0526-07

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

3-41 Y 11			T MG	R.		Danie	Karel	le	12	19	12	01	5
ompleted By (Print or Type) DAMIAN LAVELLE	Title		10000			Signature	/	-, -, -, -	Date				
58 PYLES LANE, NEW CASTI	E DE. 19	720				Dishosai Date	City, State WAYNESBUF	RG. OH	4688				
ity, State	1		1 2	20990			MINERVA LA	NDFILL					200
SERVICE TRANSPORT				DEP V uler ID	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Cubic Yards of Waste	Name of Register						
ame of Registered Waste Hauler													
		_											
		_							116				
		-				- CLILING		10,000	SF				
PILOT PLANT					TRANSI	TE CEILING		40.00		-	_		-
Asbestos-Containing Material (A: TO BE ABATED IN Facility (13)		Used	d Sole ntenar odial S (12)	ly by nce/	Asber (i.e.	Description of stos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneo	erial (ACM) sulation, or	Amo (Spec SF or	fy	Removal	Repair	Encapsulate	Liciosule
Location of			Locati			000 m 1 12 m				T	atem	ent T	ypr
⊒ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			novatio molitio			☐ Mini-Enclo	ninment with Nega osure Procedure opted (*) and Non-			6			
Scope of Work (Check all that apply			TUIN			MICKLETON	NJ 08056						
Abatement Performed Outside on Time of Abatement: 7AM	f Normal F	acilih	Hour	s - De	scribe	City, State, Zip Co						-/-	
☐ Facility Closed/Vacated During E	Entire Perio	nd of	Ahate	ment		Street Address 411 SOUTH G	ATE SUITE E						
Occupancy Status During Abateme	nt (Check	only o	ne)			EHS							
07 /09 /15					ate (11) 15	Name of OSHA M	onitor						
Start Date (10)	Cohad	lad C			4-1300	215 322-2900		007	3				
Project Manager for Monitoring Fire ERIC WYSOCKI	n	-	10000	phone		Telephone No.		Licens	No.				
BENSALEM, PA 19020						SOUTHAMPT							
City, State, Zip Code						City, State, Zip Co			9				
3370 PROGRESS DRIVE						Street Address 1345 INDUS	TRIAL RIVD						
Street Address						DELTA/BJDS	S, INC						
Name of Monitoring Firm Hired by CRITERION LABS	Building O	wner	(8)	ASCI	VI No.		ent Contractor (9)		a				
CAMDEN				00	unty Code	(7)(STATE USE ONLY)	HEADQUAR		demol	ished)		
County (6)				Co	unty Code	(7)/CTATE LICE ONLY	20,000	2	_		86		
City (5)							Square Feet	# of F	oors		Bldg.	Age	
1 CAMPBELL PLACE							Other (i.e., p	rivate an	comm	ercial	build	ings,	
Street Address							School (K-1)	8 (Other	nan K-1	2)			
CAMPBELL'S	in is rakiri	y riai	JE (J)				Type of Facility						
Name of Facility Where Abateme	nt is Takin	a Die	20 (2)	F	ACILITY	INFORMATION							
Li Car	ncellation					IN DONNELLY							
(NJAC 5:23-8) just	tification)		9	1	me of Conf			Telep	one Nu	mber			
	endment # ergency (ir		ina	11 12		NJ 08103	~ JO!	LICE	COP	ITR	OL		
☑ DOLWD ☐ Am	ended				y, State, Zi	ELL PLACE							
Agencies Notified Type I ☑ EPA ☑ Init	Notification	1			reet Addres		2015	DEC 2	PH	10	50		-
12 / 09	_ / _ 1			1	CAMPBE	LL'S SOUP COM	PANY						
Date of Notification (1)						ding Owner/Operato	r (2)	1.0	7 W	Por A-	1		

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

0526-02

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

RECEIVED

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Date of Notification (1)				Name	e of Buildin	g Owner/Operator (2)	22.00		Sea	the part	Ü	
/	/	5		CA	MPBELL	'S SOUP COMP	ANY	201	DEC 23) =			
	Votification			Stree	t Address)	H	: 51	9
⊠ EPA □ Init	577,001			10	CAMPBEL	L PLACE		A56	ESTOS	29			,
	nended nendment#	ы		City,	State, Zip (Code		-	ELICE	50	HII	m	
	nergency (i		7	CA	MDEN, N	J 08103			-IUC!	A211	¥G	.06	
	tification)	ioiddiii	9	Name	e of Contac	t			one Numb				
☐ Ca	ncellation			MS	. KERRII	DONNELLY	I			-			
				FA	CILITY IN	FORMATION			Ŷ .				
Name of Facility Where Abateme	ent is Takin	g Place	(3)				Type of Facility (4	1)			12.00		
CAMPBELL'S							School (K-12)						
Street Address							Subchapter 8 Other (i.e., pri	(Other	than K-12)	اما اما	وحالماك		
1 CAMPBELL PLACE							homes, etc.)	vale a	u commerc	Jai Du	anunig	3 5,	
City (5)	e e e e e e e e e e e e e e e e e e e						Square Feet	# of	loors	BI	dg. A	ge	
CAMDEN							20,000	2			86		
County (6)				Cou	nty Code (7	(STATE USE ONLY)	Current Use (Prio	r if bei	g demolish	ned)			
CAMDEN							HEADQUAR1	ΓERS					
Name of Monitoring Firm Hired b	y Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
CRITERION LABS						DELTA/BJDS	, INC						
Street Address				-		Street Address			-	-0719	700		-
3370 PROGRESS DRIVE						1345 INDUS	TRIAL BLVD						
City, State, Zip Code		9/1 White				City, State, Zip Co	ode						
BENSALEM, PA 19020						SOUTHAMPT	ON PA						
Project Manager for Monitoring F	irm		Te	lephone	No.	Telephone No.		Lice	se No.				
ERIC WYSOCKI			1 2	215 244	I-1300	215 322-2900		00	783				
Start Date (10)	The state of the s	duled C	omp	letion Da	ate (11)	Name of OSHA M	lonitor		-			- 22	
12 /21 /15	- _	01_ /		02_/	16	EHS							
Occupancy Status During Abater	ment (Chec	k only	one)			Street Address						19000	
☐ Facility Closed/Vacated Durin						411 SOUTH C	SATE SUITE E						
Abatement Performed Outsid					scribe	City, State, Zip Co	ode					-	N
Time of Abatement: 7AM	PM/	PM	- <u>7</u> AN	Л		MICKLETON	NJ 08056						
Scope of Work (Check all that ap	ply)	A											
☐ ≥3 sf or >3 lf		⊠ Re	nove	tion		☐ Full Cont	ainment with Nega	tive P	ssure				
☑ ≥160 sf or ≥260 lf		De				☐ Glovebag							
7-34						Non-Exe	mpted (*) and Non-	-Friabl	Procedure	9			
Location of		0.00	Norm	ation						Ab	atem	ent T	ype
Asbestos-Containing Material	(ACM)	Use	ed Sc	lely by	Asbe	Description o stos Containing Ma		Δι	ount	Re	Re	En	En
TO BE ABATED	,	22,000		nance/		., thermal systems	insulation,		ecify	Removal	Repair	cap	Enclosure
IN Facility (13)		Ous	(12			surfacing, VAT, other miscellane		SF	or LF)	'al		Encapsulate	ure
3.77		Yes	No	N/A		outer misocharte	ous)					te	
PILOT PLANT					TRANS	ITE CEILING		10	00 SF			П	П
					110.010	02.2		10,	00 01	-			
		-											
											Ш	Ш	
Nome of Decistored March 11-1				<u> </u>							Ш		
Name of Registered Waste Haule SERVICE TRANSPORT			NJDEP Hauler I		Cubic Yards of Waste	Name of Registe							
City, State			2099	0	Di	MINERVA L	MINUI	166			- 17		
58 PYLES LANE, NEW CA	STLF DF	1972	0			Disposal Date	City, State WAYNESBU	IPC '	H 44600				
Completed By (Print or Type)	Title					Circut	MATRESDU	no,					
DAMIAN LAVELLE	25555	e ROJE	CT	MCD		Signature	/		10 Dat	e /	, , [7 4	10
ACD 44			VII	WGK.		THE NY	MANAGE	we	W /-	41	1-11	240	17

