoring Firm			Telepho	one No.	7 elept	hone		Li	cense N	No.			
Start Date (10) 5/1/17	Schedul 5/3/17		mpletion	Date (11)	Name	of OS	SHA Monitor						
Occupancy Status During Abatement (Che	ck Only O	ne)			Street	Addr	ess						House
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8 A.M to 4 P.M	Period of mal Facilit	Abaten y Hours	nent s		City, S	State,	Zip Code	-					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	a distribution of	Renova Demolit			Ž	M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure	7000 H				
	17,00	Locat				- 14	on-Exempled	() and N	JII-FIIAL	JIE PIO	Abate	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashestos	Description Containing M	of	al (ACM)	Amoi	ınt	-	1 9	ре	
TO BE ABATED In Facility (13)		todial ((12)		(i.e. the	ermal systems surfacing, VA her miscellar	s insu T, or	lation,	(Spec	cify	Remova	Repair	Encapsulate	Enclosure
Pagament	Yes	No	N/A										
Basement		Х			V.AT		-	350 \$	SF	x			
lame of Registered Waste Hauler		l N	JDEP W	/aste C	ubic Yards		Name of R	egistered	Landfill				
ewark Carting		Н	lauler ID 4509	No. of	f Waste CU		IESI Lan		_Gridill	X.			
ity, State ewark, NJ			5		isposal Date BD		City, State Bethlehe	m, PA					
completed by ichard Cristofol	Title Presi	dent			Signature	111	11		Da	ite	,	1200-0	

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

Chh#3201

Date of Notification (1)				Nam	ne of Buildin	ng Owner/Operator	(2)	CHOR 17) 0	XU	(
4 / 20 /	17					Jniversity-Ciffice		Construction				
Agencies Notified	ication			Stree	et Address		or boolgil und	TO E C			W	
☑ DOLWD ☐ Amend	ed				0 Elm Dr							
	ment #				State, Zip			AP	R 2	1	2017	1
□ DCA □ Emerge	ency (inclu	iding				NJ 08544		JU L. AI	11 6	. →	LUIT	5
(NJAC 5:23-8) justifica					e of Contac			Telephone Num	ber			
☐ Cancel	lation			Ro	bert Orte	ego			s prin, many 1			OL &
N				FA	CILITY II	NFORMATION		1	IUEI	NSih	10	
Name of Facility Where Abatement is		lace (3)	-3			Type of Facility (4	4)			** 11	-
Princeton University- Corwin	Hall						School (K-12)					
Street Address Prospect Ave							Subchapter 8 Other (i.e., pri	(Other than K-12 ivate and comme) rcial b	ouildir	ıgs,	
City (5)							Square Feet	# of Floors	TE	Bldg. /	Ane	
Princeton								11 01 1 10013	'	nug. 1	ige	
County (6) MERCER				Cou	nty Code (7	7)(STATE USE CNLY)	Current Use (Price	or if being demolis	hed)			
Name of Monitoring Firm Hired by Bu	ilding Owr	ner (8)		ASCM	No.	Name of Abatem	ent Contractor (9)					
ATC Group Services LLC							IVIRONMENTAL	INC				
Street Address						Street Address	VINORWILITAL	., 1140.		200		
Bromley Corporate Center-Th	ree Terr	i Lan	е			1123 BEAVE	D STDEET					
City, State, Zip Code						City, State, Zip Co					77.02	
Burlington, NJ 08016						BRISTOL, PA						
Project Manager for Monitoring Firm		- 1	Teler	hone	No	Telephone No.	13007	11:				
Michael Keehn					5-8800	215-788-6040	1	License No.				
Start Date (10)	Schedule	d Con				Name of OSHA M		00509				
5 /1 /17					17	The contract of the Contract Addition of the Contract Con	VIRONMENTAL,	INC				
Occupancy Status During Abatement						Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
☐ Facility Closed/Vacated During Ent				nent		1123 BEAVER	DOTDEET					
☐ Abatement Performed Outside of N	Iormal Fa	cility H	lours	- Des	scribe	City, State, Zip Co						
Time of Abatement: 7:00AM-3:30	PM/	_PM-	1	_AM		BRISTOL, PA						
Scope of Work (Check all that apply)												
\boxtimes \ge 3 sf or \ge 3 lf \square \ge 160 sf or \ge 260 lf		Reno Demo				☐ Min -Enc	ainment with Nega losure g Procedure mpted (*) and Non-		۵			
		Is Lo	catio	n			, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	T -	atem	ent T	ivne
Location of		Nor Used S	mally			Description of	f		-	_	1	
Asbestos-Containing Material (ACN TO BE ABATED		Mainte			Asbes	stos Containing Mat , thermal systems i	terial (ACM)	Amount	Removal	Repair	nce	Enclosure
IN Facility	0	ustod		taff?	(1.6.	surfacing, VAT,		(Specify SF or LF)	ova	¥.	psu	uso
(13)	-		12)			other miscellaned		/	-		Encapsulate	6
Men's Room 2 nd floor	Ye	es r	00 7	N/A	Window	caulk		20 LF				
Men's Room 1st floor			-	\boxtimes	Window	caulk		14 LF		П		
	П		7									
			-							닏		
Name of Registered Waste Hauler					V	0.11.1/				Ш	Ш	
BRISTOL ENVIRONMENTAL, II	NC.		Hai	DEP V uler ID 8706	No.	Cubic Yards of Waste	Name of Register FAIRELESS					
City, State						Disposal Date	City, State					-
BRISTOL, PA 19007							MORRISVILL	E, PA 19067				
Completed By (Print or Type)	Title					Signature		Date	9			
Brian Scafiro	Estim	ator				Brian	1 Scofirs,	19nc i		20	-(7

