



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

Date of Notification (1) 12/18/13		Name of Building Owner/Operator (2) PSE&G Fossil LLC Mercer Generating Station							
Agencies Notified	Type Notification	Street Address 2512 Lambertson Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Hamilton, New Jersey 08611							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mark Schwartzkopf	Telephone Number 609-599-7004						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSE&G Fossil LLC Mercer Generating Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2512 Lambertson Road		Square Feet 150,000	# of Floors 10						
City (5) Hamilton, New Jersey 08611		Bldg. Age 50							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Total Environmental Solutions		ASCM No. _____	Name of Abatement Contractor (9) Brand Energy Services, LLC						
Street Address 1681 Hewes Avenue		Street Address 740 Veterans Drive							
City, State, Zip Code Linwood, PA 19061		City, State, Zip Code Swedesboro, New Jersey 08085							
Project Manager for Monitoring Firm Ed Igelesias		Telephone No. 302-344-4217	License No. 01009						
Start Date (10) 1/06/2014	Scheduled Completion Date (11) 12/31/2014	Name of OSHA monitor Total Environmental Solutions							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Active Electric Power Plant</u>		Street Address 1681 Hewes Avenue							
		City, State, Zip Code Linwood, PA 19061							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Unit #1 & #2 Powerhouse	X			Thermal System	1,000 LF	X			
Unit #1 & #2 Powerhouse	X			Thermal System	2,000 SF	X			
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 40 CY	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Trenton, New Jersey		Disposal Date *		City, State Tullytown, PA					
Completed by Gary Fedor		Title Area Multi-Service Manager		Signature 		Date 12/18/2013			

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

Date of Notification (1) <b>12/16/2013</b>		Name of Building Owner/Operator (2) <b>Fairleigh Dickinson University</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>285 Madison Avenue</b>						
			City, State, Zip Code <b>Madison, NJ 07940</b>						
		Name of Contact <b>Paul Palladino</b>	Telephone Number <b>973-443-8926</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Dreyfuss Building, FDU Campus</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>285 Madison Avenue</b>		Square Feet <b>20,000 SF</b>	# of Floors <b>3</b>						
City (5) <b>Madison, NJ 07940</b>		Bldg. Age <b>49+</b>							
County (6) <b>Morris County</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>University</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Design, Inc</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Valiant Associates, LLC</b>						
Street Address <b>5434 King Avenue, Suite 101</b>		Street Address <b>145 Mill Street</b>							
City, State, Zip Code <b>Pennsauken, NJ 08109</b>		City, State, Zip Code <b>Paterson, NJ 07501</b>							
Project Manager for Monitoring Firm <b>Tom Pruno</b>		Telephone No. <b>888-306-4545</b>	License No. <b>01108</b>						
Start Date (10) <b>12/26/2013</b>	Scheduled Completion Date (11) <b>12/30/2013</b>	Name of OSHA Monitor <b>Valiant Associates, LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>145 Mill Street</b>							
		City, State, Zip Code <b>Paterson, NJ 07501</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Hallway			X	Tile and Mastic	2,100 SF	X			
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20970</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>12/30/2013</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed By <b>Miodrag Stamenovic</b>		Title <b>Project Manager</b>		Signature 		Date <b>12/16/2013</b>			



