

D&amp;S Proj. #: 2015-03

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

CK 005767

DEC 24 PM 9:53

Date of Notification (1) 12/19/14		Name of Building Owner/Operator (2) Nancy Yozzo	
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 50 ROCK ROAD		City, State, Zip Code GLEN ROCK, NJ 07452	
Name of Contact Nancy Yozzo		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Nancy Yozzo			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 50 ROCK ROAD			Square Feet # of Floors Bldg. Age		
City (5) GLEN ROCK		County (6) BERGEN		County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 01/15/15		Sched. Completion Date (11) 01/20/15		License Number 01169	
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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

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 w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	421 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 yd.		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 01/06/15		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 12/19/2014	

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



D&S Proj. #: 2014-520

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

OK 005769

DEC 24 PM 9:55

Date of Notification (1) 11/12/19		Name of Building Owner/Operator (2) John Burke	
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 174 INWOOD AVENUE		City, State, Zip Code MONTCLAIR, NJ 07042	
Name of Contact John Burke		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) John Burke Street Address 174 INWOOD AVENUE City (5) MONTCLAIR County (6) ESSEX County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		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	
Project Manager for Monitoring Firm Phone Number		Start Date (10) 12/29/14 Sched. Completion Date (11) 01/16/15		Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
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- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf  
☐ ≥160 sf or ≥260 lf  
☒ Renovation  
☐ Demolition

- ☐ Full Containment w/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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	R	E	E
	Yes	No	N/A			e	e	n	n
						m	p	c	c
						o	a	a	a
						v	i	p	p
BASEMENT		<input checked="" type="checkbox"/>		duct work (wrap & cut)	50 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st, 2nd, 3rd floor		<input checked="" type="checkbox"/>		duct work (wrap & cut)	36 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		duct work (wrap & cut)	90 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 5 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/31/14	City, State TULLYTOWN, PA	Date 2014
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	



CK 005764

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

D&S Proj. #: 2014-517

Date of Notification (1) 12/17/14		Name of Building Owner/Operator (2) RACHAEL ZAIFERT	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	621 DOREMUS AVENUE	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	GLEN ROCK, NJ 07452	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	RACHAEL ZAIFERT	

2014 DEC 24 PM 9:51

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RACHAEL ZAIFERT			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K - 12)		
621 DOREMUS AVENUE			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
GLEN ROCK			Square Feet	# of Floors	Bldg. Age
County (6) BERGEN			Current Use (Prior if being demolished)		
County Code (7) (State use only)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION, INC.	
City, State, Zip Code			Street Address	
			20 California Ave.	
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code	
			Paterson, NJ 07503	
Start Date (10)		Sched. Completion Date (11)	Telephone Number	License Number
12/29/14		01/12/15	973-345-8020	01169
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			D & S Restoration, Inc.	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____			Street Address	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			20 California Avenue	
			City, State, Zip Code	
			Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	6 ln ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/30/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/17/2014



CK 005768

State of NJ

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

D&amp;S Proj. #: 2014-515

2014 DEC 24 PM 9:56  
AS

Date of Notification (1) 11/12/14		Name of Building Owner/Operator (2) tony & lisa frato	
Agencies Notified	Type Notification	Street Address 60 courtland place	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code cliffside park, nj 0700	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact tony & lisa frato	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) tony & lisa frato			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 60 courtland place			Square Feet # of Floors Bldg. Age		
City (5) cliffside park	County (6) bergen	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 12/22/14		Sched. Completion Date (11) 12/30/14	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____					
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	H e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	92 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BOILER INSULATION	45 s qft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/23/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/19/2014



D&amp;S Proj. #: 2014-515

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

Date of Notification (1) <u>12/19/14</u>		Name of Building Owner/Operator (2) <u>tony &amp; lisa frato</u>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>APPROVED</b>          NJ Dept. of Health &amp; Senior Services  <u>Paul C. Pomey</u>  <small>(signature)</small>          Date: <u>12/19/14</u> Time: <u>2:45PM</u> </div>	
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 Amendment #: _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address <u>60 courtland place</u> City, State, Zip Code <u>cliffside park, nj 0700</u>		Telephone Number _____	
Name of Contact <u>tony &amp; lisa frato</u>					