ASB-41 MAY 11 BS17049

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

NOTIFICATIO (Pursua

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

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Date of Notification (1)							g Owner/Operator (PR 2	4 2	017	i lum
		17			Pa	scack Va	illey Regional Bo	ard of Educati	on				1
Agencies Notified	Type Notifica	ation			Stree	t Address			ASBES	STOS	CON	TRO	1 2
☐ EPA					46	Akers A	/enue			LICEN			x
⊠ DOLWD	Amended				City,	State, Zip	Code		and the same of th	all the secondary			
☑ DHSS □ DCA	Amendm				Mo	ontvale, N	IJ 07645				-		
(NJAC 5:23-8)	justification		Juding	J	Nam	e of Contac	ot		Tolonhana	مغامات.			
	☐ Cancellat	tion			Pa	mela Bax	dey			1			
			-,02-11-22		FA	CILITY IN	NFORMATION						
Name of Facility Where A	Abatement is T	Taking	Place	(3)				Type of Facility ((4)				_
Pascack Hills High	School - Fo	rmer	Sup	erin	denten	t & Board	d Office Bldgs.	School (K-12)				
Street Address								Subchapter 8	(Other than K	-12)		SOUR	
46 Akers Avenue								Other (i.e., pr homes, etc.)	ivate and com	nerciai	bullain	gs,	
City (5)								Square Feet	# of Floors		Bldg. A	Age	
Montvale								768 & 1900	1/2		53 €		
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished))		
Bergen								Vacant					
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
Health and Safety S	ervices, Inc	Э.			001	17	Superior Aba	tement Inc					
Street Address							Street Address						
PO Box 365							2 Henderson	Drive					
City, State, Zip Code							City, State Zip Co	ode					
Berlin, NJ 08009							West Caldwe	II, NJ 07006					
Project Manager for Moni	toring Firm			Те	lephone	No.	Telephone No.		License No.				
Jim Proctor				1	356-452	2-1311	(973) 808-161	6	00411				
Start Date (10)	S	Schedu	uled C	omp	letion Da	ate (11)	Name of OSHA M	lonitor					
_5 / _1 /	17	5	/		4/	17	Superior Aba	tement Inc					
Occupancy Status During	Abatement (0	Check	only o	one)			Street Address						
☐ Facility Closed/Vacate	d During Entir	e Peri	od of	Abat	ement		2 Henderson	Drive					
Abatement Performed	Outside of No	ormal F	Facility	y Ho	urs - De	scribe	City, State, Zip Co	ode			TI COLUM		
Time of Abatement:	AIVI	PM	W	PN	Λ- <u> </u>	_AM	West Caldwe	II, NJ 07006					
Scope of Work (Check all	that apply)												-
☐ ≥3 sf or ≥3 lf			Re	nova	ition		☐ Full Cont	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf			⊠ De				☐ Glovebag						
***								mpted (*) and Non	-Friable Proce	dure			
Location				Loca	ation ally					A	batem	ent T	уре
Location of Asbestos-Containing N)	Use	d So	lely by	Ashe	Description of stos Contain ng Mat		Amount	7	R	ш	m
TO BE ABA	TED	·			ance/ I Staff?		., thermal systems i	nsulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)	y		Cusi	(12			surfacing, VAT, other miscellaned		SF or LF)	<u> </u>	. "	Encapsulate	sure
()			Yes	No	N/A		otroi misteranet	ous)				ite	
Superintendents Office	ce					Roof Se	ealant		250 SF		In	П	
Board Office							g on Windows						H
200.00				A TOTAL		Caulkiii	g on windows		26 ea			Ш	닏
			Ш										
									0k - 11				
Name of Registered Waste		-		1.8	NJDEP		Cubic Yards of	Name of Regist	ered Landfill		1 1/200	1	
Service Transport G	roup, Inc				Hauler II SW21		Waste 30	Minerva La	ndfill				
City, State					3412	117	Disposal Date	City, State					
New Castle, DE							5/4/17	Waynesbur	gh, OH				
Completed By (Print or Ty	pe)	Title					Signature			Date			
Mary Petrovski			eside	nt			I hin.	litions		4/	1	1	-
SR_41							111111191	inors	-22	7/	10	//	

D&S Proj. #: 17-110

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

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111				111

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Date of Notification (1)	Nan	ne of Build	ding Owr	ner/Operator (2))			111			lyane.tr	1
10 4 / 1 3 / 1 7	jui	ne zimm	erman				ASPE	STOSC	0117		_	
Agencies Notified Type Notificati	on Stree	et Addres	s					LICENS			- X	
DEP Amended								-				
Amendment #:	City,	State, Zi	p Code									
DOL Emergency	ni	utley, nj	07110									
DOH (including justification)		e of Conta					Telephon	e Number		in-		
DCA Cancellation	ju	ıne zimn	nerman				1					
				ILITY INFORM	ATIO	N						
Name of facility where abatement is	taking place	(3)					Type of Facility (
june zimmerman								I (K - 12)				
Street Address							94.00	apter 8 (O (Private/Co			-12)	
								Homes, e		rciai		
0:1-75	10	(0)					Square Feet	# of Floor	s	В	dg. A	ge
City (5)	County	(6)				unty Code (7) ate use only)	Compatible (D	-1161-1-		- 1:-1-	1>	
nutley	ESSEX	X			(01	ate use only)	Current Use (P	for it being	g dem	olish	ea)	
Name of Monitoring Firm Hired by E	Bldg. Owner (8	3)		ASCM No.	7	Name of Abatement (Contractor (9)					
						D & S RESTORA	ATION, INC.					
Street Address						Street Address						
						20 California Av	e.					
City, State, Zip Code						City, State, Zip Code						
					_	Paterson, NJ 075	503					
Project Manager for Monitoring Firm		Phor	ne Numb	er		Telephone Number		License		er		
						973-345-8020			1169			
Start Date (10)	Sched. Co	ompletion	Date (11	1)		Name of OSHA Monit D & S Restoration						
04/26/1717	05/10/17	7				Street Address	ni, me.					
Occupancy Status During Abatement						20 California Ave	enue					
Facility closed/vacated during	entire period o	of abatem	ent.			City, State, Zip Code				_		
Abatement performed outside Describe:		lity hours-	5									
Other-Describe: NORMAL HO	DURS				_	Paterson, NJ 075	503					
Scope of Work (check all that apply)						F	ull Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation					the state of the s	Mini-enclosure					
≥160 sf or ≥260 lf	Demolition						Glovebag procedur Non-Exempted (*)		riable	proc	edure	
Location of	Is location no			1			T		R	R	E	E
asbestos-containing material (acm) to be	by maintenar staff(12)	nce/custo	dial			sbestos-containing	Amount	_	e m	е	n c	n
abated in facility (13)	Yes	No	NIZA	material (A	ACM)		(Specify S LF)	F or	0	а	a	C
700 CO. 10 CO. 1	103	140	N/A						v e	r	р	_
BASEMENT		X		PIPE INSU	LAT	ION	150 l ft		\boxtimes			
												ᆜ
Registered Wasta Hawles				Lie Veeder 200	1							
Registered Waste Hauler D & S RESTORATION, INC.	13506	Hauler ID#	10	ubic Yards of W yds.	vaste	Name of Registered I TULLYTOWN, F		COVED	V			
City, State		Di	sposal D			City, State	LIGOTICE RE	COVER	1	-	-	
PATERSON, NJ 07503			04/27/1			TULLYTOWN,	PA					
	Title			Signature				Date				
BOGDAN JOLDZIC	PRESIDEN	T						04/13/	2017			

