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

### Date of Notification
**12 / 09 / 15**

### Name of Building Owner/Operator
**CAMPBELL'S SOUP COMPANY**

### Street Address
**1 CAMPBELL PLACE**

### City, State, Zip Code
**CAMDEN, NJ 08103**

### Name of Contact
**MS. KERRIN DONELLY**

### FACILITY INFORMATION

#### Name of Facility Where Abatement Is Taking Place
**CAMPBELL'S**

#### Street Address
**1 CAMPBELL PLACE**

#### City
**CAMDEN**

#### County
**CAMDEN**

#### Name of Monitoring Firm Hired by Building Owner
**CRITERION LABS**

#### Street Address
**3370 PROGRESS DRIVE**

#### City, State, Zip Code
**BENSalem, PA 19020**

#### Project Manager for Monitoring Firm
**ERIC WYSOCKI**

#### Telephone No.
**215 244-1300**

#### Occupancy Status During Abatement
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe
- Time of Abatement: **7AM- PM/ PM-7AM**

#### Scope of Work
- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 sf

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

<table>
<thead>
<tr>
<th>PILOT PLANT</th>
<th>TRANSITE CEILING</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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

#### Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
**10,000 SF**

#### Amount (Specify SF or F)
**10,000 SF**

#### Name of Registered Waste Hauler
**MINERVA LANDFILL**

#### City, State
**WAYNESBURG, OH 4688**

#### Completed By (Print or Type)
**DAMIAN LAVELLE**

#### Title
**PROJECT MGR.**

#### Signature

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

State of New Jersey

Date of Notification (1) 12 / 09 / 15

Name of Building Owner/Operator (2) CAMPBELL'S SOUP COMPANY

Agencies Notified
- X EPA
- X DOLWD
- X DHSS
- X DCA (NJAC 5:23-6)

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

Street Address 1 CAMPBELL PLACE
City, State, Zip Code CAMDEN, NJ 08103

Name of Contact MS. KERRIN DONNELLY
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CAMPBELL'S

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

Square Ft 20,000

Current Use (Prior to being demolished)

# of Stories 2
Bidg. Age 86

Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS

ASCM No.

Name of Abatement Contractor (9) DELTA/BJDS, INC

Street Address 1345 INDUSTRIAL BLVD
City, State, Zip Code SOUTHAMPTON PA

License No. 01783

Project Manager for Monitoring Firm ERIC WYSOCKI

TelephoneNumber 215 244-1300

Name of OSHA Monitor EHS

Street Address 411 SOUTH GATE SUITE E
City, State, Zip Code MICKLETON NJ 08056

License No. 01783

Start Date (10) 12 / 01 / 15
Scheduled Completion Date (11) 02 / 16

Occupancy Status During Abatement (Check only one)
- □ Facility Closed/Vacated During Entire Period of Abatement
- X Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-____PM/____PM-7AM

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

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

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
- X Removal
- □ Repair
- □ Encapsulation
- □ Endorse

Transite Ceiling 10,000 SF

PILOT PLANT

Name of Registered Waste Hauler SERVICE TRANSPORT

Waste Hauler ID No. NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill MINERVA LANDFILL

Disposal Date MAY 11

City, State WAYNESBURG, OH 44688

Completed By (Print or Type) DAMIAN LAVELLE
Title PROJECT MGR.

Signature

Date 12/17/2015

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

Date of Notification (1)
12 / 22 / 15

Name of Building Owner/Operator (2)
Township of Branchburg

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

Type Notification
☑ Initial
[ ] Amended
[ ] Amendment # ______
☐ Emergency (including justification)
[ ] Cancellation

Street Address
34 Kenbury Road

City, State, Zip Code
Somerset, NJ 08876

Name of Contact
Cynthia Weaver

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Department of Public Works Garage

Square Feet
3000

☑ # of Floors
1

Bidg. Age
75

County (6)
Somerset

County Code (?)/ (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Hillmann Consulting, LLC

ASCM No.
0023

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
1600 Route 22 East

City, State, Zip Code
Union, NJ 07083

Project Manager for Monitoring Firm
Craig ABRAMS

Telephone No.
908-686-0315

License No.
718-605-6256

Start Date (10)
12 / 29 / 15

Scheduled Completion Date (11)
12 / 30 / 15

Name of OSHA Monitor
Testor Tech

Occupancy Status During Abatement (Check only one)
☑ Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM-12PM/12:30PM-AM