FACILITY INFORMATION							
Name of facility where abatement is taking place (3) <u>tony &amp; lisa frato</u> Street Address <u>60 courtland place</u> City (5) <u>cliffside park</u>				Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age _____ Current Use (Prior if being demolished) _____			
County (6) <u>bergen</u>		County Code (7) (State use only)					
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASOM No. _____		Name of Abatement Contractor (9) <u>D &amp; S RESTORATION, INC.</u> Street Address <u>20 California Ave.</u> City, State, Zip Code <u>Paterson, NJ 07503</u> Telephone Number <u>973-345-8020</u> License Number <u>01169</u>			
Project Manager for Monitoring Firm Phone Number		Name of OSHA Monitor <u>D &amp; S Restoration, Inc.</u> Street Address <u>20 California Avenue</u> City, State, Zip Code <u>Paterson, NJ 07503</u>					
Start Date (10) <u>12/22/14</u>		Sched. Completion Date (11) <u>12/30/14</u>					
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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>							
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥180 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment w/negative pressure <input checked="" 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) Yes No N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
BASEMENT	<input checked="" type="checkbox"/>	PIPE INSULATION	921 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input checked="" type="checkbox"/>	BOILER INSULATION	145 s qft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D &amp; S RESTORATION, INC.</u> City, State <u>PATERSON, NJ 07503</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>2 yds</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u> City, State <u>TULLYTOWN, PA</u>
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>		Title <u>PRESIDENT</u>	Signature _____
		Date <u>12/19/2014</u>	



CK 005766

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

D&amp;S Proj. #: 2014-519

2014 DEC 24 PM 9:54

Date of Notification (1) 12/11/14		Name of Building Owner/Operator (2) MARGO WOLF	
Agencies Notified	Type Notification	Street Address 8 RAHWAY ROAD	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code MILLBURN, NJ 07041	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact JACKIE	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARGO WOLF			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 8 RAHWAY ROAD			Square Feet # of Floors Bldg. Age		
City (5) MILLBURN	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 12/22/14		Sched. Completion Date (11) 12/31/14	Name of OSHA Monitor D & S Restoration, Inc.		
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- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure					
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input type="checkbox"/> Mini-enclosure					
<input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Glovebag procedure					
<input checked="" type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input type="checkbox"/> Demolition									
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	51 ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/23/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/19/2014



P001/001

## D&amp;S Proj. #: 2014-S19

ASR-47

\* Do not use this form for advertising lines only.



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

**NOCK** "OPEN NOTIFICATION"

**RECEIVED**  
DEC 24 2014

Date of Notification (1) <b>12/23/14</b>		Name of Building Owner/Operator (2) P.S.E.G.						
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080						
		Name of Contact <b>JOHN KILLIAN</b>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G - BERGEN SWITCH</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>1148 HENDRICKS Cswy</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>					
City (5) <b>RIDGEFIELD</b>		Bldg. Age <b>N/A</b>						
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>N/A</b>						
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 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		Telephone No. 732-292-2217	Telephone No. 732-432-8350					
License No. 01111								
Start Date (10) <b>11/7/14</b>	Scheduled Completion Date (11) <b>3/31/15</b>	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA						
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: <b>OUTDOORS</b>		Street Address 396 WHITEHEAD AVE.						
		City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) In Facility (13) <b>OUTSIDE</b>	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) <b>60 LF</b>	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
		<b>X</b>		<b>ACM Pipe SomaSTIC</b>	<b>60 LF</b>	<b>X</b>		
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>Appx 6</b>	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date <b>TBD</b>		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date <b>12/23/14</b>		



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

"OPEN  
NOTIFICATION"

Date of Notification (1) <b>10/28/14</b>		Name of Building Owner/Operator (2) P.S.E.G.	
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080	
		Name of Contact <b>JOHN KILLIAN</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G - BERGEN SWITCH</b>		Type of Facility (4)	
Street Address <b>1148 HENDRICKS Cswy</b>		<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.)	
City (5) <b>RIDGEFIELD</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>
County (6) <b>BERGEN</b>		Bldg. Age <b>N/A</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>N/A</b>	
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 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		Telephone No. 732-292-2217	Telephone No. 732-432-8350
License No. 01111			
Start Date (10) <b>11/7/14</b>	Scheduled Completion Date (11) <b>12/31/14</b>	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.	
<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: <b>OUTDOORS</b>		City, State, Zip Code SOUTH RIVER, NJ 08882	
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 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)
	Yes	No	
<b>OUTSIDE</b>		<b>X</b>	<b>ACM Pipe SemaSTIC</b>
			<b>60 LF</b>
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>Appx 6</b>
City, State ELIZABETH, NJ		Name of Registered Landfill GROWS NORTH	
Disposal Date <b>TBD</b>		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO	Title OFFICE MGR.	Signature <b>Carol Raimo</b>	Date <b>10/28/14</b>