Ch7084	J	NOTIFICATION	State of New DN OF ASBE nt to NJAC 8:	Jersey STOS ABATE :60 and 12:12	EMENT		DE			V	int
Date of Notification (1)		Name	of Building O	wner/Or erato	r (2)		THE P	PR	24	201	7
04/19/2017		Gler	wood Apar	rtments & C	County	Club					
Agencies Notified Type Notification			Address				ASBE	STOS	3.00	NTR	\cap
EPA Initial			erry Hill La						ENSI		OL:
DEP Amended DOL Amendment	ш		state, Zip Cod								
Fmergency (-		Bridge, NJ	08857					_		
DOH justification)		1	of Contact				Telenhone N	umher			
DCA Cancellation			Prieto								
Name of Facility Where Abatement is Taking	Place (3	FA(CILITY INFOR	RMATION	Typo	of English //	`				
Glenwood Apartmets	9 1 1000 (0	′′			present	of Facility (4					
Street Address						School (K-12	!) 3 (Other than K-	12)			
11-17 Ashwood Mall					X C	Other (i.e. pr	ivate & commer	cial bui	ildings	, hom	es,
City (5)					е е	etc.)					
Old Bridge					2,000	re Feet O	# of Floors		Bldg. /	Age	
County (6)		Count	/ Code (7)						65+		
Middlesex		(STATE	USE ONLY)		1	nt Use (Prior tment	if being demoli	sned)			
Name of Monitoring Firm Hired by Building C	Owner (8)		M No.	lilama		ement Cont	ractor (0)				2012
N/A	(0)	730	110.	(A)			uction, Inc				
Street Address					Addres		uotion, inc				
							MB Suite 218				
City, State, Zip Code					State, Zip		VID Outle 210				Contract
						07012					
Project Manager for Monitoring Firm		Teleph	one No.		none No		License	No			
**************************************					389-00		00693	INO.			
Start Date (10)	Schedule	ed Completion	Date (11)			A Monitor	00000			S-4123157	-1100
05/04/2017	05/17/2						action, Inc				
Occupancy Status During Abatement (Check	Only On	e)			Address				-		-
Facility Closed/Vacated During Entire P	eriod of A	hatement		1360	Clifto	n Avenue	, PMB Suite	218			
Abatement Performed Outside of Norma	al Facility	Hours			tate, Zip					-	
Other – Describe:						07012					
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	patental	enovation emolition		×	Mini Glov	-Enclosure rebag Proce	t with Negative dure *) and Non-Fria			e	
	Is	Location								ement	
Location of	N	ormally		Description	of				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		d Solely by ntenance/		Containing M	faterial (Amount			ш	
In Facility	Custo	odial Staff?		ermal systems surfacing, VA		ion,	(Specify SF or LF)	Ren	Re	ncap	ncl
(13)		(12)		ther miscellan			J. U. L.)	Remova	Repair	Encapsulate	Enclosure
	Yes	No N/A						1 2		ate	Ф
1 A-D Ashwood Mall-Crawl Space	x		Pine	e/Elbov Ins	sulation	1	160 LF	X			
5 A-D Ashwood Mall-Crawl Space	X		-	e/Elbow Ins				-			
					20 744		155 LF	X			
7 A-D Ashwood Mall-Crawl Space	X		Pipe	e/Elbow Ins	sulation	1	160 LF	X			
ame of Registered Waste Hauler		NJDEP V	200 A	Cubic Yards		Name of Re	egistered Landfil	1	-		
ervice Transport Group		20990	0.00	of Waste 2 CY		Minerva I	Landfill				
ity, State				Disposal Date		City, State	100000000000000000000000000000000000000				
ew Castle				05/17/2017			Burg, OH 446	888			
ompleted by	Title			Signature	17	/		ate	7.4.5.		-
ilan Njezic	Vice F	President		100		10		4/19/2	2017		

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

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Date of Notification (1) 4/21/2017				Name PSE	of Buildin &G	g Owner/	Operato	r (2)			L	В	<u>u </u>	
Agencies Notified	Type Notification	1			Address HADLE	Y ROA	.I)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APR	2 /	1 21	017	The state of the s
EPA DEP X DOL	Initial Amended			City, S	tate, Zip (Code			and the second					
⊠ DOH	Amendmen Emergency justification	(including	3		TH PLA		L), NJ (07068		BEST(L &.
DCA DCA	Cancellation				REY G	OBERT OF STREET								
Name of Facility Where A	batement is Takin	ng Place	(3)	FAC	CILITY IN	-ORMAT	NCI	Type of Faci	lity (4)					
PSE&G - L-1364 CI Street Address	RCUIT LOCA	HON #	/					School Subsha	(K-12) opter 8 (Other	than 1/ 1	21			
132 C;	RCIE	AVE	Ξ,						i.e. private & o			ldings	, hom	ies,
CL: F7								Square Feet N/A	# of F N/A	loors	100	Bldg.	Age	
County (6)	SAIC				Code (7)	V1		Current Use	(Prior if being	demolisi		W//		-
Name of Monitoring Firm	Hired by Building	Owner (8)	==	M No.	''	Name	N/A of Abatement	Contractor (9	1				
ENVIRONMENTAL Street Address	TACTICS	,	•	004	5		UNIC	QUE SYSTE	EMS OF AN	/ //ERIC	4			
64 BROAD STREET	-							Address WHITEHEA	D AVE.					
City, State, Zip Code MATAWAN, NJ 0774	47							tate, Zip Code TH RIVER,						
Project Manager for Monit	toring Firm			Telepho			Teleph	none No.		icense N	0.			
Start Date (10)		Schedu	ed Co		90-2217 Date (11)			432-8350 of OSHA Mon		1111				
5/10/2017	Abatament (O)	12/31/	2017				UNIC	QUE SYSTE		MERICA	Ą			
Occupancy Status During Facility Closed/Vacat	ted During Entire	Period of	Abater	men i				Address NHITEHEA	D AVE.					
Abatement Performe X Other – Describe: O	d Outside of Norn	nal Facilit	y Hour	S				tate, Zip Code						
Scope of Work (Check All	That Apply)						500	TH RIVER,	NJ 08882					
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demoli				×	Mini-Enclos Glovebag F						
		4	Locat					Tion Exom	Jied () did iv	on-i nab		Abate	ement	
Location of Asbestos-Containing N	faterial (ACM)	Use	Normal d Sole intena	ly by	Asbes		scription aining M	of aterial (ACM)	Amo	unt	-	1 1 1	pe	
TO BE ABAT In Facility (13)			todial (12)			thermal surface		insulation, Γ, or	(Special SF or	cify	Remova	Repair	Encapsulate	Enclosure
OUTDOO	De	Yes	No	N/A									ite	e
001000	No.	-	X	-		PIPE	SOMA	TIC	200)	X			
							-			-				
N		7			1									
Name of Registered Waste WASTE MANAGEME			Н	JDEP W auler ID 125		Cubic of Was	te		of Registered WS NORTI					
City, State ELIZABETH, NJ						Dispos TBD	ai Date	City, S MOR	tate RISVILLE,	PA				
Completed by CAROL RAIMO		Title OFFI	CE M	IGR.			gnature	n D		Dat	e 1/20	17		
		1				1 -			30000					-