Check# 25921

Date of Notification (1)				Nome	of Duilding	Owner/Operator (21						
12 /	22 /	15			_	Branchburg	2)			_			
		*			1050	Dianonburg		-	77	2013 000		4	-00#1111
Agencies Notified EPA	Type Notifica	tion			Address				0	2	2	TT	¥.
☑ DOLWD	Amended				(enbury				80 Ly		7	C)
☑ DHSS	Amendme				tate, Zip C				==	,	3	1	7
☑ DCA			g		nerset, N				- mu)			/
(NJAC 5:23-8)	justificatio				of Contact			Telephor	• Numbe	H5.	雪里		177
	☐ Cancellati	on		-	thia Wea								0
				FAC	CILITY IN	FORMATION			0	7	_	•	
Name of Facility Where A			e (3)				Type of Facility (10		9	
Department of Publi	ic Works Ga	arage					☐ School (K-12) ☐ Subchapter 8		n V 12\	:7			
Street Address							Other (i.e., pr			al bu	ilding	S,	
34 Kenbury Road							homes, etc.)						
City (5)							Square Feet	# of Flo	irs	Blo	dg. Ag	ge	
Township of Branch	nburg						3000	1		7	75		
County (6)				Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being	lemolish	ed)			
Sumerset													
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)						
Hillmann Consulting	g, LLC			0023		JVN Restora	tion Inc						
Street Address						Street Address					-		
1600 Route 22 East						47 Foster Ro	ad						
City, State, Zip Code		400-00-00	- 27			City, State, Zip C	ode						
Union, NJ 07083						Staten Island	ı						
Project Manager for Monit	toring Firm		Tele	phone	No.	Telephone No.		License	No.				
Craig ABRAMS			90	08-686	-0315	718-605-6256	3	0077	4				
Start Date (10)	S	cheduled (Comple	tion Da	te (11)	Name of OSHA N	Monitor			11521			
12 /29 /	15	_12	/ 30)_/	15	Testor Tech							
Occupancy Status During	Abatement (C	Check only	one)			Street Address			ill e				
□ Facility Closed/Vacate	A			ment		10 59 Jackso	n Avenue						
☐ Abatement Performed					cribe	City, State, Zip C			A				_
Time of Abatement:	AM- <u>12</u> P	M/ <u>8:30</u> PN		_AM		LIC, NY 1110							
Scope of Work (Check all	that annly)					210, 111 1110	•						
Ocope of Work (Officer all	triat apply)				W		tainment with Neg	ative Pres	ure				
≥3 sf or ≥3 lf			enovat			Mini-End							
☐ ≥160 sf or ≥260 lf		υυ	emoliti	оп			g Procedure empted (*) and No	n-Friable F	rocedure				
			s Loca	tion		-	·				atem	ent T	vpe
Location			Norma			Description of							T
Asbestos-Containing N			ed Sole aintena			stos Containing Ma		Amo		Removal	Repair	nca	Enclosure
TO BE ABA			stodial	Staff?	(1.6	., thermal systems surfacing, VAT		(Spe SF or		ova	=	psu	Sur
(13)	*	1.000	(12)		1	other miscellane				-		Encapsulate	G)
		Yes	No	N/A									
Water Heater Room					Pipe Ins	sulation		24	F				
		П	П						W	П	П	П	П
			+=	-				-					
			\perp							ш	ш	Ш	ш
Name of Registered Wast	te Hauler		100	JDEP !		Cubic Yards of	Name of Regis	tered Lan	fill				
Newark Carting				lauler II NJ-56		Waste 3	T.R.R.F						
City, State				110-00	,,,	Disposal Date	City, State						953%
Newark, New Jersey	/					08/09/14	Tullytown	Pa.					
Completed By (Print or Ty	rpe)	Title		2000		Signature			Dat	е			
Ignatius Marraccino		Proje	ct Mar	nager			Tim m.	ι -	2 1	Λ.	-20	7-1	15
				9		1 / (~)	Added I land	MICAIN	/ /	_1 '	1	7	(J