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

Date of Notification (1) <b>12/16/2013</b>		Name of Building Owner/Operator (2) <b>Fairleigh Dickinson University</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>285 Madison Avenue</b>							
		City, State, Zip Code <b>Madison, NJ 07940</b>							
		Name of Contact <b>Paul Palladino</b>	Telephone Number <b>973-443-8926</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Wellness Center, FDU Campus</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>285 Madison Avenue</b>		Square Feet <b>3,400 SF</b>	# of Floors <b>2</b>						
City (5) <b>Madison, NJ 07940</b>		Bldg. Age <b>61</b>							
County (6) <b>Morris County</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>University</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Design, Inc</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Valiant Associates, LLC</b>						
Street Address <b>5434 King Avenue, Suite 101</b>		Street Address <b>145 Mill Street</b>							
City, State, Zip Code <b>Pennsauken, NJ 08109</b>		City, State, Zip Code <b>Paterson, NJ 07501</b>							
Project Manager for Monitoring Firm <b>Tom Pruno</b>		Telephone No. <b>888-306-4545</b>	License No. <b>01108</b>						
Start Date (10) <b>12/26/2013</b>	Scheduled Completion Date (11) <b>12/30/2013</b>	Name of OSHA Monitor <b>Valiant Associates, LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>145 Mill Street</b>							
		City, State, Zip Code <b>Paterson, NJ 07501</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)						
	Yes	No		N/A					
Waiting Room Window			X	Caulking	24 LF	X			
Waiting Room Window			X	Glazing	35 LF	X			
Above & Below waiting room window			X	Plaster	24 SF	X			
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20970</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>12/30/2013</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed By <b>Miodrag Stamenovic</b>		Title <b>Project Manager</b>		Signature <i>Miodrag Stamenovic</i>				Date <b>12/16/2013</b>	

ASB41

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



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

CHECK #: 8339

Date of Notification (1) 12/16/13		Name of Building Owner/Operator (2) FRANK GALLAGHAN								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 670 8TH ST		City, State, Zip Code SECAUCUS, N.J. 07096								
Name of Contact FRANK GALLAGHAN		Telephone Number (201) 281-4258								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 670 8TH ST		Square Feet 1650	# of Floors 2							
City (5) Secaucus		Bldg. Age + 50								
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc							
Street Address		Street Address 105 Lowell Road								
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452								
Project Manager for Monitoring Firm		Telephone No.	License No. 00156							
Start Date (10) 12/30/13	Scheduled Completion Date (11) 1/30/13	Name of OSHA Monitor Omega Environmental Services Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)  684 sf	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
			✓	VAT		✓				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.						
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 12/30/13		City, State, Zip Code Bethlehem, PA 18015						
Completed by Joseph Vocaturio		Title Operations		Signature J. Vocaturio				Date 12/16/13		

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



Dec 16 2013 02:56pm

P001/001

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

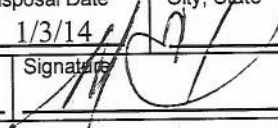
CHECK #: 8339

Date of Notification (1) <b>12/16/13</b>		Name of Building Owner/Operator (2) <b>Hackensack Country Club</b>		APPROVED NJ Dept. of Health & Senior Services <i>(Signature)</i> Date: <b>12/16/13</b> Time: <b>2:57 PM</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>859 Soldier Hill Road</b> City, State, Zip Code <b>Emerson, NJ 07630</b>	
		Name of Contact <b>Rich</b>		Telephone Number <b>(201) 848-9104</b>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Hackensack Country Club</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>859 Soldier Hill Rd.</b>				Square Feet	
City (5) <b>Emerson</b>				# of Floors <b>1</b>	
County (6) <b>Bergen</b>				Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>commercial</b>			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>A. MAC Contracting Inc</b>	
Street Address				Street Address <b>105 Lowell Road</b>	
City, State, Zip Code				City, State, Zip Code <b>Glen Rock, NJ 07462</b>	
Project Manager for Monitoring Firm		Telephone No.		License No. <b>00156</b>	
Start Date (10) <b>12/17/13</b>		Scheduled Completion Date (11) <b>12/30/13</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address <b>280 Huyer Street</b> City, State, Zip Code <b>Hackensack, NJ 07606</b>	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 ft <input type="checkbox"/> ≥160 sf or ≥250 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
<b>LOCKER ROOM</b>			<input checked="" type="checkbox"/>	<b>VAT</b>	<b>120sf</b>
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>		Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>	
City, State, Zip Code <b>Riverdale, NJ 07457</b>		Disposal Date		City, State, Zip Code <b>Bethlehem, PA 18015</b>	
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <i>(Signature)</i> Date <b>12/16/13</b>	