Street Address
1059 Jackson Avenue

City, State, Zip Code
LIC, NY 11101

Scope of Work (Check all that apply)

☑ ≥3 sf or ≥3 ft
☑ ≥160 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

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

Location

Water Heater Room

Yes No N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
NJ-556

Cubic Yards of Waste
3

Name of Registered Lanti fill
T.R.R.F

City, State
Newark, New Jersey

Disposal Date
08/09/14

City, State
Tullytown Pa.

Completed By (Print or Type)
Ignatius Marraccino

Title
Project Manager

Signature

Date
12-22-15

ASB-41
MAY 11

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12 / 18 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ms. Barbara Harris / Job #1512 2048 Chk. #4183</td>
</tr>
<tr>
<td>Street Address</td>
<td>7960 Pebble Brook Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Springfield, VA 22153</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Barbara Harris</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1140 Monmouth Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Easthampton</td>
</tr>
<tr>
<td>County (5)</td>
<td>Burlington</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>1500 Square Feet</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Vacant</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
<tr>
<td>Street Address</td>
<td>3859 Sylton Boulevard</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hainesport, NJ 08036</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-702-0400</td>
</tr>
<tr>
<td>License No.</td>
<td>00612</td>
</tr>
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</table>

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Name</th>
<th>Dave &amp; Steve Flanagan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>856-848-0800</td>
</tr>
</tbody>
</table>

**Occupy Status During Abatement (Check only one)**

- Yes, Abatement Closed/Vacated During Entire Period of Abatement
- Yes, Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM-AM-PM-AM

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

- Attic: Assumed ACM - Vermiculite 1500 SF

**Name of Registered Waste Hauler**

- Freehold Cartage, Inc.

<table>
<thead>
<tr>
<th>City, State</th>
<th>Freehold, NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>1/8/16</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

**Compliance**

- Negative Pressure Enclosure

**Endorsements**

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
</table>

**Signature**

Kimberly A. Trumbetti
Office Coordinator

Date: 1/2/15

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

Date of Notification (1)
12/21/2015

Name of Building Owner/Operator (2)
Merck Sharp & Dohme Corp.

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

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

Street Address
126 East Lincoln Avenue PO Box 2000, RV28-414

City, State, Zip Code
Rahway, NJ 07065

Name of Contact
Sandra Schenk, Director S&E

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Building 75 Power House

Square Feet
15,500

Type of Facility (4)

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

- Power House

Current Use (Prior if being demolished)
2 + Mez

Bldg. Age
48 yrs.

County Code (7)

Current Use (Prior if being demolished)

FACILITY INFORMATION

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Health Investigations, Inc.

Name of Abatement Contractor (9)
Brandenburg Industrial Service

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07871

Telephone No.
973-729-5649

Telephone No.
610-691-1800

License No.
007: 1

Name of OSHA Monitor
Brandenburg Industrial Service

Project Manager for Monitoring Firm
Lisa Lilola

Street Address
2217 Spillman Drive

City, State, Zip Code
Bethlehem, PA 18015

Start Date (10)
1/11/2016

Scheduled Completion Date (11)
1/27/2016

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Abatement Areas will be demarcated

Scope of Work (Check All That Apply)

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

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

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

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

Amoun (Specif SF or Lb)
120 Lb

Abatement Type
- Removal
- Repair
- Encapsulation
- Enclosure

Platform Levels to Roof @ Col. 1.A
X

Name of Registered Waste Hauler
Freehold Cartage, Inc.

Name of Registered Landfill
Lycoming County Resource Management

Cubic Yards of Waste
30

Disposal Date
TBD

City, State
Freehold

City, State
Montgomery

Completed by
Jennifer Strobel

Title
Contract Manager

Signature

Date
12/31/15

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

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>1</th>
<th>8</th>
<th>1</th>
</tr>
</thead>
</table>

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

**Street Address**
15 COLFAIX AVENUE

**City, State, Zip Code**
roselle park, nj 07205

**Name of Contact**
GINA ESPOSITO

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**

15 COLFAIX AVENUE

**City**, **State**, **Zip Code**
roselle park

**UNION**

**County Code (7)**

**State use only**

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

**ASCM No.**

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

**Street Address**

20 California Ave.

**City, State, Zip Code**

**Paterson, NJ 07503**

**Telephone Number**

973-345-8020

**License Number**

01169

**Name of OSHA Monitor**

D & S Restoration, Inc.