12 /18	3_ / _	15				ling Owner/Operator Ira Harris		ob #1512	2048	_	hk #	4400	
Agencies Notified Ty	pe Notifica	ation			eet Addres		- 7.5	ob #1512	4040	D C	1	+183	
⊠ EPA ⊠	Initial			200000		s ole Brook Road				ai -	CIT	-	U
	Amended								80	(A)	2		7
□ DHSS	Amendme	ent #		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y, State, Zip						C		j
DCA (NJAC 5:23-8)	Emergend	cy (includ	ling			d, VA 22153			E .	SO	23		T
	justificatio Cancellati			- 1/	me of Conta			Telep	one N		_		
	Cancellati	1011		E	Barbara H	arris		20			1		<
Nome of Facility 1411				F	ACILITY	INFORMATION			5	-1	-		
Name of Facility Where Abate	ement is Ta	aking Pla	ace (3))			Type of Facil	ty (A)		20_		-	14.00
Residential Property							School (K			=	-		
Street Address							☐ Subchapte	er 8 (Other	han K-	12)			
1140 Monmouth Road							Other (i.e.	private an	I comn	nercial	buildi	ngs.	
City (5)							nomes, et	C.)					
Easthampton							Square Feet	100000000000000000000000000000000000000	oors		Bldg.	Age	
County (6)				100	unty Cada	(7)(CTATE 110E 2::::	1500	1			63		
Burlington					unity Code	(7)(STATE USE ONLY)	Current Use (Prior if beir) demo	olished)		
Name of Monitoring Firm Hired	d by Buildi	na Ower	r (0)	1000	MAN		Vacant						
Horizon Environmental	a by buildii	ng Owne	r (8)	ASC	M No.	Name of Abateme				-			
Street Address						Asbestos and	d Mold Servi	ces, Corp					
PO Box 336						Street Address							
						3859 Sylon B	oulevard						
City, State, Zip Code		NOTE PER				City, State, Zip Co							_
Thorofare, NJ 08086						Hainesport, N							
Project Manager for Monitoring	Firm		Te	elephon	e No.	Telephone No.	-5-0000	1.1					
Dave & Steve Flanigan			1,0114.00		8-0800	609-702-0400		Licens					
Start Date (10)													
3			Comp	letion D	ate (11)	Name of OSHA M		800	52				
_1 / _4 / _16	_ .	1	Comp	letion D			onitor	008)2				
	ement (Ch	1eck only	Comp	eletion D		Name of OSHA M	onitor	008	12				_
1 / 4 / 16 Occupancy Status During Abat Facility Closed/Vacated Dur	ement (Ch	1 neck only	Comp	eletion E	16	Name of OSHA M EMSL Analyti	onitor cal, Inc.	008	32				
	ement (Ch	1 neck only Period o	Comp / one) f Abat	ement	16	Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout	onitor cal, Inc.	008	52				
	ement (Ch ing Entire de of Norm	1 neck only Period o	Comp / one) f Abat	ement	16	Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Cor	cal, Inc. e 130 North	008					
	ement (Ch ing Entire de of Norm	1 neck only Period o	Comp / one) f Abat	ement	16	Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout	cal, Inc. e 130 North	008		ō			
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1 / 4 / 16 Occupancy Status During Abate Facility Closed/Vacated During Abatement Performed Outsing Time of Abatement: Scope of Work (Check all that a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED IN Facility	ement (Ch ing Entire ide of Norm AM apply)	1	one) f Abat fty Hot enova emolit s Loca Norma ed Sol aintena stodial	tement urs - De detion ally lely by ance/ Staff?	16escribe AM	Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Coc Cinnaminson, I Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate thermal systems in	onitor cal, Inc. e 130 North de NJ 08077 Ne psure Procedure npted (*) and No	gative Pres	sure E	ıre At	pateme		-
1 / 4 / 16 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: Scope of Work (Check all that a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	ement (Ch ing Entire ide of Norm AM apply)	1	Comp / one) f Abate ty Hoo	tement urs - De M- ation ally by ance/ Staff?	16_escribe AM	Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Co. Cinnaminson, I Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	onitor cal, Inc. e 130 North de NJ 08077 Nepsure Procedure Procedure Procedure (*) and North de crial (ACM) sulation, or us)	gative Pres	rocedu int ify LF)	Removal	pateme	ent Ty	-
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1 / 4 / 16 Decupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: Scope of Work (Check all that a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	ement (Ch ing Entire ide of Norm AM apply)	1	Comp / one) f Abat tity Hoo _PN enova enova Norma ed Sol ainten (12) No	tement urs - De dition ation ally lely by ance/ Staff?	16_escribe AM	Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Co. Cinnaminson, I Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	onitor cal, Inc. e 130 North de NJ 08077 Nepsure Procedure Procedure Procedure (*) and North de crial (ACM) sulation, or us)	gative Pres	rocedu int ify LF)	Removal	pateme	ent Ty	-
1 / 4 / 16 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: Scope of Work (Check all that a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	ement (Ch ing Entire ide of Norm AM	1	Comp / one) f Abat tity Hoo _PN enova enova Norma ed Sol ainten (12) No	tion ally lely by ance/ Staff?	16_escribe AM	Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Co. Cinnaminson, I Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	onitor cal, Inc. e 130 North de NJ 08077 Nepsure Procedure Procedure Procedure (*) and North de crial (ACM) sulation, or us)	gative Pres	rocedu int ify LF)	Removal	pateme	ent Ty	ype Enclosure
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1 / 4 / 16 Occupancy Status During Abate Facility Closed/Vacated During Abatement Performed Outsing Time of Abatement: Scope of Work (Check all that a second s	ement (Ching Entire ide of NormAM	eck only Period o nal Facili PM/ Use Ma Cus Yes	Comp / one) f Abatt Abatt PN enova enova emoliti s Loca Norm: (12) No	tement urs - De M- ation ally lely by ance/ Staff? N/A	Asber (i.e.	Name of OSHA M EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Cor Cinnaminson, I Glovebag Non-Exem Description of stos Containing Mate thermal systems in surfacing, VAT, cother miscellaneous ed ACM - Vermicus Cubic Yards of Waste 5 Disposal Date	onitor cal, Inc. e 130 North de NJ 08077 Nepsure Procedure Inpted (*) and North sulation, or us) Name of Regis GROWS La City, State	gative Preson-Friable I Amc (Spe SF or 1500)	rocedu Int ify LF)	Removal	pateme	ent Ty	-
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CK00535457

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

RECEIVED

Date of Notification (1) 12/21/2015				Building Ov Sharp & [*	2815 DE		20			17	
Agencies Notified Type Notification		9.70	treet Ad		n Ave	nue P0) Box	(2000, R)	Y28-414						
EPA Initial Amended Amendment #_		C	ity, State	e, Zip Code /, NJ 070	9				435E	L	CEN	SIN	ITR IG	OŁ.	
■ Emergency (inc justification) ■ DCA Cancellation	luding	10000	lame of G	Contact Schenk,	Dire	ctor S8	kΕ		Telepho		Numb				
			0.0000000000000000000000000000000000000	ITY INFOR					1	_					
Name of Facility Where Abatement is Taking P Building 75 Power House	Place (3)							of Facility (4 School (K-12	2)		× 40)				
Street Address 126 East Lincoln Avenue							X (Subchapter 8 Other (i.e. pretc.)	rivate & co	mr	ercial				5,
City (5) Rahway							15,5		# of Flo 2 + Me	ez	•	48	ig. Ag yrs.		
County (6) Union			County C	ode (7) SE ONLY)		_	Pow	nt Use (Prio er House		ier	olishe	d)			
Name of Monitoring Firm Hired by Building Ow Environmental Health Investigations,			ASCM 00104					tement Con urg Indust		ric	Con	npan	у		
Street Address 655 West Shore Trail						Street 2217		ss man Drive	9						
City, State, Zip Code Sparta, NJ 07871								ip Code n, PA 180	15						
Project Manager for Monitoring Firm Lisa Liloia			Telephor	e No. 9-5649		Teleph 610-6				cer	se No.				
	Scheduled /27/20		pletion [Date (11)				HA Monitor urg Indust	trial Serv	ric	· Cor	npar	ny		
Occupancy Status During Abatement (Check						Street 2217		ss man Drive	9	-	-				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: Abatement Areas will be	Facility	Hours		X		City, S	state, Z	ip Code n, PA 180	00000	_					
Scope of Work (Check All That Apply)					-132	Dour	101101	11, 17, 100		_	-				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovat emoliti				2	Mi	II Containme ni-Enclosure ovebag Proc	e cedure	(T)					
	l .		-			L	_ No	n-Exempted	a (*) and N	on	-riable			ement	
Location of	N	Location ormali	ly		De	escription	n of						Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Cust	d Solel ntenar odial S (12)	nce/ Staff?		therma surfa	ntaining Nataining Nataining, VA	is insul AT, or	ation,	Amo (Spe SF or	cif		Removal	Repair	Encapsulate	Enclosure
Dietform Lovele to Doof @ Col. 1 A	Yes	No X	N/A	т	SI E	Pipe Ins	vulatio	on.	120	1 [_	X			
Platform Levels to Roof @ Col. 1.A		^		1	SI - F	ripe ins	Sulaut)(I	120	_		Α			
										_	-				
Name of Registered Waste Hauler		0.672	IJDEP W		Cubic of Wa	c Yards			Registered						cionero»
Freehold Cartage, Inc.		0.00	5939	110.	30			•	ng Coun	ity	Resc	urce	e Ma	nage	eme
City, State Freehold		9			TBD			City, Stat Montgo		_	_				
Completed by Jennifer Strobel	Title Contr	act N	Manage	er		Signatur	e A	5			Dat	e /¿	1/2	1/1	5