NOCK

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

"OPEN"  
NOTIFICATION"

Print Form

Date of Notification (1) <b>12/23/14</b>		Name of Building Owner/Operator (2) <b>P.S.E.G.</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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>4000 HADLEY ROAD</b>		City, State, Zip Code <b>SOUTH PLAINFIELD, NJ. 07080</b>							
Name of Contact <b>JOHN KILLIAN</b>		Telephone Number <b>ASE</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G - MH 57A</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>1-29 BANTA PLACE</b>		Square Feet <b>N/A</b>							
City (5) <b>FAIR LAWN</b>		# of Floors <b>N/A</b>							
County (6) <b>BERGEN</b>		Bldg. Age <b>N/A</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>N/A</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>							
Street Address <b>64 BROAD STREET</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Telephone No. <b>732-292-2217</b>		Telephone No. <b>732-432-8350</b>							
License No. <b>01111</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Start Date (10) <b>11/1/14</b>		Scheduled Completion Date (11) <b>3/31/15</b>							
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: <b>OUTDOORS</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>OUTDOORS</b>		<b>X</b>		<b>ACM PIPE SEMASTIC</b>	<b>20 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>		Cubic Yards of Waste <b>APPX 2</b>		Name of Registered Landfill <b>GROWS NORTH</b>			
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <b>Carol Raimo</b>		Date <b>12/23/14</b>			



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

"OPEN"  
NOTIFICATION

Date of Notification (1) 10/22/14		Name of Building Owner/Operator (2) P.S.E.G.					
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080					
		Name of Contact JOHN KILLIAN	Telephone Number ASE				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PSE & G - MH 57A		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 1-29 BANTA PLACE		Square Feet N/A	# of Floors N/A				
City (5) FAIRLAWN		Bldg. Age N/A					
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA				
Street Address 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		Telephone No. 732-292-2217	Telephone No. 732-432-8350				
License No. 01111							
Start Date (10) 11/1/14	Scheduled Completion Date (11) 12/31/14	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
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: OUTDOORS		Street Address 396 WHITEHEAD AVE.					
		City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> 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)	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	Enclosure
OUTDOORS	X	ACM PIPE SOMASTIC	20 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 2	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 Carol Raimo	Date 10/22/14			



CK # 5914

"OPEN"

Print Form

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

NOTIFICATION  
RECEIVED  
DEC 24 2014

Date of Notification (1) <b>12/23/14</b>		Name of Building Owner/Operator (2) P.S.E.G.	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	4000 HADLEY ROAD	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	SOUTH PLAINFIELD, NJ 07080	
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>JOHN KILLIAN</b>	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G - M - 1339 CIRCUIT</b>		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12)	
<b>280 NORTH MIDLAND AVE.</b>		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5)		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<b>SADDLE BROOK</b>		Square Feet	# of Floors
County (6)		<b>N/A</b>	<b>N/A</b>
<b>BERGEN</b>		Bldg. Age	<b>N/A</b>
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
		<b>N/A</b>	
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		Street Address	
64 BROAD STREET		396 WHITEHEAD AVE.	
City, State, Zip Code		City, State, Zip Code	
MATAWAN, NJ 07747		SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Start Date (10) <b>1/5/15</b>	Scheduled Completion Date (11) <b>3/31/15</b>		
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		396 WHITEHEAD AVE.	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code	
<input checked="" type="checkbox"/> Other - Describe: <b>OUTSIDE</b>		SOUTH RIVER, NJ 08882	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	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
<b>OUT DOORS</b>		<b>X</b>		<b>ACM PIPE SOMASTIC</b>	<b>80 LF</b>	<b>X</b>			

Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>Appx 9</b>	Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ		Disposal Date <b>TBD</b>		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <b>Carol Raimo</b>	Date <b>12/23/14</b>	



NO CK

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

110PEN  
NOTIFICATION 11

Date of Notification (1) <b>12/19/14</b>		Name of Building Owner/Operator (2) <b>P.S.E.G.</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b>	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ. 07080</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DGA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>JOHN KILLIAN</b>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G MH 60A</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>17-01 NEVINS RD.</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>FAIR LAWN</b>		Bldg. Age <b>N/A</b>							
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>N/A</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-292-2217</b>	Telephone No. <b>732-432-8350</b>						
Start Date (10) <b>11/1/14</b>		Scheduled Completion Date (11) <b>3/31/15</b>	License No. <b>01111</b>						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
<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: <b>OUTDOORS</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> 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)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>OUTDOORS</b>		<b>X</b>		<b>ACM PIPE SOMASTIC</b>	<b>20 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>400 X 2</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <b>Carol Raimo</b>		Date <b>12/19/14</b>				