Print Form

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Date of Notification (1) 4/21/2017			Name	of Building &G	Owner/Op	perator	(2)	M							
Agencies Notified Type Notified	cation			Address HADLEY	ROAD			TH.	AP	R 2	4 :	2017			
EPA X Initial Amend	ded Iment#		City, S	state, Zip Co TH PLAIN	ode		7068	A	SBES	TOS	CON	VTR	JL &		
□ Emerg □ justifice □ DCA □ Cance		g	Name	of Contact		140 07	000	Telep	hone N	JCE! umber		G			
	7/31/20 = 271			CILITY INFO		N									
Name of Facility Where Abatement is PSE&G - L-1364 CIRCUIT LO Street Address 13 Gould A	CATION #	3					Type of Facility (4 School (K-1: Subchapter Other (i.e. p etc.)	2) 8 (Other	than K-	12) cial bu	ildings	, hom	nes,		
City (5) PATERSON	j						Square Feet N/A	# of F N/A	loors		Bldg. N/A	Age			
PASSA:	2		County (STATE	Code (7) USE ONLY)			Current Use (Prio N/A	or if being	demolis	shed)					
Name of Monitoring Firm Hired by Buil ENVIRONMENTAL TACTICS	irm Hired by Building Owner (8) ASCM No. Name							tractor (9) MERIC	—— :А					
Street Address 64 BROAD STREET	Street Add							JE SYSTEMS OF AMERICA ddress HITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747	City, State							ate, Zip Code TH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER			Telepho	one No. 90-2217		Telepho	hone No. License No432-8350 01111								
Start Date (10) 5/10/2017	Schedu 12/31/			Date (11)	1	Vame of	OSHA Monitor JE SYSTEMS			^					
Occupancy Status During Abatement (Check Only O	ne)			5	Street A	ddress		MERIC	Α					
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: OUTDOORS	ntire Period of Normal Facilit	Abater y Hour	nent s		(City, Sta	te, Zip Code								
Scope of Work (Check All That Apply)		-				3001	H RIVER, NJ	08882							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure				1279			
	(A)	Locati					THE EXCHIPTION	() and iv	UIFI IIal	l Più	Abate	ement pe			
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	TO BE ABATED In Facility Custodial Staff? (i.e. ther						erial (ACM) nsulation, or ous)	Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure		
OUTDOOD	Yes	No	N/A							<u>m</u>		ate	re		
OUTDOORS		X			PIPE S	OMAT	IC	20	0	X					
										-					
										+			-		
Name of Registered Waste Hauler WASTE MANAGEMENT		H	JDEP W auler ID 25	No.	Cubic Yards Name of Registered Landfill OROWS NORTH										
City, State Disposal TBD							City, State MORRIS	VII I E	DΛ						
Completed by Title Signa					ature Gir	e Lac		Da	te 21/20	17	7				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

"OPEN NOTIFICATION"

0110017		(F	ursuant	t to NJAC	8:60 a	nd 12:12	(0)		In E	(C)		1	V/	
Date of Notification (1) 4/21/2017	21/2017 PSE&G							Owner/Operator (2)						
Agencies Notified Type Notification EPA Initial				Address HADLE	Y ROA	.D				APR	2	2	MI	
DEP Amended DOL Amendment		_		ate, Zip C		D, NJ (7068		ASB	ESTO	S C	ONT	RC)L 8
□ Emergency (□ justification) □ DCA □ Cancellation	including	To the state of th		of Contact REY GA					+ Telephone	Namb	THO.	INO		
	111 - 20 - 20 -		FAC	ILITY INF	ORMAT	MOI				27.5			-	
Name of Facility Where Abatement is Taking PSE&G - L-1364 CIRCUIT LOCAT	Place (3 ION#	3						of Facility School (K-	12)					
Street Address 112 Gould	AV	E.				Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings etc.)							ome	s,
PATERSON							Square Feet # of Floors Bldg. Age N/A N/A N/A						е	
PASSA;C				Code (7) USE ONLY	"		Curre N/A	ent Use (Pri	or if being dem	olished)			
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	wner (8)		ASCN 0045			Name UNIO	of Aba	tement Cor SYSTEM	ntractor (9) S OF AMEF	RICA				
Street Address 64 BROAD STREET						* * * * * * * * * * * * * * * * * * *	Addre: WHIT	ss EHEAD /	AVE.					
City, State, Zip Code MATAWAN, NJ 07747							State, Zip Code UTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	ne No. 90-2217			chone No. License No. 01111							
Start Date (10) 5/10/2017	Schedule 12/31/2		mpletion	Date (11)		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA								#10.5E
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P			nant			1	Addre	SS EHEAD	AVE.					
Abatement Performed Outside of Norm. Other – Describe: OUTDOORS	al Facility	Hours				City, State, Zip Code SOUTH RIVER, NJ 08882								
Scope of Work (Check All That Apply)			Darker In								-			
≥3 sf or ≥3 if ≥160 sf or ≥260 if	_	enova emolit				×	Mir Glo	ii-Enclosure vebag Prod				duro		
V	\$7 75.75S	Locati	77.670 U					PEXCHIPIE	2 () and Non-	TIADIC I		atem		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole intenar odial S (12)	ly by nce/		tos Con therma surfa	scription tain ng M systems cing, VA niscellan	faterial s insula T, or		Amount (Specify SF or LF)	Conjoye	Demous	Denair	Encansulate	Enclosure
OUTDOORS	Yes	No	N/A		DIDE	0/21/4	\ TIO						7	o
OUTDOORS		X			PIPE	SOMA	ATIC		200	X	-	+	+	
Name of Registered Waste Hauler		1	JDEP W			Yaids		Name of I	Registered Lar	dfill				
WASTE MANAGEMENT			auler ID 125	No.	APP	of Waste APPX. 15 GROWS NORTH								
City, State ELIZABETH, NJ					Dispo:	sal Date		City, State MORRI	sVILLE, PA		200			
Completed by Title CAROL RAIMO OFFICE MGR.					lign ature		Da	nno	Date 4/21/.	2017	7			