CK 6608

D&S Proj. #: 2015-438

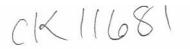
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	Name of Building	Owner/Operator (2	2)			5	4	N	
1 2 /1 8 / 1 5	GINA ESPOS	SITO					25	m	
Agencies Notified Type Notification	Street Address					F 51.5	23	CI	
DEP Amended	15 COLFAX					THU!		1	
DOL Amendment #:_	City, State, Zip C	ode				NS CO	T	IT	1
Emergency	roselle park,		-			ZZ	-	-	3
justification)	Name of Contact				Teleph	ne Number	5		
DCA Cancellation	GINA ESPO	SITO				10 2222 -			
		FACILITY INFORM	NOITAN						
Name of facility where abatement is	taking place (3)				Type of Facilit	(4) ol (K - 12)			
GINA ESPOSITO						hapter 8 (Other	than K	-12)	
Street Address					☑ Oth€	· (Private/Comm			
15 COLFAX AVENUE					Square Feet	# of Floors	В	dg. A	ge
City (5)	County (6)		Cour	nty Code (7)		CALL COLOR			
			(Stat	e use only)	Current Use	Prior if being de	molish	ed)	
roselle park Name of Monitoring Firm Hired by Bl	UNION	ASCM No.	<u>. </u>	Name of Abatement	Contractor (9)				
realite of Monitoling Film Filled by Di	ug. Owner (b)	ASOM No.		D & S RESTOR					
Street Address				Street Address	ATION, INC.		_		
0.0007.1007.000			. 11	20 California A	ve.				
City, State, Zip Code				City, State, Zip Code					
				Paterson, NJ 07	503				
Project Manager for Monitoring Firm	Phone	Number		Telephone Number		License Nun			
				973-345-8020		0116	7		
Start Date (10)	Sched. Completion Da	ate (11)		Name of OSHA Mon D & S Restorati					
12/28/15	01/15/16		11	Street Address	ion, me.				
Occupancy Status During Abatement	(Check only one)			20 California Av	venue				
Facility closed/vacated during e		t.		City, State, Zip Code					
Abatement performed outside o Describe:									
Other-Describe: NORMAL HO	URS		$- \sqcup$	Paterson, NJ 07			_		
Scope of Work (check all that apply)				무	Full Containmen Mini-enclosure	w/negative pres	ssure		
_	Renovation			₩	Glovebag proce	ure			
	Demolition				Non-Exempted		_	1	9
Location of	Is location normally used by maintenance/custodia	1			Amoun	R	R	E n	E
material (acm) to be	staff(12)	— Descript		bestos-containing	(Specif	SF or o	p a	C	n
abated in facility (13)	Yes No	N/A	V 7		LF)	V	i	a p	L
BASEMENT		PIPE INS	ПАТІ	ON	170 L FT	e 🔀		П	T
BI ISBN 1111								盲	恄
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of 2 yds.	Waste	Name of Registered TULLYTOWN,		LECOVERY			
City, State		osal Date		City, State					-
PATERSON, NJ 07503		2/29/16		TULLYTOWN	, PA				
The state of the s	Title	Signature				Date	5		
	PRESIDENT Do not use this form for a	sheetos licensure e	vemnter	Lactivities		12/18/ 201	3	-	

Page 1 of 1

Check # 1859

Date of Notification (1) 12-14-2015	2-30- 00-00-000				Building ((2)				5	1	2115		3
Agencies Notified	Type Notification		Street A							- In	80 L		DEC		$\frac{n}{2}$	
EPA DEP	Initial Amended		-	City, Sta	ımmit Av te, Zip Co	de					_	LOCE	5	2	-	1
▼ DOL	Amendment Emergency	(including	-		rick, NJ (07463				Tolor	, h	I	-	70		M
DOH DCA	justification) Cancellation				v Gamp	er				relep) I IC	ne Numb	Jej	116		
		26		FACI	LITY INFO	RMATI	ON					(1)	7	-	•	1300
Name of Facility Where Waldwick HS	Abatement is Takir	ig Place (3)						e of Facility (4)				7	O	9	
Street Address								×	School (K-12) Subchapter 8		th	n K-12)				
155 Wyckoff Ave									Other (i.e. privetc.)	rate &	CO	nmercial	build	dings, I	ome	es,
City (5)								0.000000	are Feet	# of F	-lo	rs	100	ldg. Ag	е	
Waldwick County (6)			Т	County (2nde (7)			955.67	000 + rent Use (Prior	2 if being	7.0	molishe		0+		
Bergen			Ì		JSE ONLY)				nool	ii beniş	9	monorio	۵)			
Name of Monitoring Firm Health & Safety Se			ASCN 0011					eatement Contra p, Inc	actor (9	9)						
Street Address 318 12th Street				-		Street 140	1000	ess burg Tpke								
City, State, Zip Code						City, S	State,	Zip Code								
Hammonton, NJ 08				Talaaha	aa Na		Bloo		dale, NJ 07		1 1	ense No.			-	
Project Manager for Mor James Proctor	nitoring Firm				4-8850		(201)710	-9725	100)84				
Start Date (10) 12-28-2015		Schedule 12-31-2		npletion I	Date (11)				SHA Monitor o, Inc							
Occupancy Status Durin	g Abatement (Che	ck Only On	ie)				Street				-					
Facility Closed/Vac Abatement Perform									burg Tpke Zip Code		_					
Other – Describe:		nai i aciiity	Tioure			_			gdale, NJ 07	403						
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	M G	ull Containmen lini-Enclosure lovebag Proced on-Exempted (dure						
		le	Locati	ion		-100-10		114	on-Exempted () and	140	- Habic	110	Abate		
Location	n of	N	Vormal	ly		Des	scription	n of						Тур	е	
Asbestos-Containing TO BE AB			d Sole intena			tos Cont thermal			ai (ACM)	Am (Sp			D		En	П
In Faci	lity	Cust	odial 3 (12)	Staff?	(1.0.	surfac	cing, VA	T, or		SF			Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		oulei II	iisceiiai	leous	,				val	=:	ılate	ure
Below / Exterior	of Cafeteria		X		tra	nsite/b	roken	tran	site	24	S	=	X			
Below / Exterior	of Cafeteria		X			pipe	insula	tion	14	7	H		X			
Boiler R	oom	X				pipe	insula	tion		1 el	b	W	X			
Cafete	ria		Χ			VAT	& ma	stic		9	S		X			
	ne of Registered Waste Hauler					Cubic of Was			Name of Re	egistere	ed	andfill.				
GL Group, Inc				lauler ID 033034		TBD			GROWS							
City, State Bloomingdale, NJ						Dispos TBD	al Date		City, State Morrisville	e, PA						
Completed by		Title	J - 1			S	ignature	9 /	20 01		- 20	Date		2045		
Elena Solakov		Presi	dent					_ 2	lem Ste	llor	1	12-	14-2	2015		