**Street Address**

20 California Avenue

**City, State, Zip Code**

**Paterson, NJ 07503**

**Start Date (10)**

12/28/15

**Sched. Completion Date (11)**

01/15/16

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

**Scope of Work (check all that apply)**
- >2 sf or >2 ft
- Renovation
- >160 sf or >260 ft
- Demolition

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

| BASEMENT | PIPE INSULATION | 170 L FT |

**Registered Waste Hauler**

D & S RESTORATION, INC.

**NUDEP Hauler ID#**

13506

**Cubic Yards of Waste**

2 yds.

**Name of Registered Landfill**

TULLY TOWN, RESOURCE RECOVERY

**City, State**

**PATerson, NJ 07503**

**Disposal Date**

12/29/16

**Completed by**

BOGDAN JOLDZIC

**Title**

PRESIDENT

**Signature**

**Date**

12/18/2015

*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 # 1859

Date of Notification (1)
12-14-2015

Name of Building Owner/Operator (2)
Waldwick School District

Agencies Notified
☐ EPA
☐ DEP
☒ DOH
☐ DCA

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

Street Address
155 Summit Ave

City, State, Zip Code
Waldwick, NJ 07463

Name of Contact
Andrew Gamper

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Waldwick HS

Street Address
155 Wyckoff Ave

City (5)
Waldwick

County (5)
Bergen

County Code (7)

Current Use (Prior to being demolished)
School

Square Feet
40,000 +

# of Floors
2

Bldg. Age
50+

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

License No.
01-884

Name of Abatement Contractor (9)
GL Group, Inc

ASCM No.
00117

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

Phone No.
609-704-8850

Name of OSHA Monitor
GL Group, Inc

Project Manager for Monitoring Firm
James Proctor

Street Address
140 Hamburg Tpke

City, State, Zip Code
Bloomingdale, NJ 07403

Start Date (10)
12-28-2015

Completed Date (11)
12-31-2015

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

Scope of Work (Check All That Apply)
☒ ≥ 3 sf or ≥ 3 if
☒ ≥ 160 sf or ≥ 260 if
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Removable Procedure

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

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

Below / Exterior of Cafeteria
☒ X

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surface, VAT, or other miscellaneous)
transite/broken transite

Amount (Specify SF or F)
24 F

Abatement Type
Removal

Endorse

Boiler Room

Cafeteria

Name of Registered Waste Hauler
GL Group, Inc

NJDEP Waste Hauler ID No.
0033034

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Elena Solakov

Title
President

Signature

Date
12-14-2015

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

Date of Notification (1)
12/21/15

Name of Building Owner/Operator (2)
Diana Baldwin

Agencies Notified

□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

Type Notification

☑ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
24 Woodland Ave.

City, State, Zip Code
Keansburg, N.J. 07734

Name of Contact
same

FACILITY INFORMATION

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

Street Address
24 Woodland Ave.

City (6)
Keansburg, N.J. 07734

County (6)
Monmouth

□ School (K-12)
□ Subchapter B (Other than K-12)
□ Other (i.e., private or commercial buildings, homes, etc.)

Square Feet
1500

# of Floors
1

Bldg. Age
50

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
PowRSave

Street Address
27 West Street

City, State, Zip Code
Bloomfield, N.J. 07003

Project Manager for Monitoring Firm

Telephone No.
973-680-0088

License No.
3 : 7

Start Date (10)
1/1/16

Scheduled Completion Date (11)
1/1/16

Name of OSHA Monitor
same

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

Scope of Work (Check All That Apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 150 sf or ≥ 260 if
☑ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

(13)

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)