	Form

MACOUL	NO.	TIFICATI	State of Ne	ew Jerse	y ARATE	MEAIT	PEN	NOTIF	FICA	TIC	N'	r		
41044	55.Th	(Pursua	int to NJAC	0)		EC	E [E	100				
Date of Notification (1) 4/21/2017		Name PSE	of Building	Owner/	Operato	r (2)		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED				7		
Agencies Notified Type Notification			t Address O HADLE	Y ROA	 D		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APR	2.4	201	7	l between		
EPA X Initial Amended Amendment #			State, Zip C JTH PLAI) NI(7068		BESTO	S CC	NITO	01	10		
DOH Emergency (included in justification)	uding	Name	of Contact				1	lenhane N	Chica	NIO				
			FREY GA		ION					-	177 (H)			
Name of Facility Where Abatement is Taking Planck PSE&G - L-1364 CIRCUIT LOCATION	ace (3)	!	OICHT IN	OKWATI	ION	Type of Fac	ility (4)							
Street Address 3/6 TRENTON AVE. City (5)		MAR	VIAmi	N 4	1/5	X Other (apter 8 (Oth	ner than K- & commer		ldings,	hom	es,		
City (6) PATERSON			7 11100	<u> </u>	<i>y</i> C .	etc.) Square Feet N/A	# 0 N/	of Floors A	27 10%	Bldg. A	ge			
County (6) PASSA; C			y Code (7) E USE ONLY	······································		Current Use N/A	(Prior if be	ing demolis	shed)					
Name of Monitoring Firm Hired by Building Own ENVIRONMENTAL TACTICS	er (8)	10013000	CM No.			of Abatement								
Street Address		004	+5		Street	QUE SYSTI		AMERIC	:A					
64 BROAD STREET City, State, Zip Code	396 WHITEHE													
MATAWAN, NJ 07747					sou	TH RIVER,	NJ 0888	32						
Project Manager for Monitoring Firm TOM GEIGER		The Property of the Con-	none No. 290-2217	•		ione No. 432-8350		License I 01111	Vo.					
	neduled C /31/201		n Date (11)			of OSHA Mon QUE SYSTE		AMERIC	Α					
Occupancy Status During Abatement (Check On					Street	Address								
Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal Fi Other – Describe: OUTDOORS	d of Abat acility Ho	ement urs			City, S	NHITEHEA tate, Zip Code	:							
Scope of Work (Check All That Apply)					SOU	TH RIVER,	NJ 0888	32						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Reno Demo	vation olition	Date:		×	Full Conta Mini-Enclo Glovebag I Non-Exem	sure Procedure				3			
Localitation	Is Loc									Abate Typ	ment			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Description Asbestos Containing (i.e. thermal system surfacing, V/other miscella						(8	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure		
	es No										ie	О		
OUTDOORS	X	-		PIPE	SOMA	TIC	+	200	X					
							+					\dashv		
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP V Hauler III 1125		Cubic of Was	te		of Registe	red Landfill						
City, State		1140	1	HELX	1.7									
ELIZABETH, NJ				Dispose		City, S	State RRISVILL	E DA						

State of New Jerse / NOTIFICATION OF ASBESTOS ABATEMENT

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			,	nt to NJA	o.00 a		1		C		1/17							
Date of Notification (1) 4/21/2017			Name PSE	of Building	g Owner	/C)perato	The representation of the second		5 6			W						
Agencles Notified Type Notificatio	n		TOP TOTAL SUPERSON	Address HADLE	Y ROA				and the property	e de la companya de l	API	7 2	4 4	1017				
DEP Amended Amendmen				State, Zip C		.D, NJ	0706	58	20	LS	BEST	08 (CON	TRI				
DOH justification Cancellation	1)	g		of Contact					Tale	Telephone Number CINSTNIG								
Name of Facility Where Abatement is Taki	. 5:	101	FA	CILITY INF	ORMAT	TION						-						
PSE&G - L-1364 CIRCUIT LOCA Street Address	TION #	5	•				Ту	School (K-	-12)									
Gity (5) A PRENTON AV	E. Ai	7 /	PLAL	BAMA	A	VE.	×	Other (i.e. etc.)	private &	comme	K-12) ercial bu		-	nes,				
County (6) A			Count	/ Code (7)			N/	207/	N/A			Bldg. N/A	Age					
PASSA; C. Name of Monitoring Firm Hired by Building	0	11	(STATE	USE ONLY	o		N/				dished)							
ENVIRONMENTAL TACTICS	NVIRONMENTAL TACTICS reet Address							ASCM No. Name of Abatement Cor UNIQUE SYSTEMS						3000				
64 BROAD STREET		Street Address 396 WHITEHEAD AV						AVE.										
MATAWAN, NJ 07747								Zip Code RIVER, N	J 08882	8882								
Project Manager for Monitoring Firm TOM GEIGER				one No. 90-2217		Teleph 732-		No. 8350	- 1	License No. 01111								
Start Date (10) 5/10/2017	12/31/	2017	mpletion	Date (11)				SHA Monitor SYSTEM		MERI	CA							
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire	Period of	Abater																
Abatement Performed Outside of Norr Other – Describe: OUTDOORS	nal Facilit	y Hour	SOUTH RIVER, NJ						J 08882	!								
Scope of Work (Check All That Apply)																		
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demoli				×	G	ini-Enclosure ovebag Prod	e cedure									
Location of		Locat						- Exompto	a () and i	1011-111	able Fit	Abat	emen /pe	t				
Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbest	Des os Conti	scription aining M	of ateria	L(ACM)	Λm	ount		T						
TO BE ABATED In Facility (13)		intena todial ((12)		(i.e.	thermal surfac	systems sing, VAT niscelland	insul F, or	ation,	(Spe	ecify r LF)	Removal	Repair	Encapsulate	Enclosure				
OUTDOORS	Yes	No X	N/A		PIDE	SOMA	TIC		20	10			ite	Ф				
						1110		20)U	X								
Name of Registered Waste Hauler		1.77552	JDEP W	70.000	Cubic Y			Name of F	Registered	d Landfi	ill							
/ASTE MANAGEMENT		1 1 1 1 1 1	Hauler ID No. of Waste APPX. 15 GROW			/S NORTH												
LIZABETH, NJ	Title				Disposal Date City, State MORRISVILLE, PA				, PA	PA								
Completed by AROL RAIMO	CE M	MGR. Signature				Date 4/21/20				2017								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:50 and 12:120)

"OPEN NOTAFICATION"

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Date of Notification (1) 4/21/2017	-		Name of Building Owner/Operator (2) PSE&G											5			
Agencies Notified	Type Notification	1			Address HADLE	Y RO	AD		*		li A	PA :	24	2017	1		
DEP X DOL	Amended Amendmen				tate, Zip C TH PLAI		 _D, NJ (070	68								
DOH DCA	Emergency justification Cancellation)	g		of Contact REY GA	ZICK				Te	# SPES lephone N	STOS lumber	NSI	NIH IG.	<u>OL 8</u>		
					ILITY INF			-									
Name of Facility Where A	Abatement is Takir	ng Place	(3)	. , , ,	, Litter	OTTIMA	11014	Ту	pe of Facility	(4)							
PSE&G - L-1364 CI Street Address			4					×	School (K- Subchapte	er 8 (Oth	er than K-	-12)					
City (5)	TREN	TOA)	AVE.					etc.)				uildings, homes,				
0.1	ERSOI	U						N	uare Feet /A	N//			Bldg. N/A	Age			
PAS	SA,C			(STATE	Code (7) USE ONLY)		Cu N/	rrent Use (Pr	ior if bei	ng demoli	shed)					
Name of Monitoring Firm ENVIRONMENTAL	Hired by Building TACTICS	Owner (8	3)	0045	M No. 5		Vame	of A	batement Co	ntractor IS OF	(9) AMERIC	CA			-5-75		
Street Address 64 BROAD STREET	Г						Street 396		ress ITEHEAD	AVE.							
City, State, Zip Code MATAWAN, NJ 077	47						City, State, Zip Code SOUTH RIVER, NJ 08882										
Project Manager for Monit TOM GEIGER	toring Firm		Telepho 732-29		Telephone No. License No. 732-432-8350 01111							5					
Start Date (10) 5/10/2017		Schedul 12/31/		mpletion		Name	of O	SHA Monitor						-			
Occupancy Status During	Abatement (Chec						Street		SYSTEM	5 UF /	AMERIC	Α					
Facility Closed/Vacat Abatement Performe	ted During Entire I	Period of	Abater	ment 396 WHITEHE						AVE.							
Scope of Work (Check All				SOUTH RIVER, N						J 0888	2						
≥3 sf or ≥3 if≥160 sf or ≥260 if	тих торгуу	-	Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
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Location of Asbestos-Containing N	of Naterial (ACM)	Use	Normal ed Sole	ly by	Ashort		escr ption		-1 (4 014)			-	Τ,	pe			
TO BE ABA In Facility (13)	TED	Cus	todial 8 (12)	Staff?	(i.e.	therma surfa	I systems icing, VA miscellan	insu		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure		
OUTDOO	DC	Yes	No	N/A										le			
001000	K5	X			PIPE	SOMA	TIC	;	2	200	X						
Name of Registered Waste	Hauler		l N	IDED W	acto	Cubio	Varda		None of	5							
WASTE MANAGEME	Annahara and		H	NJDEP Waste Cubi Hauler ID No. of W 1125 APP					Name of GROW			I					
City, State ELIZABETH, NJ						Dispo:	sal Date		City, State		E. PA						
Completed by CAROL RAIMO		Title OFFI	CF M	GR	1	S	Signature	(E. STA	- 1	,	Da	ate	147		\dashv		
owner-westerness minister	Ort.	14	Likeal Laura 4/2					21/20	11/								