\* 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)

NO OPEN  
NOTIFICATION

Date of Notification (1) 10/22/14		Name of Building Owner/Operator (2) P.S.E.G.					
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080					
Name of Contact JOHN KILLIAN		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PSE&G MH 60A		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 17-01 NEVINS RD.		Square Feet N/A					
City (5) FAIR LAWN		# of Floors N/A					
County (6) BERGEN		Bldg. Age N/A					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045					
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.					
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882					
Telephone No. 732-292-2217		Telephone No. 732-432-8350					
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
Start Date (10) 11/1/14		Scheduled Completion Date (11) 12/31/14					
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: OUTDOORS		Street Address 396 WHITEHEAD AVE.					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code SOUTH RIVER, NJ 08882					
<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"/> 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)	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	Enclosure
OUTDOORS	X	ACM PIPE SOMASTIC	20 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste Appx 2		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 Carol Raimo		Date 10/22/14	



NOCK

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

"OPEN  
NOTIFICATION"  
DEC 24 2014  
ASBESTOS CONTROL A

Date of Notification (1) <b>12/19/14</b>		Name of Building Owner/Operator (2) <b>P.S.E.G.</b>						
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ. 07080</b>						
		Name of Contact <b>JOHN KILLIAN</b>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G MH 56</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>22-09 ROSALIE ST.</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>					
City (5) <b>FAIR LAWN</b>		Bldg. Age <b>N/A</b>						
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>N/A</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>					
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>						
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>						
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-292-2217</b>	Telephone No. <b>732-432-8350</b>					
License No. <b>01111</b>								
Start Date (10) <b>11/1/14</b>	Scheduled Completion Date (11) <b>3/31/15</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>						
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: <b>OUTDOORS</b>		Street Address <b>396 WHITEHEAD AVE.</b>						
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</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 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 In Facility (13)</b>	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) <b>20 LF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>OUTDOORS</b>		<b>X</b>	<b>ACM PIPE SAMAStic</b>	<b>20 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS NORTH</b>				
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>				
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <b>Carol Raimo</b>		Date <b>12/19/14</b>			



CK # 5722

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

"OPEN"

NOTIFICATION

Date of Notification (1) 10/22/14		Name of Building Owner/Operator (2) P.S.E.G.							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080 Name of Contact JOHN KILLIAN							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G MH 56		Type of Facility (4)							
Street Address 22-09 ROSALIE ST.		<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.)							
City (5) FAIR LAWN		Square Feet N/A	# of Floors N/A						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 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		Telephone No. 732-292-2217	License No. 01111						
Start Date (10) 11/1/14	Scheduled Completion Date (11) 12/31/14	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<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: OUTDOORS		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> 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)			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
OUTDOORS		X		ACM PIPE SOMASTIC	20 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Approx 2	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 Carol Raimo		Date 10/22/14			



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

Date of Notification (1) <b>12/19/14</b>		Name of Building Owner/Operator (2) P.S.E.G.		DEC 24 2014	
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 # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact <b>JOHN KILLIAN</b> Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G - MH 25</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>295 BERGEN TURNPIKE</b>			Square Feet <b>N/A</b>		
City (5) <b>RIDGEFIELD PARK</b>			# of Floors <b>N/A</b>		Bldg. Age <b>N/A</b>
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>N/A</b>	
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 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		Telephone No. 732-292-2217		License No. 01111	
Start Date (10) <b>9/19/14</b>		Scheduled Completion Date (11) <b>3/31/15</b>		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
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: <b>OUT DOORS</b>			Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input 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)	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>OUTDOORS</b>		<b>X</b>		<b>ACM PIPE SOMASTIC</b>	<b>15 LF X</b>
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste <b>APX 2</b>	
City, State ELIZABETH, NJ		Disposal Date <b>TBD</b>		Name of Registered Landfill GROWS NORTH	
City, State MORRISVILLE, PA		Signature <b>Carol Raimo</b>		Date <b>12/19/14</b>	
Completed by CAROL RAIMO		Title OFFICE MGR.			