RECEIVED

Date of Notification (1) 12/21/15			ne of Building na Baldwir		erator	(2)		1815 DE	C 2	3 /	bla i	
Agencies Notified Type Notification EPA DEP Initial Amended	=	24	et Address Woodland , State, Zip Co				£	SBES & L	IGS	No.	HT.	i I. Roj
DOL Amendment # Emergency (ii justification) DCA Cancellation			ansburg, N ne of Contact ne	.J. 0773	4		Teleph	ne Numl	per	1401	NG	
	Bi (0)	F	ACILITY INF	ORMATIO	N	T (F :::: //						
Name of Facility Where Abatement is Taking Residential Property Street Address	Place (3)					Type of Facility (4 School (K-12 Subchapter	2)	an K-12)				
24 Woodland Ave.						Other (i.e. presc)				ings,	home	S,
City (5) Keansburg, N.J. 07734						Square Feet 1500	# of Flo	STC	BI 50	dg. A	ge	
County (6) Monmouth			nty Code (7) ATE USE ONLY)		Current Use (Pric Vacant	r if being	emolishe	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)	A	SCM No.	10.0		of Abatement Con RSave	tractor (9)					
Street Address				1		Address est Street						
City, State, Zip Code						tate, Zip Code mfield, N.J. 07	003	**************************************				
Project Manager for Monitoring Firm		Tele	ephone No.	- 1		ione No. 680-0088	9.5	ense No	•			
Start Date (10) 1/1/16	Scheduled (1/1/16	Comple	tion Date (11)		Name same	of OSHA Monitor						
Occupancy Status During Abatement (Check	Only One)			1	Street	Address						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Aba al Facility Ho	tement ours			City, S	tate, Zip Code						
Scope of Work (Check All That Apply)								00				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					
	lala	cation	1			1 Non-Exemples	() and i	ALL-1 Habit		and the second second	ment	
Location of	Nor	mally		Desc	ription	of				Ту	ре	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custod (1	12)	ASDE		ystems ng, VA		Amo (Spe SF or	:ify	Removal	Repair	Encapsulate	Enclosure
Windows		X	WA	Windov	v cau	ılking	72	f	X			
Name of Degistered Wests Heads		NIDI	ED Wasts	Cubia	anda	Nama of	Dogistore	Landfill				
Name of Registered Waste Hauler ProGreen		200000000000000000000000000000000000000	EP Waste er ID No.	of Wast		Name of	vegisiere(Lanunn				
City, State East Brunswick, NJ				Disposa	al Date	City, State	Э					
Completed by Kevin Stack	Title VP			Sig	natur			Dat 12	e /21/1	5		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

			(Pu	rsuan	t to NJA	C 8:6	60 and 5:16	i) cha	上出	= 10	37	-		
Date of Notification (1) 12 / 22	/15				of Building		er/Operator (2				,,,		7(557) T	
Agencies Notified Type No	tification			Street	Address				-					
				3 Gi	reat Valle	ey Pa	rkway Suite	e 200		_				
☑ DOLWD ☑ Amer				City, S	tate, Zip C	Code		-	- 1	C.		2		
	idment # <u>2</u> gency (inc	-		Mal	vern, PA	1935	55			800		<u> </u>	7	9
	cation)	Cluding		Name	of Contact	t			Telepho	e Numbe	er ,		11	
☐ Canc				Kev	in Shern	nan			40			S	\subseteq	
		LTF +55.55C		FAC	CILITY IN	FOR	MATION		1	NS NS		₩	[]	
Name of Facility Where Abatement	is Taking	Place	(3)					Type of Facility	(4)	-	-:	3		
Shoppes at Riverside Mall	•		No. Par					School (K-12		S X			I	
Street Address								Subchapter 8	Other th	n K-12)				
309 Hackensack Ave								Other (i.e., proposed homes, etc.)		ommerci	al b	maing	s,	
City (5)								Square Feet	# of Flo	ors	BI	dg. A	ge	
Hackensack														
County (6)				Coun	ty Code (7)(STAT	E USE ONLY)	Current Use (Pri	ior if being	demolish	ed)			
Bergen							•							
Name of Monitoring Firm Hired by	Building C	Owner (8	3)	ASCM	No.	Nam	ne of Abateme	ent Contractor (9)						
		•				C	ontrolled E	nvironmental S	Systems					
Street Address		/				Stre	et Address		-					
						11	21 N. Beth	lehem Pike - S	uite 60					
City, State, Zip Code						City,	State, Zip Co	ode						
						S	pring House	e, PA 19477						
Project Manager for Monitoring Fire	n		Tele	phone	No.	Tele	phone No.	2001 (HELD THE PORT) AND 100	Licens	No.				
						21	15 542 7000		008	7				
Start Date (10)	Sched	duled Co	mple	tion Da	te (11)	Nam	ne of OSHA M	lonitor						
11 /30 /15		2_/	30)_/	16	CI	ES							
Occupancy Status During Abateme	nt (Check	k only o	ne)			Stre	et Address							
☐ Facility Closed/Vacated During				ment		11	121 N. Beth	lehem Pike - S	uite 60					
☐ Abatement Performed Outside					cribe	City,	State, Zip Co	ode	-					
Time of Abatement: 6:00 AM-5:	30PM/	PM		_AM				e, PA 19477						
Scope of Work (Check all that appl	y)		7.00	//										
	*							tainment with Neg	gative Pres	sure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Rer	novati nolitic				☐ Mini-Enc	closure g Procedure					(200	Zemo
		_					⊠ Non-Exe	mpted (*) and No	n-Friable	rocedure	ら	1 to	no	<i>PC111</i> 0
		100	Loca								Ab	atem	ent T	/ре
Location of Asbestos-Containing Material (A	A CMA		orma d Sole	illy ely by	Asha	ataa C	Description of		Λme	unt	Re	Re	En	Ē
TO BE ABATED	ACIVI)	Mai	ntena	ance/			Containing Ma mal systems			cify	Removal	Repair	cap	Enclosure
IN Facility		Cust	odial (12)	Staff?		SI	urfacing, VAT	, or	SF o	LF)	val	1	Encapsulate	sure
(13)		Yes	No.	N/A	1	oth	er miscellane	eous)				1	ate	68555
Exterior				N/A ⊠	NF Wat	terpro	oof Tar Pap	er	616	SF				
Exterior					_		shing on B		220	LF		1		
Exterior level One					Tar on	Bean	ns		2200	SF	\boxtimes			
Exterior level Two				\boxtimes	Tar on	Bean	ns		1680	SF				
Name of Registered Waste Hauler			IN	JDEP \		Cubi	ic Yards of	Name of Regis	stered Lan	fill			_	
Environmental Transport G	roup, In	c.	H	lauler II		Was	1776	Grand Cer						
City, State				15532		Disp	osal Date	City, State						
Flanders, NJ 07836							30/16	Penn Argy	I, PA					
Completed By (Print or Type)	Title	9				1	Signature	3,	1/	Date	e	,		
Patricia Visco		office N	lana	ger			Pal	ucia 1	bose			22	1,5	_