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

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Date of Notification (1) 4/21/2017	物		Name PSE	of Buildin &G	The A		<u>U1 </u>	= 4	71						
	Notification Initial			Address HADLE	YR	OAD			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A	PA	2 4	201	7	
DEP X DOL	Amended Amendment #			tate, Zip (ELD, NJ (0708			Seco	2700		2 2000 pm		
IN DOH	Emergency (including justification) Cancellation	ı	Name	of Contac	t		V-10.50			SRES none Nu				IOL -	
				ILITY IN						-					
Name of Facility Where Abaten PSE&G - L-1364 CIRCU	nent is Taking Place (IT LOCATION #	3)	1740	, LITT 1141	OINI	ATION	Type of Facility (4) School (K-12)								
Street Address 586 E	3077 5	TE	٠ ـ ـ ـ ـ ـ	-y			Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home								
City (5)		/ ~	20	/			Squ N/	etc.) lare Feet	# of Floors Bldg. Age N/A N/A						
PATERS County (6) PASSA	'0			Code (7)	Y)			rent Use (Pri	10000000	demolis	- 7	N/A			
Name of Monitoring Firm Hired ENVIRONMENTAL TAC	by Building Owner (8)		ASCM No. Name					atement Cor	ntractor (9)						
Street Address	1105	-	004	5		Street		SYSTEMS	S OF AN	IERIC	A				
64 BROAD STREET City, State, Zip Code							-	TEHEAD A	AVE.						
MATAWAN, NJ 07747	Ciem .		Telepho		SOU	City, State, Zip Code SOUTH RIVER, NJ 08882									
TOM GEIGER	Project Manager for Monitoring Firm TOM GEIGER						elaphone No. License No. 01111								
Start Date (10) 5/10/2017	12/31/2	2017						SHA Monitor SYSTEMS	S OF AM	ERIC	A				
Occupancy Status During Abate			Street Address 396 WHITEHEA					ess		111					
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe: OUTDO	side of Normal Facility ORS	Hour	City, State, Zip Code SOUTH RIVER,					Zip Code			para de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición dela composición de la composición dela composición del		No.		
Scope of Work (Check All That A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× R	enova				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						'e		
Location of		Locat				Description						Abate	ement /pe		
Asbestos-Containing Materia TO BE ABATED In Facility (13)	Mai	d Sole ntena odial ((12)		Asbes (i.e.	tos C thern su	Description on taining Manal systems rfacing, VAT er miscellane	ateria insul Γ, or	ation,	Amou (Spec SF or I	ify	Remova	Repair	Encapsulate	Enclosure	
OUTDOORS	Yes	No	N/A		DIL	PE SOMA	TIC		000				ate	roi	
					FIF	- SUMA	110		200		X				
Name of Registered Waste Haule	er	IN	JDEP W	aste	Cub	oic Yards		Name of D	anistared I	andell					
VASTE MANAGEMENT		Н	Hauler ID No. of Wa			Maste			me of Registered Landfill ROWS NORTH						
City, State ELIZABETH, NJ					Disposal Date City, State TBD MORRISVILLE, PA										
Completed by CAROL RAIMO	Title OFFIC	CE M	IGR.			Signature		1	,	Dat		17			
	- WIGH. Clerka				Exal Lacina 4/21/2017				11						

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

"OPEN NOTIFICATION"

OF 00.		(Fursus	HIL TO NOA	C 8:60 and	1 12:120)	Ī	507								
Date of Notification (1) 4/21/2017			Name of Building Owner/Operator (2) PSE&G												
Agencies Notified Type Notif			t Address 0 HADLE	EY ROAL)	1	AP.	R 2/	20	17	And the control of the second				
DEP Amer	nded ndment #		State, Zip (JTH PLA	Code INFIELD	, NJ 07	068	-				Saber				
□ DOH □ justifi	gency (including cation) ellation	100000000000000000000000000000000000000	of Contac FREY G				Telephone	Numbe	PNT	HOL	Č.				
		FA	CILITY IN	FORMATIC	ON				-						
Name of Facility Where Abatement is PSE&G - L-1364 CIRCUIT LO	Taking Place (3)					Type of Facility (4) School (K-12)									
Street Address NW 0F 3157 5	TREET	¥ 20	TH A	VE		Subchapt	-12) er 8 (Other than . private & comm	K-12) iercial b	uilding	s, hon	nes,				
PATERSON				•		Square Feet # of Floors Bldg. A									
County (6) PASSAIC)		y Code (7) E USE ONL			Current Use (P	rior if being dem	olished)							
Name of Monitoring Firm Hired by Bu ENVIRONMENTAL TACTICS	ilding Owner (8)	ASC	CM No.	T	Name of	Abatement C	ontractor (9) MS OF AMER	100							
Street Address 64 BROAD STREET					Street Ad	ddress		ICA							
City, State, Zip Code MATAWAN, NJ 07747	200 2400				396 WHITEHEAD AVE. City, State, Zip Code										
Project Manager for Monitoring Firm TOM GEIGER		V (1775 - 1775) 1-5	one No.		SOUTH RIVER, NJ 08882 Telephone No. License No. 732-432-8350 01111										
Start Date (10) 5/10/2017	Scheduled	Completion	290-2217 Date (11)		Name of	OSHA Monito									
Occupancy Status During Abatement	12/31/20	17					IS OF AMER	ICA							
Facility Closed/Vacated During E Abatement Performed Outside of	ntire Period of Abs	atement				HITEHEAD	AVE.								
X Other - Describe: OUTDOORS		ours				ity, State, Zip Code SOUTH RIVER, NJ 08882									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	E21					Full Containment with the second									
≥160 sf or ≥260 lf		ovation nolition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	le I o	cation			<u> </u>	Non-Exemple	u () and Non-Fr	Table Pr		emen					
Location of	Non	mally solely by		Desc	ription of					/pe					
Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	Mainte Custodi	enance/ al Staff? 2)		tos Contai thermal sy surfacir other mis	stems in: g, VAT, c	sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
OUTDOOD		lo N/A						2		ate	G				
OUTDOORS	- >	(PIPE S	OMATI	С	200	X							
Name of Registered Waste Hauler		NJDEP W	Vaste	Cubic Ya	rde	Name of	Dagistary I	611							
WASTE MANAGEMENT		Hauler ID No. of Waste APPX. 1			Waste CROWS NORTH										
City, State ELIZABETH, NJ			Disposal TBD	Date	City, State	sVILLE, PA				-					
Completed by CAROL RAIMO	MGR.			ature	1	,	Date	117							
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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UL	, 4	PH Z	4 20	17	land)