CK # 25373

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

Date of Notification (1) <u>12/17/13</u>		Name of Building Owner/Operator (2) <u>Chambers Properties, LLC</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>20 Nassau Street Suite 129</u>	
		City, State, Zip Code <u>Princeton, NJ 08542 DEC</u>	
		Name of Contact <u>Jeremiah Obert</u>	Telephone Number <u>(609) 865-2905</u>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Retail Store</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>20 Nassau Street</u>		Square Feet <u>30,000</u>	# of Floors <u>3</u>
City (5) <u>Princeton</u>		Bldg. Age <u>80</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>offices/retail</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>1-800</u>	License No. <u>00493</u>
Start Date (10) <u>12/26/13</u>	Scheduled Completion Date (11) <u>1/3/14</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Retail Store</u>		<input checked="" type="checkbox"/>	<u>Pipe Insulation</u>
			<u>49 LF</u>
			<input checked="" type="checkbox"/>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>	
		Disposal Date <u>1/3/14</u>	City, State <u>Tullytown, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>12/17/13</u>

**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Date of Notification (1) 12 / 18 / 13		Name of Building Owner / Operator (2) PSE&G					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL  Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Street Address 80 PARK PLAZA					
		City, State, Zip Code NEWARK, NJ 07101					
		Name of Contact DAWN NEVILLE	Telephone Number 973-944-8210				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) SUSQUEHANNA - ROSELAND PROJECT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)					
Street Address SEE ATTACHED							
City (5)	County (6)	County Code (7)	Square Feet N/A # Of Floors N/A Building Age N/A Current Use (Prior if being demolished) N/A				
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLANTIC ENVIRONEMENTAL		ASCM NO	Name of Abatement Contractor (9) LVI Demolition Services Inc.				
Street Address 2 EAST BLACKWELL ST		Street Address					
City, State, Zip Code DOVER, NJ		32 Williams Parkway					
Project Mngr. For Monitoring Firm BOB SHERIFF		Telephone Number 973-366-4660	City, State, Zip Code East Hanover, NJ 07936				
Scheduled Start Date (10) 01 / 06 / 14	Sched. Completion Date (11) 03 / 30 / 14	Telephone Number	License Number 00860				
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 5:00PM		Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936					
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TAR/MASTIC	1160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEE ATTACHED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler OWNER		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill OWNER			
City, State		Disposal Date		City, State			
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>	Date 12/18/13			



Tower #	
42/2 (DP)	Hardwick
42/3 (DP)	Hardwick
42/4 (DP)	Hardwick
42/5 (RB)	Hardwick
43/1 (DP)	Hardwick
43/2 (DP)	Hardwick
43/3 (DP)	Newton
43/4 (DP)	Newton
44/1 (RB)	Newton
44/3 (DP)	Newton
44/4 (DP)	Newton
44/5 (RB)	Newton
44/5A (RB)	Newton
45/1 (RB)	Newton
45/2 (RB)	Newton
45/3 (DP)	Newton
45/4 (DP)	Newton
46/1 (RB)	Newton
46/2 (DP)	Newton
46/3 (DP)	Newton
46/4 (RB)	Newton
46/5 (RB)	Newton
47/1 (DP)	Newton
47/2 (RB)	Newton
47/3 (DP)	Newton
47/4 (DP)	Newton
47/5 (RB)	Newton
47/6 (RB)	Fredon
48/1 (RB)	Fredon
48/2 (RB)	Fredon
48/3 (RB)	Newton
48/4 (RB)	Newton
49/1 (DP)	Fredon
49/1A (DP)	Newton
49/2 (DP)	Newton
49/3 (DP)	Newton
49/4 (RB)	Newton
49/5(RB)	Newton
50/1 (DP)	Newton
50/2 (DP)	Newton
50/3 (DP)	Newton
50/4 (DP)	Newton
51/1 (DP)	Newton
51/2 (DP)	Newton