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Date of Notification (1)	15			Name of PSEG	Building C)wner/C	perator	(2)			RE					
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DOH DCA	Emergency (in justification) Cancellation	ncluding	110		Contact MAROT	TE	0.02/			Telep	h ne	Nimh	SIA	IG		
	ш		-	FACII	ITY INFO	RMATI	ON									
Name of Facility Where A	Abatement is Taking	Place (3)	1 AOI	LITT IN C	TOWATI	Oit		of Facility (4	2)						
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Name of Monitoring Firm ENVIRONMENTAL		wner (8)		ASCN 0045			100000000000000000000000000000000000000		tement Con		Control of the Control	ICA				
Street Address 64 BROAD STREE	Т							Addre: WHIT	ss EHEAD A	AVE.						
City, State, Zip Code MATAWAN, NJ 077	47							ip Code	08882	11						
Project Manager for Mon TOM GEIGER	itoring Firm			Telephoi 732-29	ne No. 32-2217			none N 432-8		1	_i ens					
Start Date (10) 10/5/15		Schedul		npletion i	Date (11)		The second second		HA Monitor	S OF A	V ER	ICA		_		
Occupancy Status During	Abatement (Check	Only Or	ne)					Addre	90 C C C C C C C C C C C C C C C C C C C							
Facility Closed/Vaca	ated During Entire P	eriod of	Abaten	nent			396	WHIT	EHEAD A	AVE.						
X Other – Describe: C	DUTDOORS	ai Facility	riouis						ip Code RIVER, NJ	08882						
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	II That Apply)	-	Renova Demolii				2	Min	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					9	
		100	Locat	ion										750 - 100 -	ment	
Location	a.f		Norma			De	scription					L		Ту	ре	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Ma	ed Sole sintena todial s (12)	nce/		os Con therma surfa		Materia s insula AT, or		(Sp	ont eify or _F)		Removal	Repair	Encapsulate	Enclosure
OUTDO	ORS		Х			PIPE	SOMA	STIC	;	200) .F	1	ζ .			
Name of Registered Was WASTE MANAGEM			H	IJDEP W Hauler ID I 125		of Wa			Name of GROW			dfill				
City, State ELIZABETH, NJ							sal Date)	City, Stat		 E, PA					
Completed by CAROL RAIMO		Title OFF	ICE N	/IGR.			Signatur	RE	IK			Date	12	18	1/3	5-

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

		(Pui	rsuant to	o NJAC 8:	60 and	112:120)			F	IEA	para, ;			
Date of Notification (1)			lame of	Building O	wner/O	perator	(2)		981		EC		VE	D	
Agencies Notified Type Notification			Street Ad 4000 H	dress ADLEY	ROAL)				1	EC 23	P	MI	: 48	
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Emergency (inc DOH DCA Emergency (inc justification) Cancellation	cluding	1 130		Contact MAROT	TE				Telep	ohc	ne Numb	er II	₹G		
			FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking PSE&G - M H A A Street Address								pe of Facility (School (K-1 Subchapter	2) 8 (Other						
1331 VIRGINIA	S	TX	EE	ET			×	Other (i.e. p etc.) uare Feet	rivate &				ings, dg. A		S,
ELIZABETH	4						N/		N/A		15	U2035	/A	ge.	
County (6) UNION			County C STATE U	ode (7) ISE ONLY)			Cu N/	rrent Use (Prid A	or if bein	g d	molishe	d)			
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	vner (8)		ASCM 0045			3377713671673		batement Cor E SYSTEM			RICA				
Street Address 64 BROAD STREET						Street 396		iress	AVE.		8				
City, State, Zip Code MATAWAN, NJ 07747								, Zip Code RIVER, N.	08882	2					
Project Manager for Monitoring Firm		- 1 -	Telephor	ne No.		Telepl	none	No.		Lic	ense No.	88			
TOM GEIGER				2-2217	==			2-8350		0	111				
10/5/15	6/30/20	016	ipletion L	Date (11)				SHA Monitor E SYSTEM	S OF A	M	ERICA				
Occupancy Status During Abatement (Check			2002			Street 396		tress HTEHEAD /	AVE.						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: OUTDOORS					_			e, Zip Code I RIVER, N	J 0888:	2					
Scope of Work (Check All That Apply)										_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				-	1	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
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Location of	1	Locati Normali	ly		De	escription	n of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/		os Con therma surfa	taining I	Mate ns in: AT, c		(S	pe or	ify	Removal	Repair	Encapsulate	Enclosure
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COTECONO															
Name of Registered Waste Hauler		1,500	JDEP W		0.0000000000000000000000000000000000000	Yards		Name of	Registe	rec	Landfill				
WASTE MANAGEMENT		100	lauler ID 125	NO.	(0.072) 0.03	X 15	336	GROW		RT.	4				
City, State ELIZABETH, NJ				-	TBE			City, Sta MORR	ISVILL						
Completed by CAROL RAIMO	Title OFF	ICE N	IGR.			Signatur	R BES	e La	in	ie	Dat	2	18	1/3	5-

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Date of Notification (1)		- 1	Name of PSEG	Building (Owner/O	perator	(2)		RE						
Agencies Notified Type Notification EPA Initial			Street Ad 4000 H	ddress IADLEY	ROAL)		201	5 DEC	23	PH	1:	46		
DEP X Amended Amendment #				te, Zip Co), NJ (708	A 56	BEST	0;	FOL	TE	nı nı		
Emergency (i justification) DCA Cancellation	ncluding	- 1		Contact MAROT	TE				1 1000	-	4-209	9	<u> </u>		
			FACIL	LITY INFO	RMATI	ON				-					
Name of Facility Where Abatement is Taking PSE&G - M H 3 A	Place (3)					Тур	oe of Facility (2			
Street Address 1387-1499 Lo	WE	D	A	N			×	Subchapter Other (i.e. p etc.)					lings,	home	es,
City (5) ELizABE			Λ.	10.			Squ N/A	uare Feet	# of N/A		rs	100	ldg. A	ge	
County (6) UNION	-/ //		County C	Code (7) JSE ONLY)		30	Cur N/	rrent Use (Prid	or if bein	g e	emolishe	ed)			
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	wner (8)		ASCM 0045				of Al	batement Cor			RICA				
Street Address 64 BROAD STREET		-	10040) 		Street	Addı				-1(10)(
City, State, Zip Code						City, S	State,	Zip Code					-		-
MATAWAN, NJ 07747 Project Manager for Monitoring Firm		Telephor			Telep	hone		00002	Lie	ense No	١.				
TOM GEIGER Start Date (10)	Schedule			92-2217 Date (11)				-8350 SHA Monitor			111				
10/5/15	6/30/20	016				UNI	QUE	SYSTEM	S OF A	AN E	RICA	92			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F	25,66	655	nent			Stree 396		ress ITEHEAD /	AVE.						
Abatement Performed Outside of Norm Other – Describe: OUTDOORS					_	0.00		Zip Code RIVER, No	08882	2					
Scope of Work (Check All That Apply)										200					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit						Full Containmonth Mini-Enclosure Glovebag Production Non-Exempted	e cedure					e	
	lo lo	Locati	ion					ton Example	2 () and				201 S To 2 Service	ement	
Location of	1	Vormal	lly		De	scriptio	n of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintena todial s (12)	nce/		tos Cont thermal surfa	taining	Mater ns ins AT, or	r	(S	no ir pe i	fy	Removal	Repair	Encapsulate	Enclosure
OUTDOORS	+	X	1		PIPE	SOM	NSTI	10	20	0 -		X			-
OUTDOORS		^			PIPE	SUIVIA	1011		20			Δ.			
Name of Decisioned Market Hands	20	1.	LIDED !!	I	T 0. 1.	V=- 1		No.	D'-'						
Name of Registered Waste Hauler WASTE MANAGEMENT			IJDEP W lauler ID I 125		of Wa			Name of GROW							
City, State ELIZABETH, NJ					Dispos	sal Date	е	City, Stat MORR		E F	PA				
Completed by CAROL RAIMO	Title OFFI	ICE N	IGR.		5	Signatur	e Fal	o da	m		Dat	e _{2/}	7/	15	-