4/21/2017	e			Name of Building Owner/Operator (2) PSE&G												
Agencies Notified EPA	Type Notification x Initial	1			Address HADLE	Y ROA	AD		111	APR	2.4	20	7	- Description of the last of t		
DEP X DOL	Amended Amendmen				tate, Zip C		.D, NJ	07068		ASBEST	OS CO	ONTE	TOL	8		
X DOH □ DCA	Emergency justification Cancellation)	3		of Contact			-	**************************************	Telephone	Numbe			- 500,000,000		
Name of E. W. 148				FAC	ILITY INF	ORMA	TION					-				
Name of Facility Where Al PSE&G - L-1364 CIF	batement is Taki RCUIT LOCA	ng Place (TI∩NI #	3)					Type of F	acility (4)							
Street Address	10011 200/1	11011 #	7					Sch Sub	ool (K-12)	/O##	14 400					
394	E. 30'	H S	7	025	7			X Othe	er (i.e. priv	(Other than rate & comm	K-12) ercial b	uilding	s, hor	nes,		
City (5)	RSON		12		/			Square F		Bldg. Age						
County (6)	SA; C				Code (7)	<i>(</i>)		Current Use (Prior if being demolished)								
Name of Monitoring Firm H			1		M No.		Mana	N/A	10.1							
ENVIRONMENTAL	TACTICS	Owner (o	,	0045			UNIC	of Abatem QUE SYS	ent Contra	octor (9) OF AMER	ICA					
Street Address 64 BROAD STREET								riet Address 96 WHITEHEAD AVE.								
City, State, Zip Code MATAWAN, NJ 0774	.7						ity, State, Zip Code SOUTH RIVER, NJ 08882									
Project Manager for Monito	Project Manager for Monitoring Firm						Teleph	Telephone No. License No. 732-432-8350 01111								
Start Date (10)								of OSHA N		0111	I					
5/10/2017		12/31/	2017							OF AMER	ICA					
Occupancy Status During		100000000000000000000000000000000000000	0000				1,777,000,000,000	Address WHITEH		_						
Facility Closed/Vacate Abatement Performed	Outside of Norn	Period of a nal Facility	Abater / Hour	nent s				itate, Zip Co		E.						
Scope of Work (Check All								OUTH RIVER, NJ 08882								
≥3 sf or ≥3 if	mat Apply)	X F	Renova	ation			Г	Full Containment with Negative Reserve								
≥160 sf or ≥260 lf			Demoli					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		T -						I Non-Exe	empted (*)	and Non-Fr	iable Pr	-				
Location of	f	10	Locati Iormal			Do	i-ti	-5					emen ype	E		
Asbestos-Containing Mi	aterial (ACM)	Use Ma	d Sole intena	ely by	Asbes	tos Cont	scription taining M	laterial (ACI	M)	Amount		T	Tm			
In Facility	<u>EU</u>		odial S		(i.e.		systems cing, VA	insulation, T. or		(Specify SF or LF)	Remova	Re	ncar	End		
(13)			(12)	_		other r	niscellan	eous)		,	noval	Repair	Encapsulate	Enclosure		
OUTDOOR	20	Yes	No	N/A									ਰਿ	(3)		
OUTDOOF			X			PIPE	SOMA	TIC		200	X	-				
Name of Registered Waste	Hauler		I N	IDED W		0.55										
WASTE MANAGEMEN			H	NJDEP Waste Cubic of War 1125 APP			ste	1 33	Name of Registered Landfill GROWS NORTH							
City, State ELIZABETH, NJ					Disposal Date TBD				Dale City, State MORRISVILLE, PA							
Completed by Title					0				Date							
CAROL RAIMO	CE M	MGR. Likel					(december) 4/21/2017									

Ch-8014

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

"OPEN NOTIFICATION"

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Date of Notification (1) 4/21/2017			Name PSE	of Buildir &G	ng Owner	/Operato	r (2)		EG	E			-			
Agencies Notified Type Notification	n			Address HADLI		4E)		1 250	2 07 0	. ^	4 20	17	1 1			
DEP Amended Amendme	nt#			State, Zip		D N I (7068		APF	2	1 20	1.1	1 Securita			
□ Emergenc justification □ DCA □ Cancellation	y (includin n)	g	Name	of Contac	ct		77006		Telephone!	Numbe	ONT C	noi	2			
			E	REY G		T. C. L.					•	= 3				
Name of Facility Where Abatement is Tak PSE&G - L-1364 CIRCUIT LOCA	ing Place	(3)		CILITY IN	FORMA	IION	Type of Facility (4)									
Street Address					2054		Subcl	ol (K-12) hapter 8 (Other than h	(-12)						
139 E. 30TH 57	. No	RTI	4 OF	: 117	AAV	E.	X Other etc.) Square Fe		# of Floors	ercial b	-		nes,			
County (6)		-					N/A		Bldg. Age N/A							
PASSAIC			County (STATE	Code (7) USE ONL) .Y)		Current Use (Prior if being demolished) N/A									
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	ASC 004	M No. 5		Name	me of Abatement Contractor (9) NIQUE SYSTEMS OF AMERICA									
Street Address 64 BROAD STREET						Street	eet Address 6 WHITEHEAD AVE.									
City, State, Zip Code MATAWAN, NJ 07747						City, S	tate, Zip Cod	de								
Project Manager for Monitoring Firm		Telepho	one No.		1	DUTH RIVER, NJ 08882 ephone No. License No.										
TOM GEIGER Start Date (10)	od Ca		90-221 Date (11		732-4	2-432-8350 01111										
5/10/2017	12/31/	2017	mpletion	Date (11)		OF OSHA MO NUE SYST		F AMERIC	CA						
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	Period of	Ahater	ment				Address VHITEHE	AD AVE								
Abatement Performed Outside of Norm Other – Describe; OUTDOORS	mal Facility	y Hour	S			City, St	ate, Zip Cod	le								
Scope of Work (Check All That Apply)			8450			SOUTH RIVER, NJ 08882										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is	Locat	inn				NOTI-EXE	ripied () a	and Non-Fria	able Pr	2000000	e emen				
Location of Asbestos-Containing Material (ACM)	1	Vorma d Sole	lly	2-1		scription of				_		/pe				
TO BE ABATED In Facility (13)		intena todial ((12)			. thermal surfac				Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure			
OUTDOODS	Yes	No	N/A									ite	6			
OUTDOORS		X			PIPE	SOMA	TIC		200	Х						
								-		+						
Name of Registered Waste Hauler		1.0														
WASTE MANAGEMENT		H	JDEP W auler ID 125		of Was	te		e of Regis DWS NO	tered Landfi DRTH	11						
City, State ELIZABETH, NJ					Disposal Date City, State TBD MORRISVILLE, PA											
Completed by Title						gnature		1 ,	D	ate						
CAROL RAIMO OFFICE MGR.						ince	el X	BUN	20 4	/21/20	017					