### **g 3 Tower Locations**

Descr of Nearest Intersection
.4 mi NE of Sandpond rd and Evergreen Dr
.46 mi NE of Sandpond rd and Evergreen Dr
.06 mi W of 65 Sandpond Rd
.10 mi E of 65 Sandpond Rd
.37 mi E of 65 Sandpond Rd
.5 mi E of 65 Sandpond Rd
.30 mi W of 920 Hardwick Rd
.05 mi W of 920 Hardwick Rd
.25 mi E of 920 Hardwick Rd
.13 mi S of Mt Holly Rd and Middleville Rd
.20 mi S of Mt Holly Rd and Middleville Rd
.36 mi S of Mt Holly Rd and Middleville Rd
.06 mi E of 913 Pompey Lane
.28 mi SW of Pompey and Fairview Lake Lane
.26 mi S of Pompey and Fairview Lake Lane
.30 mi W of Stillwater Rd and Saddleback Rd
.06 mi W of Stillwater Rd and Saddleback Rd
.11 mi E of Stillwater Rd and Saddleback Rd
.26 mi E of Stillwater Rd and Saddleback Rd
.20 mi NW of Saddleback Rd and Potters Rd
.22 mi NE of Saddleback Rd and Potters Rd
.32 mi NE of Saddleback Rd and Potters Rd
.47 mi NE of Saddleback Rd and Potters Rd
.28 mi SW Old Middleville Rd and Kohlbocker Rd
.10 mi SW Old Middleville Rd and Kohlbocker Rd
.03 mi N of Stillwater Station Rd and Old Middleville Rd
.15 mi E of Stillwater Station Rd and Old Middleville Rd
.10 mi N of Warner Rd and Fredon Marksboro Rd
.14 mi NE of Warner Rd and Fredon Marksboro Rd
.34 mi E of Warner Rd and Fredon Marksboro Rd
.03 mi S of 9 Verdona Rd
.24 mi S of Stillwater Rd and Verdona Rd.
.24 mi S of Phil Harden Rd. and Rt. 94
.28 mi SE of Phil Harden Rd. and Rt. 94
.36 mi E of Phil Harden Rd. and Rt. 94
.35 mi SE of Paulinski Rd. and Rt. 94
.26 mi SE of Lolyd Rd. and James Terrace
.12 mi W of Tower Rd. and Willows Rd
.13 mi E of Tower Rd. and Willows Rd.
.29 mi E of Tower Rd. and Willows Rd.
.27 mi SW of Highview Rd. and Running Hills Drive
.06 mi SW of Highview Rd. and Running Hills Drive
.07 mi W of Running Hills Drive and Sarah Lane
.13 mi SE of Running Hills Drive and Sarah Lane



51/3 (RB)	Newton
51/4 (RB)	Newton
51/5 (RB)	Newton
52/1 (RB)	Newton
52/2 (RB)	Newton
52/3 (DP)	Newton
52/4 (RB)	Newton

.30 mi NE of Meadow Lane and Ridge Road
.30 mi W of Babbitt Ct. and Douma Dr.
.12 mi SW of Douma Dr. and Ryerson Ave.
0.07 mi NE of Woodside Ave. and Merriam Ave.
.11 mi SE of Woodside Ave. and Merriam Ave.
.09 mi W of Windsor Dr. and Buckingham Ct.
.21 mi S of Windsor Dr. and Paterson Place

DEC 19 73



53/3 (RB)

Newton

.1 mi SE of Caitlan Ct and Brook Valley Way

53/4 (RB)

Newton

.25 mi SE of Caitlan Ct and Brook Valley Way

DEC 19 2013

53/5 (RB)

Newton

.15 mi NW of 99 Goodale Rd

53/6 (DP)

Newton

.08 mi SE of 99 Goodale Rd

54/1 (RB)

Newton

.25 mi SE of 99 Goodale Rd

54/2 (DP)

Newton

.05 mi N of 494 Limecrest Rd