Amc int (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endure

Endure

Name of Registered Waste Hauler

ProGreen

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Disposal Date

City, State

Completed by
Kevin Slack

Title
VP

Signature

Date
12/21/15

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

Date of Notification (1)
12 / 22 / 15

Name of Building Owner/Operator (2)
IMC Construction Inc

Agencies Notified
- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] PCA
  (NJAC 5:23-8)
Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address
3 Great Valley Parkway Suite 200
City, State, Zip Code
Malvern, PA 19355
Name of Contact
Kevin Sherman
TelephoneNumber

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Shoppes at Riverside Mall
Street Address
309 Hackensack Ave
City (5)
Hackensack
County (6)
Bergen

County Code (7) (STATE USE ONLY)
Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
Controlled Environmental Systems
Street Address
1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code
Spring House, PA 19477
Project Manager for Monitoring Firm
Telephone No.
215 542 7000
License No.
008-7

Start Date (10)
11 / 30 / 15
Scheduled Completion Date (11)
2 / 30 / 16
Name of OSHA Monitor
CES

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-5:30PM/____PM-____AM

Scope of Work (Check all that apply)
- [ ] ≥3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

Is Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) normally under maintenance of building owner?
- [ ] Yes
- [ ] No
- [ ] N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- [ ] NF Waterproof Tar Paper
- [ ] Caulk at Flashing on Brick Wall
- [ ] Tar on Beams
- [ ] Tar on Beams

Abatement Type
- [ ] Encapsulate
- [ ] Remove
- [ ] Repair
- [ ] Encapsulate

Amount (Spf cy or LF)
616 SF
City, State
Flanders, NJ 07836
Disposal Date
1/30/16
Name of Registered Landfill
Grand Central Sanitation
City, State
Penn Argyl, PA

Completed By (Print or Type)
Patricia Visco
Title
Office Manager
Signature

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:20)

**Date of Notification (1)**
18/11/15

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

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

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

**Street Address**
4000 HADLEY ROAD

**City, State, Zip Code**
SOUTH PLAINFIELD, NJ 07080

**Name of Contact**
JOHN MAROTTE

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
PSEG - MH IA

**Street Address**
923-929 FRELINGHUYSEN AVE.

**City**
NEWARK

**County**
ESSEX

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

**ENVIRONMENTAL TACTICS**

**Name of Monitoring Firm Hired by Building Owner (8)**
ACSM No. 0045

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

**Street Address**
64 BROAD STREET

**City, State, Zip Code**
MATAWAN, NJ 07747

**Project Manager for Monitoring Firm**
TOM GEIGER

**Telephone No.**
732-292-2217

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

**Street Address**
396 WHITEHEAD AVE.

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

**Start Date (10)**
10/5/15

**Scheduled Completion Date (11)**
6/30/2016

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

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

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>(12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

**Amount (Specify SF or CF)**

| PIPE SOMASTIC | 200 | F |

**Abatement Type**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>End Use</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 1125

**Disposal Date**
TBD

**WASTE MANAGEMENT**

**City, State**
ELIZABETH, NJ

**Disposal Date**

**Completed by**
CAROL RAANO

**Title**
OFFICE MGR.

**Signature**

**Date**
18/11/15

* Do not use this form for asbestos censure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1): 12/18/15

Name of Building Owner/Operator (2): PSEG

Agencies Notified: [X] EPA, [X] DOH
Type Notification: [X] Initial, [X] Amendment #1

Street Address: 4000 HADLEY ROAD
City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080
Name of Contact: JOHN MAROTTE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
PSE&G - MH 2A
1331 VIRGINIA STREET
City: ELIZABETH
County: UNION

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

Square Feet: N/A
# of Floors: N/A
Bldg. Age: N/A
Current Use (Prior if being demolished): N/A

County Code (STATE USE ONLY):

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

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

License No.: 0 111

Start Date (10): 10/5/15
Scheduled Completion Date (11): 6/30/2018

Name of OSHA Monitor:
UNIQUE SYSTEMS OF AMERICA
Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

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

Scope of Work (Check All That Apply):
[ ] ≥3 sf or ≥3 if
[ ] ≥160 sf or ≥260 if
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and N-friable Procedure

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

OUTDOORS

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

Yes [X], No [ ], N/A [ ]

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

Amount (Specify SF or LF):
200 LF

Abatement Type:

Removal [X], Repair [ ], Encapsulate [ ], Endorse [ ]

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

City, State:
ELIZABETH, NJ
Disposal Date:
TBD
City, State:
MORRISVILLE, PA

Completed by:
CAROL RAIMO
Title:
OFFICE MGR.