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

"OPEN"

NOTIFICATION

Date of Notification (1) <b>11/7/14</b>		Name of Building Owner/Operator (2) P.S.E.G.							
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 checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
Name of Contact <b>JOHN KILLIAN</b>		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G - MH 25</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>295 BERGEN TURNPIKE</b>		Square Feet <b>N/A</b>							
City (5) <b>RIDGEFIELD PARK</b>		# of Floors <b>N/A</b>							
County (6) <b>BERGEN</b>		Bldg. Age <b>N/A</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>N/A</b>							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045							
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA							
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.							
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882							
Telephone No. 732-292-2217		Telephone No. 732-432-8350							
License No. 01111		Start Date (10) <b>9/17/14</b>							
Scheduled Completion Date (11) <b>12/31/14</b>		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
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: <b>OUTDOORS</b>		Street Address 396 WHITEHEAD AVE.							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code SOUTH RIVER, NJ 08882							
Location of Asbestos-Containing Material (ACM) In Facility (13) <b>OUTDOORS</b>	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) <b>15 LF</b>	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
	<b>X</b>			<b>ACM PIPE SOMASTIC</b>	<b>X</b>				
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste <b>APPX 2</b>		Name of Registered Landfill GROWS NORTH			
City, State ELIZABETH, NJ		Disposal Date <b>TBD</b>		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <b>Carol Raimo</b>		Date <b>11/7/14</b>			



CK # 5607

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

"OPEN NOTIFICATION"

Date of Notification (1) <b>9/5/14</b>		Name of Building Owner/Operator (2) P.S.E.G.	
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>JOHN MAROTTE</b>	Telephone Number J.F.E.M.
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E.G.</b>		Type of Facility (4)	
Street Address <b>M H 25 - 295 BERGEN TURNPIKE</b>		<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.)	
City (5) <b>RIDGEFIELD PARK</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>
County (6) <b>BERGEN</b>		Bldg. Age <b>N/A</b>	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>N/A</b>	
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 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		Telephone No. 732-292-2217	Telephone No. 732-432-8350
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Start Date (10) <b>9/17/14</b>		Scheduled Completion Date (11) <b>10/13/14</b>	
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.	
<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: <b>OUTDOORS</b>		City, State, Zip Code SOUTH RIVER, NJ 08882	
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 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) 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)
<b>OUTDOORS</b>	<b>X</b>	<b>ACM PIPE SONASTIC</b>	<b>15</b>
Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>APPX 2</b>	Name of Registered Landfill GROWS NORTH
City, State ELIZABETH, NJ	Disposal Date <b>TBD</b>	City, State MORRISVILLE, PA	
Completed by CAROL RAIMO	Title OFFICE MGR.	Signature <b>Carol Raimo</b>	Date <b>9/5/14</b>



NOCK

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

"OPEN  
NOTIFICATION"

Date of Notification (1) <b>12/19/14</b>		Name of Building Owner/Operator (2) <b>P.S.E.G.</b>		<div>RECEIVED</div> <div>DEC 24 2014</div>				
Agencies Notified		Street Address <b>4000 HADLEY ROAD</b>						
Type Notification		City, State, Zip Code <b>SOUTH PLAINFIELD, NJ. 07080</b>						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>JOHN KILLIAN</b>		Telephone Number (303) 2				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>PSE+G - MH 62</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>17-01 NEVINS RD.</b>			Square Feet <b>N/A</b>	# of Floors <b>N/A</b>	Bldg. Age <b>N/A</b>			
City (5) <b>FAIR LAWN</b>			Current Use (Prior if being demolished) <b>N/A</b>					
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>					
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>						
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>						
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-292-2217</b>	Telephone No. <b>732-432-8350</b>	License No. <b>01111</b>				
Start Date (10) <b>11/11/14</b>		Scheduled Completion Date (11) <b>3/31/15</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>				
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: <b>OUTDOORS</b>			Street Address <b>396 WHITEHEAD AVE.</b>					
			City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> 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)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>OUTDOORS</b>		<b>X</b>	<b>ACM PIPE SAMASTIC</b>	<b>20 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>Appx 2</b>	Name of Registered Landfill <b>GROWS NORTH</b>				
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>				
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <b>Carol Raimo</b>		Date <b>12/19/14</b>		



CK# 5728

Print Form

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

"OPEN  
NOTIFICATION"