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Print Form

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

		(Pt	ırsuant	to NJAC	8:60 and	1 12:120	0)		F	EC	FI	VE	D				
Date of Notification (1)		Name of PSEG															
Agencies Notified Type Notification			Street A	ddress HADLEY	' ROAI)			2813	IEC 2	3	211	: 4	6			
EPA Initial DEP X Amended Amendment	¥ 1			ite, Zip Co H PLAIN) NJ 0	708	30	ASB	SIO	SC	ONT	RO	L			
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding	-	Name of	f Contact		,			Telenh	ne Num	hor	INC					
Cancellation				LITY INFO		ON											
Name of Facility Where Abatement is Taking PSE&G -	Place (3	3)	PAGI	LITTINE	TRIVIALI	ON	Ту	pe of Facility	(4)	•							
Street Address									12) r 8 (Other t orivate & c			dings,	home	es,			
City (5) H; LLS! DE		ر	<u> </u>				Sq N/	etc.) uare Feet Δ	# of FI	Ors	Bldg. Age N/A						
County (6)				Code (7)	l'i		Cu	rrent Use (Pri		emolish		WIT					
Name of Monitoring Firm Hired by Building C	Wner (8)		ASCN			Name	N/ of A	A batement Co	ntractor (9)								
ENVIRONMENTAL TACTICS			0045			UNIC	QUE	SYSTEM									
Street Address 64 BROAD STREET							Street Address 396 WHITEHEAD AVE.										
City, State, Zip Code MATAWAN, NJ 07747	11							, Zip Code RIVER, N.									
Project Manager for Monitoring Firm TOM GEIGER		Telephor	ne No. 92-2217		Teleph 732-	No. 2-8350	1.00	ense No	D.								
Start Date (10) 10/5/15	ed Con	npletion I	Date (11)			SHA Monitor	/ =RICA										
Occupancy Status During Abatement (Check		T1107-1703-1				Street		3 OF AIN	LINIOP								
Facility Closed/Vacated During Entire P	Abatem	nent					ITEHEAD .										
Abatement Performed Outside of Norm Other – Describe: OUTDOORS	al Facility	y Hours	urs City, State, Zip Code SOUTH RIVER, N						J 08882								
Scope of Work (Check All That Apply)												42-319 ⁴ 93					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Full Containment with Ne ; Mini-Enclosure Glovebag Procedure Non-Exempted (*) and N r						one to the control of									
	Τ.			1			7	Non-Exempte	d (*) and N	n-Friab	le Pro	09/00/00/00	e ement	1			
Location of	1 2	Locati Normal			Do	Description of					Туре						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Ma	ed Sole aintenar atodial S	nce/	Asbes (i.e.	os Containing Material (A thermal systems insulation			sulation,	Amo (Spe SF or	ify	Rer	Re	Encapsulate	Enc			
(13)		(12)				acing, VAT, or miscellaneous)			SF 01	<u>-</u> F)	Remova	Repair	osula	Enclosure			
Yes			N/A										ite	е			
OUTDOORS		X	PIPE SC			SOMA	SOMASTIC			.F	X						
			-							***		-					
	-										-	-					
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of	Registere	Landfill		1					
WASTE MANAGEMENT			lauler ID 125	No.	of Was	aste CPOWS N											
City, State ELIZABETH, NJ			Disposal Da TBD					I Date City, State MORRISVILLE				Ξ, P A					
Completed by CAROL RAIMO	ICE N	IGR.		S	Signature Lain				Da /o	te /	1/	15	-				

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Date of Notification (1)		Name of Building Owner/Operator (2) PSEG														
Agenciés Notified Type Notification	Agenciés Notified Type Notification EPA Initial								Street Address 4000 HADLEY ROAD							
DEP X Amended Amendment				te, Zip Co H PLAIN), NJ 0	7080	ASB	ESTI & LIC	COL	ITR	OL				
□ Emergency (including	- 1		Contact MAROT			h ine klim			61						
		FACIL	LITY INFO	RMATI	ON			1								
Name of Facility Where Abatement is Taking PSE&G - M H 5 A	g Place (3	5)					_	of Facility (4 School (K-12								
Street Address Rt. 22 OFF CEN	TRAL	/_	AVE	5.			×	Subchapter 8 Other (i.e. pr etc.)				dings,	home	es,		
City (5) HILLSIDE						Square Feet # of FI			li ors	ors Bldg. Age N/A						
County (6) UNION			County C	Code (7) JSE ONLY)	-	Current Use (Prior if being N/A				emolished)						
Name of Monitoring Firm Hired by Building (ENVIRONMENTAL TACTICS	Owner (8)	L	ASCM 0045					tement Cont								
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 TOM GEIGER		Telephor	ne No. 32-2217		Telephone No. Li ense No. 732-432-8350 C I 111											
Start Date (10) 10/5/15			Date (11)		Name of OSHA Monitor UNIQUE SYSTEMS OF AN ERICA											
Occupancy Status During Abatement (Chec	ne)				Street Address											
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	Abaten				396	396 WHITEHEAD AVE. City, State, Zip Code									
X Other – Describe: OUTDOORS	iai i aoiity	riours			_	SOUTH RIVER, NJ 08882										
Scope of Work (Check All That Apply)	Renova	tion		Full Containment with No gative Pressure												
≥160 sf or ≥260 lf							Mir	ni-Enclosure ovebag Proc	edure							
						NO NO	n-Exempted	(*) and	in-Friab	e Pro						
Location of		Locati Vormal			D-						Abateme Type					
Asbestos-Containing Material (ACM)	ed Sole	ly by	Asbes		Description of ontaining Material (ACM) all systems insulation, facing, VAT, or rescellaneous)			Am	io int		m					
TO BE ABATED	iintenai todial S			thermal					e ify	Rei	R	nca	Enc			
In Facility (13)	(12)							51	or LF)	Remova	Repair	Encapsulate	Enclosure			
8 8	Yes	No	N/A								al	`	ate	Ге		
OUTDOORS		Х		PIPE SC			SOMASTIC) _F	x					
									-							
Name of Registered Waste Hauler		IN	JDEP W	llaste	Cubic	Yards		Name of F	Register	ec Landfill				-		
WASTE MANAGEMENT			Hauler ID No. of \			ste 〈 15			GROWS NORT 1							
City, State ELIZABETH, NJ					Dispo: TBD	sal Date)	City, State		E PA						
Completed by CAROL RAIMO	ICE N	IGR.		S	Signatur	21	180		Da	te 2/	171	1,0	_			