Signature:
Date: 12/18/15

ASB-41 (R-06-06)
* Do not use this form for asbestos censured exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 12/17/15

Name of Building Owner/Operator (2): PSEG

Agencies Notified: EPA

Type of Notification: Initial

Street Address: 4000 HADLEY ROAD

City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080

Name of Contact: JOHN MAROTTE

FACILITY INFORMATION

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

PSEG - MH 3A

Street Address: 1387-1499 LOWER RD.

City (5): ELIZABETH

County (5): UNION

County Code (7): N/A

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

ENVIRONMENTAL TACTICS

ASCM No. 0045

Name of Abatement Contractor (9):

UNIQUE SYSTEMS OF AMERICA

Type of Facility (4): Subchapter #2 (Other than K-12)

Square Feet: N/A

# of Floors: N/A

Bldg. Age: N/A

Current Use (Prior to building demolition):

N/A

Name of OSHA Monitor:

UNIQUE SYSTEMS OF AMERICA

Start Date (10): 10/5/15

Scheduled Completion Date (11): 6/30/2016

Occupancy Status During Abatement (Check Only One):

Facility Closed/Vacated During Entire Period of Abatement

Facility Operated Outside of Normal Facility Hours

Other – Describe: OUTDOORS

Scope of Work (Check All That Apply):

x 33 sf or > 33 if

x 160 sf or > 260 If

Renovation

Demolition

x Full Containment with Negative Pressure

Mini-Enclosure

Glovebox Procedure

Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13):

OUTDOORS

x X

PIPE SOMASTIC

Amount (Specify SF or LF): 200 LF

Abatement Type:

Removal

Repair

Encapsulate

Disposal

Name of Registered Waste Hauler:

WASTE MANAGEMENT

NJDEP Waste Hauler ID No.: 1125

Cubic Yards of Waste: APPX 15

Name of Registered Landfill:

GROWS NORTH

City, State:

ELIZABETH, NJ

Disposal Date: TBD

City, State: MORRISVILLE, PA

Completed by:

CAROL RAIMO

Title: OFFICE MGR.

Signature:

Date: 12/17/15

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

**State of New Jersey**

**NOTIFICATION OF ASPEROS ABATEMENT**

(Pursuant to NJAC 8:50 and 12:120)

---

**Date of Notification (1):** 12/17/15

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

**Address:**

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

**Name of Contact:** JOHN MAROTTE

---

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** PSE&G - MH 4A
- **Street Address:** 1303 N. BROAD ST.
- **City:** HILLSIDE
- **County:** UNION

**Type of Activity (4):**

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

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

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

**Street Address:**

- **Street Address:** 396 WHITEHEAD AVE.
- **City, State, Zip Code:** SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm:** TOM GEIGER

**Telephone No.**: 732-282-2217

**License No.**: 0 111

**Start Date (10):** 10/5/15

**Scheduled Completion Date (11):** 6/30/2016

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

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

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

- ≥ 3,000 ft² or ≥ 23 if
- ≥ 150 ft² or ≥ 260 if

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

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

- IN FACILITY (13)