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State of New Jersey

UN 8014		NOTI (OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)								A	10	N			
Date of Notification (1) 4/21/2017			Name PSE8	of Building	g Owner/	Operator	(2)			L'D			A STATE OF THE PARTY OF T			
Agencies Notified Type Notification	1		1 10 10 10 10 10 10 10 10 10 10 10 10 10	Address HADLE	Y ROA	.D			APP	27	20	17	Lam			
EPA X Initial Amended Amendmer	nt #		City, St	tate, Zip C	Code		7060	1	SREST	OS O	ONT	TOL	32			
☐ Emergency	(includin	g		of Contact			7000	1	1.1	CEMS	SIME		*******			
DOH justification Cancellatio) n		400000000000000000000000000000000000000	REY GA					lephone N	iumber						
Name of Facility 186-			FAC	ILITY INF	ORMAT	ION					_	I E A MARIE				
Name of Facility Where Abatement is Taki PSE&G - L-1364 CIRCUIT LOCA Street Address	ng Place TION #	(3)					Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)									
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PATERSON	_65	and the same of th					Square Feet N/A	# c	f Floors	- 22	Bldg.	Age				
County (6) PASSAIC			County (STATE	Code (7)	Y)		Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.			N/A Name of Abatement Contractor (9)									
ENVIRONMENTAL TACTICS Street Address			004	5			UE SYSTE	MS OF	AMERIC	CA						
64 BROAD STREET							eet Address 96 WHITEHEAD AVE.									
City, State, Zip Code MATAWAN, NJ 07747						City, State, Zip Code SOUTH RIVER, NJ 08882										
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	one No. 90-2217	,	Telephone No. License No. 732-432-8350 01111										
Start Date (10) 5/10/2017	Schedu 12/31/			Date (11)			of OSHA Monit UE SYSTE		AMERIC	`^						
Occupancy Status During Abatement (Che-	CONC ON COME	900000000000000000000000000000000000000				Street A		100 01	TIVILITIE	<i>,</i> ,,		2.0.000				
Facility Closed/Vacated During Entire	Period of	Abater	ment				VHITEHEAD	DAVE.								
Abatement Performed Outside of Non Other – Describe: OUTDOORS	nal Facilit	y Hour	s				ate, Zip Code TH RIVER,	NJ 0888	32							
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure									
	T	1 25 1 25				×	Non-Exemp	ted (*) an	d Non-Fria	ble Pro						
Location of		s Locat Norma	lly		Des	scription (of					ement pe				
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena		Asbes	tos Cont	aining Ma	aterial (ACM) insulation,		mount	_		ш	m			
In Facility (13)	Cus	todial ((12)	Staff?	(1.6.	surfac	cing, VAT	, or		pecify or LF)	Remova	Repair	icaps	Enclosure			
(13)	Yes	No	N/A		otner m	niscellane	ous)			oval	ai-	Encapsulate	sure			
OUTDOORS	103	X	1 100		PIPE	SOMA	TIC		200	X						
Name of Decision different II					,											
Name of Registered Waste Hauler WASTE MANAGEMENT		H	Hauler ID No. of			Yards ste 1. 15	149	Name of Registered Landfill GROWS NORTH								
City, State ELIZABETH, NJ		Disposal Date				City, St		F PA								
Completed by	Signature Da					ate		-								
CAROL RAIMO	1GR.		10	11ak	el X	icon	((()	/21/20)17							

CH8014	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)													
Date of Notification (1) 4/21/2017			Name PSE	of Buildin	g Owner/	Operato	r (2)				V	L	1	
Agencies Notified Type Notification EPA Initial				Address HADLE	Y ROA	.D	i		APR	21	201	7		
DEP Amended Amendmen			City, S	state, Zip (TH PLA	Code INFIEL	D. NJ (07068	L MS	BESTO	9.00	ATTE	70i	1	
☑ DOH ☐ Emergency justification) ☐ DCA ☐ Cancellation		g	Name	of Contac	t		i i		elephone N	*** * * *** *	1.00	\\ \(\) \(\) \(\)		
Name of Facility Where Abatement is Takir	ng Place	(3)	FAC	CILITY IN	ORMAT	ION	Type of Facili	ty (4)						
PSE&G - L-1364 CIRCUIT LOCATION Street Address 10 - 90 ARNO		-0	R AC				School (K-12) iter 8 (Ot	her than K- & commer	12) cial bu	ildings	s, hon	nes,	
FAIR LAWN							Square Feet N/A	uare Feet # of Floors			Bldg. A			
BERGEN			County (STATE	Code (7) USE ONL	Y)		Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	ASC 004	M No. 5			ne of Abatement Contractor (9)							
Street Address 64 BROAD STREET						1000 5000	eet Address 6 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747						City, State, Zip Code SOUTH RIVER, NJ 08882								
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No. 90-2217	,	eleph	relephone No. License No. 732-432-8350 01111							
Start Date (10) 5/10/2017	Schedu 12/31/		mpletion	Date (11)			of OSHA Monito			A				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire R			2004			Street	Address VHITEHEAD		,					
Abatement Performed Outside of Norm Other – Describe: OUTDOORS	al Facility	y Hours	S			City, St	tate, Zip Code TH RIVER, N		32		-			
Scope of Work (Check All That Apply)								10 000		-				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
Location of	100	Locati				8 6					Abate		t	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/		tos Conta thermal : surfac		aterial (ACM) insulation, , or	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure	
OUTDOORS	Yes	No	N/A		212=					_		ate	6	
OUTDOORS		X			PIPE	SOMA	TIC		200	X				
												-		
Name of Register 1114														
Name of Registered Waste Hauler WASTE MANAGEMENT		H	NJDEP Waste Hauler ID No. 1125 Cubic Yards of Waste APPX. 15				Name of Registered Landfill GROWS NORTH							
City, State ELIZABETH, NJ		_	204726 P. J		Disposa TBD		City, Sta		E. PA			-		
Completed by CAROL RAIMO		Sig	gnature		1	Da	te 21/20	17						