Date of Notification (1) 10/22/14		Name of Building Owner/Operator (2) P.S.E.G.					
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080					
		Name of Contact JOHN KILLIAN					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PSE+G - MH 62		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 17-01 NEVINS RD.		Square Feet N/A	# of Floors N/A				
City (5) FAIR LAWN		Bldg. Age N/A					
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA				
Street Address 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		Telephone No. 732-292-2217	Telephone No. 732-432-8350				
License No. 01111							
Start Date (10) 11/1/14	Scheduled Completion Date (11) 12/31/14	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
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: OUTDOORS		Street Address 396 WHITEHEAD AVE.					
		City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED in Facility	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			
				Removal	Repair	Encapsulate	Enclosure
OUTDOORS	X	ACM PIPE SOMASTIC	20 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Approx 2	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 Carol Raimo	Date 10/22/14			



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

NO CK  
"OPEN  
NOTIFICATION

Date of Notification (1) <b>12/19/14</b>		Name of Building Owner/Operator (2) <b>P.S.E.G.</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>DEC 24 2014</b> </div>					
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 checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>4000 HADLEY ROAD</b> City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b> Name of Contact <b>JOHN KILLIAN</b>			
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G MH 18</b> Street Address <b>100 GREEN ST.</b> City (5) <b>TETERBORO</b> County (6) <b>BERGEN</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.) Square Feet <b>N/A</b> # of Floors <b>N/A</b> Bldg. Age <b>N/A</b> Current Use (Prior if being demolished) <b>N/A</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b> Street Address <b>64 BROAD STREET</b> City, State, Zip Code <b>MATAWAN, NJ 07747</b>		ASCM No. <b>0045</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b> Street Address <b>396 WHITEHEAD AVE.</b> City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>					
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-292-2217</b>		Telephone No. <b>732-432-8350</b> License No. <b>01111</b>					
Start Date (10) <b>9/19/14</b>		Scheduled Completion Date (11) <b>3/31/15</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <b>OUT DOORS</b>				Street Address <b>396 WHITEHEAD AVE.</b> City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input 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) In Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Removal	Repair	Encapsulate			Enclosure			
<b>OUT DOORS</b>		<b>X</b>		<b>ACM Pipe Semastie 60 LF</b>		<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>		Cubic Yards of Waste <b>APPX 5</b>		Name of Registered Landfill <b>GROWS NORTH</b>			
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <b>Carol Raimo</b>		Date <b>12/19/14</b>			



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

OPEN  
NOTIFICATION

Date of Notification (1) <b>11/7/14</b>		Name of Building Owner/Operator (2) P.S.E.G.						
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080						
		Name of Contact <b>JOHN KILLIAN</b>	Telephone Number <b>DEC 24 2014</b>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G MH 18</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>100 GREEN ST.</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>					
City (5) <b>TETERBORO</b>		Bldg. Age <b>N/A</b>						
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>N/A</b>						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCN No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Street Address 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		Telephone No. 732-292-2217	Telephone No. 732-432-8350					
Start Date (10) <b>9/17/14</b>		Scheduled Completion Date (11) <b>12/31/14</b>	License No. 01111					
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA								
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.						
<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: <b>OUT DOORS</b>		City, State, Zip Code SOUTH RIVER, NJ 08882						
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 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) <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
<b>OUT DOORS</b>		<b>X</b>		<b>ACM Pipe Somatic 60 LF</b>	<b>X</b>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>APPX 5</b>	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date <b>TBD</b>	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date <b>11/7/14</b>				



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

OPEN NOTIFICATION

Date of Notification (1) <b>9/5/14</b>		Name of Building Owner/Operator (2) P.S.E.G.	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	4000 HADLEY ROAD	DEC 24 2014
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	SOUTH PLAINFIELD, NJ. 07080	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	JOHN MAROTTE	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) P.S.E.G.		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12)	
M.H. 18 - 100 GREEN ST.		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) TETERBORO		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) BEGEN		Square Feet N/A	# of Floors N/A
County Code (7) (STATE USE ONLY)		Bldg. Age N/A	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		Current Use (Prior if being demolished) N/A	
ASCN No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
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		Telephone No. 732-292-2217	License No. 01111
Start Date (10) 9/17/14	Scheduled Completion Date (11) 10/13/14	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code SOUTH RIVER, NJ 08882	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input checked="" type="checkbox"/> Other - Describe: OUTDOORS			
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation	
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<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)	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)
OUTDOORS	Yes No N/A	ACM PIPE SURFACING	15 LF
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Name of Registered Landfill GROWS NORTH
City, State ELIZABETH, NJ		Cubic Yards of Waste APPX 2	Disposal Date TBD
Completed by CAROL RAIMO		Signature Carol Raimo	Date 9/5/14