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

- Yes
- No

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

- AMOUNT (Specify SF or .F): 200 .F

---

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

**Waste Hauler ID No.:** 1125

**Cubic Yards of Waste:** APPX 15

**Name of Registered Landfill:** GROWS NORTH

**City, State:** ELIZABETH, NJ

**Disposal Date:** TBD

**City, State:** MORRISVILLE, PA

**Completed by:** CAROL RAIMO

**Title:** OFFICE MGR.

**Signature:**

---

**Print Form**
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

### Date of Notification (1)
- 12/17/15

### Name of Building Owner/Operator (2)
- PSEG

### Street Address
- 4000 HADLEY ROAD
- SOUTH PLAINFIELD, NJ 07080

### Name of Contact
- JOHN MAROTTE
- Tel: [removed]

### Name of Facility Where Abatement is Taking Place (3)
- PSEG - MH SA

### Street Address
- RT. 22 OFF CENTRAL AVE.
- HILLSIDE UNION

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

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

### Square Feet
- N/A

### Name of Abatement Contractor (9)
- UNIQUE SYSTEMS OF AMERICA

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

### City, State, Zip Code
- MATAWAN, NJ 07747
- SOUTH RIVER, NJ 08882

### Telephone No.
- 732-292-2217
- 732-432-8350

### License No.
- 01111

### Name of OSHA Monitor
- UNIQUE SYSTEMS OF AMERICA

### Start Date (10)
- 10/5/15

### Completion Date (11)
- 6/30/2016

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

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>IS Location Normally Used Solely by Maintenance Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Type of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTDOORS</td>
<td>X</td>
<td>PIPE SOMASTIC</td>
<td>200 LF</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- NJDEP Waste Hauler ID No.
  - 1125
  - GROWS NORT (Landfill)

### City, State
- ELIZABETH, NJ
- MORRISVILLE, PA

### Completed by
- CAROL RAIMO
  - OFFICE MGR.
  - [Signature]

### Date
- 12/17/15

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

**Date of Notification**
12/17/15

**Name of Building Owner/Operator**
PSEG

**Street Address**
4000 HADLEY ROAD

**City, State, Zip Code**
SOUTH PLAINFIELD, NJ 07080

**Name of Contact**
JOHN MAROTTE

**Name of Facility Where Abatement is Taking Place**
PSEG - Delaware Substation

**Street Address**
120 Lake Rd

**City**
HILLSIDE

**County**
UNION

**Name of Monitoring Firm**
ENVIRONMENTAL TACTICS

**Address**
64 BROAD STREET

**City, State, Zip Code**
MATAWAN, NJ 07747

**Project Manager for Monitoring Firm**
TOM GEIGER

**Telephone No.**
732-292-2217

**Start Date**
10/5/15

**Scheduled Completion Date**
6/30/2016

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

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

<table>
<thead>
<tr>
<th>Location in Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUDTOORS</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Is Location Normally Used Solely for Maintenance/Custodial Work?**

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

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

<table>
<thead>
<tr>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>X PIPE SOMASTIC</td>
</tr>
</tbody>
</table>

**Amount (Specified or Estimated)**
200 L

**Abatement Type**

<table>
<thead>
<tr>
<th>Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Endorse</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**
WASTE MANAGEMENT

**NJDEP Waste Hauler ID No.**
1125

**Cubic Yards of Waste**
APPX 15

**Name of Registered Landfill**
GROWS NORTH

**City, State**
ELIZABETH, NJ

**Disposal Date**
TBD

**City, State**
MORRISVILLE, PA

**Completed by**
CAROL RAIMO

**Title**
OFFICE MGR.

**Signature**
[Signature]

**Date**
12/17/15

---

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

Date of Notification (1) 12/17/2015
Name of Building Owner/Operator (2) Kosang Koster

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

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

Street Address
33 Battlehill Avenue
Springfield, NJ 07081

City, State, Zip Code
Springfield, NJ 07081

Name of Contact
Kosang Koster

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
33 Battlehill Avenue

Square Feet
10,515

SCHEDULED COMPLETION DATE
12/24/15

Name of Abatement Contractor (9)
Optimum Environmental

Street Address
2717 Linwood Road
Union, NJ 07083

Current Use (Prior if being demolished)
Basement

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

Project Manager for Monitoring Firm

Telephone No.
973-446-2731

License No.
01227

Start Date (10)
12/23/15

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

Scope of Work (Check all that apply)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Basement

Is Location Normally Used Solely by Maintenance/Custodial Staff?
No

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

Amc Int (Specify SF or LF)
105-14X

Abatement Type

Name of Registered Waste Hauler
TRISTATE

NUDEP Waste Hauler ID No.
14953

Cubic Yards of Waste

Name of Registered Landfill
Wayneburg

City, State
1199 Randall Ave, Bronx, NY

Completed By (Print or Type)
EMMANUEL CHOB
Operations Mgr

Signature
Emmanuel Chob

Note: Do not use this form for asbestos licensure exempted activities.