Print Form

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

Date of Notification (1)				Mama	of Duilding O	10		101			3 6	-						
12/17/	15		Name of Building Owner/Operator (2) PSEG							1 C	CE	IV	EL					
Agencies Notified	Type Notification				Address HADLEY F	ROAI	D			2015								
DEP X DOL	Amended Amendment	# 1		City, State, Zip Code SOUTH PLAINFIELD, NJ (ALGERTA					10	49			
▼ DOH	Emergency	(including	_		of Contact	IELL), NJ (07080)	2	. J.	CFU	COA	TR	1			
DCA	justification) Cancellation				MAROTT	Έ				Tel	eph	MATN	ah M	G				
Name of Facility Where	Abatement is Takin	n Place (3	3)	FAC	ILITY INFOR	MATI	ON	T	· · · · · · · · · · · · · · · · · · ·	7.0	_							
PSE&G - Non		ubs		ti	_			Туре	of Facility									
Street Address 1								H	School (K- Subchapte	er 8 (Oth	er tl	an K-12	2)					
120 La	ute 2	2						×	Other (i.e. etc.)				al bui	dings	, hom	ies,		
Hellside								Squa N/A	are Feet	# of Flo		ors		Sidg.	Age			
County (6)		Code (7)	Code (7) Current Use (Prior if being						∍molish		N//-X							
Name of Monitoring Firm	Man Hired by Building	Owner (9)			USE ONLY)	N/A												
ENVIRONMENTAL	ASCM No. Name 0045 UNIO					e of Abatement Contractor (9) IQUE SYSTEMS OF AM					/ FRICA							
Street Address 64 BROAD STREE	Т			Street					ess		allinost received about							
City, State, Zip Code							396 WHITEHEAD AVE. City, State, Zip Code											
MATAWAN, NJ 077			SOUTH RIVER, NJ 08882															
Project Manager for Monitoring Firm TOM GEIGER					one No. 92-2217			elephone No. Licens 32-432-8350 0 11						ense No.				
Start Date (10) 10/5/15		Date (11)		Name	of OS	HA Monitor		_										
Occupancy Status During Abatement (Check Only One)								UNIQUE SYSTEMS OF AM :RICA Street Address										
Facility Closed/Vaca	ated During Entire F	Period of 4	hater	nent					EHEAD :	AVE.								
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	Hour	S		State, Zip Code UTH RIVER, NJ 08882												
Scope of Work (Check A	II That Apply)						SOU	ИНК	RIVER, N	J 0888	2							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			vation				Full Containment with Ne					e ative Pressure						
= 100 \$1 01 2200 II	emoli	tion			Mini-Enclosure Glovebag Procedure													
	1	12000		×	Non-Exempted (*) and No				and the control of th									
Location	of	N	Locat	lly		Des	escription of						Abatement Type					
Asbestos-Containing TO BE ABA	d Sole	nce/	Asbestos (i.e. the	Conta	aining M	laterial (ACM)			nou		77	9		Е				
In Facili (13)	ty	Cust	odial 3 (12)	starr?		surfac	ing, VA	T, or	2001,	(Spec			Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A				.0000)					val	=	ulate	ure		
OUTDOO	DRS		Χ		PI	PE S	SOMASTIC			200 L		=	X					
Name of Registered Wast	e Hauler		l NI	IDED W	lasta la						2 1 24							
WASTE MANAGEME			Н	JDEP Wauler ID	No. of	ubic Y f Wast	e		Name of GROW			andfill						
City, State				125		PPX isposa	15 al Date		City, State									
ELIZABETH, NJ		Title			1727	BD	2010		MORRI		Ξ, Ι	Α						
Completed by CAROL RAIMO	CE M	GR.		Sig	Signature Auna				Date	2/	_	/						
						1	IMA	4	NUL	m_)			11	7/	10	-		

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

		(Fui	Suam	to NJA	C 0.60 and 5.1	0)		<u>ن</u>	C.Fr	المتناس				
Date of Notification (1)	/		Name o	of Building	Owner/Operator ((2)		80 m	DEC					
12/17/20	2		Ko	Say	ng Ko	Ster			2	- 55				
Agencies Notified Type Notification			Street A	Address	(1) (1)	۸ . ۵		CER	5 0	-				
□ EPA Initial			33	Ra	ttlerhill	Meni	1e	Ze	3	-				
DOLWD Amended Amendment #			City, St	ąte, Zip C	1 7		1							
□ DCA □ Emergency (in	cluding		30	18	9.									
(NJAC 5:23-8) justification)			Namie o	of Contact	V	oton	Telephon	Number	2 3	2				
Caricenation			KO	20CH	17 /6	3500r								
Name of Facility Mileson Abote mont in Taking	Diese	(2)	FAC	ILITY IN	FORMATION	Type of Facility	(4)	(a						
Name of Facility Where Abatement is Taking			146	9		Type of Facility ☐ School (K-12								
Street Address	7)		in			☐ Subchapter	8 (Other the	1 K-12)						
Surmation N		1	27	08		Other (i.e., p	rivate and (mmercial	buildings,					
City(5)				0 -		Square Feet	# of Flo	rs I	Bldg. Age					
Union						105 4	+							
County (6)			Count	y Code (7	(STATE USE ONLY)		2/	emolished)						
					Filiple	Rasen								
Name of Monitoring Firm Hired by Building 0	Owner (8	B) A	SCM N	No.	I L	ent Contractor (9)		2 4	- 0					
Street Address					Street Address	ung Chv	11-04	men	SIL					
Street Address					2717	in who	120	ad						
City, State, Zip Code					City, State, Zip Code									
					Union NJ 07053									
Project Manager for Monitoring Firm		Telep	ohone N	No.	Telephone No. License No.									
					968-48-731 0122-7									
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor														
12 123 1 15 1	_ /		*	17										
Occupancy Status During Abatement (Chec					Street Address									
	☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ City, State, Zip Code													
Time of Abatement:AMP	M/	_PM	/	AM	Oity, State, Zip C	,oue								
Scope of Work (Check all that apply)		<i>y</i>			<u></u>	2 M 10 2000000	22-0 202-	-						
≥3 sf or ≥3 lf	P Pa	novatio	nn.		☐ Full Cor ☐ Mini-En	ntainment with Ne	gative Pres	ure						
☐ ≥160 sf or ≥260 lf		molitio			Gloveba	ag Procedure								
	1 1-	1			∐Non-Ex	empted (*) and No	on-Friable F		A 1					
Location of	7.500	Locati Vormai			Description	of		-	Abatemen	1				
Asbestos-Containing Material (ACM)		d Sole intena			stos Containing M	laterial (ACM)	Amo	int g	Repair	Enclosure				
TO BE ABATED IN Facility	0.000	todial S		(i.e	., thermal systems surfacing, VA		(Spe SF or	LF)	air air	osur				
(13)		(12)			other miscellan				1 2	e l				
10	Yes	No	N/A		T.		_		7	_				
Basement		Ш	X		151		103	17-9						
11					,									
Name of Registered Waste Hauler		5585	JDEP \		Cubic Yards of	Name of Reg	istered Lan	fill						
TRISTAGE			auler II		Waste	Mir	- CYTU	9						
City, State	D		-1	1).1	Disposal Date	City, State	1							
1199 Kandall AVE	, 15	(0)	У.	NY		Way	neb	49						
Completed By (Print or Type) Tit		1			Signature		1	Date	_	-				
ENMINUEL CHORD	her	atr	(n)	Ma	2 Eimi	merch	who) 17-	11	17				
ASB-41	1		44-041-0	- 1										