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

NO OPEN  
NOTIFICATION

Date of Notification (1) <b>12/19/14</b>		Name of Building Owner/Operator (2) P.S.E.G.						
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 checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080						
Name of Contact <b>JOHN KILLIAN</b>		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G - FAIRLAWN SWITCH</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>17-53 NEVINS RD.</b>		Square Feet <b>N/A</b>						
City (5) <b>FAIRLAWN</b>		# of Floors <b>N/A</b>						
County (6) <b>BERGEN</b>		Bldg. Age <b>N/A</b>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>N/A</b>						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045						
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.						
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882						
Telephone No. 732-292-2217		Telephone No. 732-432-8350						
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA						
Start Date (10) <b>11/7/14</b>		Scheduled Completion Date (11) <b>3/31/14</b>						
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: <b>OUTDOORS</b>		Street Address 396 WHITEHEAD AVE.						
		City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> 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)		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
<b>OUTSIDE</b>		<b>X</b>	<b>ACM Pipe SomaSTic</b>	<b>50</b>	<b>X</b>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste <b>Appx 5</b>		Name of Registered Landfill GROWS NORTH		
City, State ELIZABETH, NJ		Disposal Date <b>7/6/15</b>		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date <b>12/19/14</b>		



CK # 5745

Print Form

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

"OPEN"

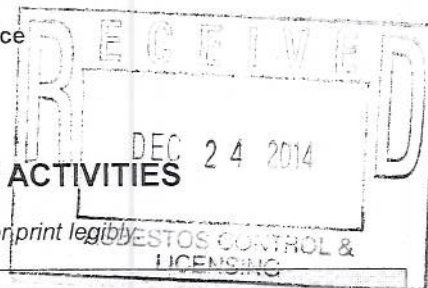
NOTIFICATION

Date of Notification (1) <b>10/28/14</b>		Name of Building Owner/Operator (2) P.S.E.G.						
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080						
Name of Contact <b>JOHN KILLIAN</b>		Telephone No. <b>732-432-8350</b>						
DEC 24 2014 ASBESTOS CONTROL & REMEDIATION								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G - FAIRLAWN SWITCH</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>17-53 NEVINS RD.</b>		Square Feet <b>N/A</b>						
City (5) <b>FAIRLAWN</b>		# of Floors <b>N/A</b>						
County (6) <b>BERGEN</b>		Bldg. Age <b>N/A</b>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>N/A</b>						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045						
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.						
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882						
Telephone No. 732-292-2217		Telephone No. 732-432-8350						
License No. 01111								
Start Date (10) <b>11/7/14</b>		Scheduled Completion Date (11) <b>12/31/14</b>						
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA								
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: <b>OUTDOORS</b>		Street Address 396 WHITEHEAD AVE.						
		City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> 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)		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
OUTSIDE		X	ACM PIPE SemaSTIC	50	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste <b>APPX 5</b>		Name of Registered Landfill GROWS NORTH		
City, State ELIZABETH, NJ		Disposal Date <b>TBD</b>		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date <b>10/28/14</b>		



NO CR

New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
PO Box 369  
Trenton, NJ 08625-0369  
Telephone: 609-826-4950 Fax: 609-826-4975



## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

### I. NOTIFICATION INFORMATION

Date of Notification: 12 / 22 / 2014

☒ Initial ☒ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☒ Demolition ☐ Renovation

### II. BUILDING INFORMATION

Name of Building Owner/Operator: Josephine Monteferrante

Street Address: 6868 Harding Highway City: Mays Landing State: NJ Zip: 08330

Name of Contact: Josephine Monteferrante Telephone No.: \_\_\_\_\_

### III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Monteferrante Residence

Describe Facility Use: Residence

Street Address: 6868 Harding Highway City: Mays Landing State: NJ Zip: 08330

County Name: Atlantic

County Code (State Use Only): \_\_\_\_\_

Scheduled Start Date: 12 / 22 / 2014

Scheduled Completion Date: 1 / 2 / 2015

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_

☐ Other—Describe: \_\_\_\_\_

Scope of Work (check all that apply):

<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>200 SF</u>	Percentage Asbestos: <u>      </u> %
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>200 SF</u>	Percentage Asbestos: <u>      </u> %
<input type="checkbox"/> Transite	Square Footage: <u>      </u>	Percentage Asbestos: <u>      </u> %
<input checked="" type="checkbox"/> Roofing	Square Footage: <u>1,000 SF</u>	Percentage Asbestos: <u>      </u> %
<input type="checkbox"/> Siding	Square Footage: <u>      </u>	Percentage Asbestos: <u>      </u> %
<input type="checkbox"/> Other: _____	Square Footage: <u>      </u>	Percentage Asbestos: <u>      </u> %

### IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099

Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

### V. SIGNATURE

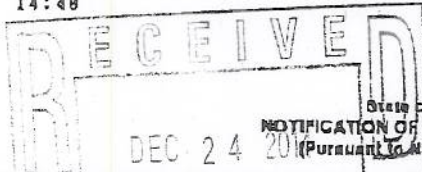
Completed By (type or print legibly): Christina Lynch Title: Operations Manager

Signature:  Date: December 22, 2014



12/18/2014 14:48

CK 1740 NO. 721 8802



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to N.J.A.C. 8:80 and 12:120)

DOL - 10 DAY

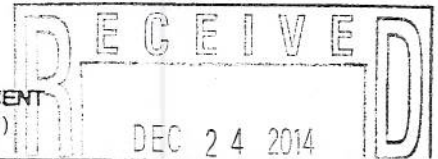
Print Form

Date of Notification (1) December 19, 2014		Name of Building Owner/Operator (2) MT Construction Co., LLC		Check # 1740	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 944 Redlion Road City, State, Zip Code Southampton, NJ 08088 Name of Contact Mike Tippin Telephone Number	
<b>FACILITY INFORMATION</b> Name of Facility Where Abatement is Taking Place (3) Former EB High School Street Address 26 North Poplar Avenue City (5) Maple Shade County (6) Burlington County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Welsgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0089 License No. 00842	
Start Date (10) December 20, 2015		Scheduled Completion Date (11) December 27, 2015		Name of OSHA Monitor EMSL Analytical, 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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or less if <input type="checkbox"/> 2100 sf or less if <input 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-Frable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO REMOVED</b> 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)	
Throughout Lower Level		XXX		Floor Tile and Mastic	
				1,826 SF	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02285		Cubic Yards of Waste 20	
City, State Freehold, NJ		Disposal Date 12/27/2015		Name of Registered Landfill Western Berks Community Landfill	
City, State Freehold, NJ		Disposal Date 12/27/2015		City, State Birdsboro, PA	
Completed by Christina Lynch		Title Operations Manager		Signature Christina Lynch Date 12/19/2014	



210 OF CH 10  
3591

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



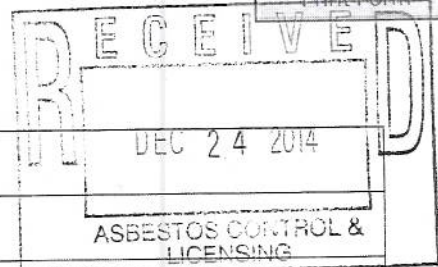
Date of Notification (1) <u>12/22/14</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ENTERPRISES</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> 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>601 W. CLARKS ROAD</u>		City, State, Zip Code <u>EGG HARBON, N.J. 08218</u>	
Name of Contact <u>BARBARA</u>		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</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>436 S. 2ND AVE.</u>		Square Feet <u>1500</u>	
City (5) <u>BALDWIN</u>		# of Floors <u>1</u>	
County (6) <u>ATLANTIC</u>		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>ICEMCO INC.</u>	
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm <u>N/A</u>		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>1/5/15</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>1/12/15</u>		Name of OSHA Monitor <u>N/A</u>	
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 type="checkbox"/> Other - Describe: _____		Street Address _____	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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		City, State, Zip Code _____	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u> <u>SIDING</u>		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) <u>TRANSITE</u>		Amount (Specify SF or LF) <u>1800 lb</u>	
Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> Removal			
Name of Registered Waste Hauler <u>ICEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
Cubic Yards of Waste <u>15</u>		Name of Registered Landfill <u>ABUA</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date _____	
City, State <u>PLEASANTVILLE, N.J.</u>		Signature <u>Joseph K. K...</u>	
Completed By <u>JOSEPH K. K...</u>		Title <u>OWNER</u>	
Date <u>12/22/14</u>			



CK 3034

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

Print Form



Date of Notification (1) 12/18/14		Name of Building Owner/Operator (2) ARLENE HUGG							
Agencies Notified	Type Notification	Street Address 116 MARLIN RD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TUCKERTON NJ 08087							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  Street Address 116 MARLIN RD		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.)							
City (5) TUCKERTON		Square Feet 1000	# of Floors 1						
County (6) OCEAN		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 12/24/14	Scheduled Completion Date (11) 12/24/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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)	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
MAIN FLOOR				VAT	400SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 9/9/14			