State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 11460

GAC Project # 060-15

Date of Notification (1): February 4, 2015	Name of Building Owner/Operator (2): RUTGERS, THE STATE UNIVERSITY OF NJ
Agencies Notified: ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRED ☒ DOH Notification Type: ☐ Initial Notification ☒ Amended Notification #1 – new start date ☐ Emergency (including justification) ☐ Cancelled	Street Address: ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code: PISCATAWAY, NJ 08854 Name of Contact: MICHAEL SMITH, ENV. HEALTH & SAFETY Telephone Number: [redacted]
FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3): SCHOOL OF DENTAL MEDICINE, BLDG# 7253 Street Address: RBHS NEWARK CAMPUS City (5): NEWARK; County (6): ESSEX; County Code (7) (State Use Only):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 40+ years Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8): Cardno ATC; ASCM No.: 0098 Street Address: 3 TERRI LANE City, State, Zip Code: BURLINGTON, NJ 08016 Project Manager for Monitoring Firm: BRIAN KEARNY; Telephone Number: 609-386-8800	Name of Contractor (9): GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address: 268 MAIN STREET City State, ZipCode: BUTLER, NJ 07405 Telephone Number: 973-492-0477; License Number: 00840
Scheduled Start Date (10): 02/11/15; Scheduled Completion Date (11): 03/02/15	Name of OSHA Monitor: 1 ENVIROVISION, INC.
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☒ Other – Describe: Shift Hours: M-F 5:00 PM – 5:00 AM PHASE I 2/11 – 2/16 PHASE II 2/16 - 3/2 (weekends and 24 hours as needed)	Street Address: 20-21 WARGARAW ROAD City, State, Zip Code: FAIRLAWN, NJ

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
VARIOUS LOCATIONS C-LEVEL, D-LEVEL		☒		VAT	5,500SF	☒			

Name of Reg. Waste Hauler: See Hauler Below #1 & 2	NJDEP Waste Hauler ID #: See Below	Cubic Yards of Waste: 40 CY	Name of Registered Landfill: G.R.O.W.S. North Landfill

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 28969
Hauler #2) S TG – 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990

Disposal Date: 03/02/15

City, State: 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700

Completed by (Print or Type)	Title	Signature	Date
RAYMOND C. PEDALINO	SENIOR PROJECT MANAGER	Raymond C. Pedalino	February 4, 2015

Copies To: Rutgers, REHS, Attn: Mike Smith and **Cardno ATC**, Attn: Brian Kearney

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15

Date of Notification (1): January 19, 2015	Name of Building Owner/Operator (2): RUTGERS, THE STATE UNIVERSITY OF NJ
Agencies Notified: ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRED ☒ DOH Notification Type: ☒ Initial Notification ☐ Amended Notification # ☐ Emergency (including justification) ☐ Cancelled	Street Address: ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code: PISCATAWAY, NJ 08854 Name of Contact: MICHAEL SMITH, ENV. HEALTH & SAFETY Telephone Number:
FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3): SCHOOL OF DENTAL MEDICINE, BLDG# 7253 Street Address: RBHS NEWARK CAMPUS City (5): NEWARK; County (6): ESSEX; County Code (7) (State Use Only):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 40+ years Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8): Cardno ATC; ASCM No.: 0098 Street Address: 3 TERRI LANE City, State, Zip Code: BURLINGTON, NJ 08016 Project Manager for Monitoring Firm: BRIAN KEARNY; Telephone Number: 609-386-8800	Name of Contractor (9): GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address: 268 MAIN STREET City State, ZipCode: BUTLER, NJ 07405 Telephone Number: 973-492-0477; License Number: 00840
Scheduled Start Date (10): 02/04/15; Scheduled Completion Date (11): 03/02/15	Name of OSHA Monitor: 1 ENVIROVISION, INC.
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☒ Other – Describe: Shift Hours: M-F 5:00 PM – 5:00 AM PHASE I 2/4 – 2/9 PHASE II 2/11 - 3/2 (weekends and 24 hours as needed)	Street Address: 20-21 WARGARAW ROAD City, State, Zip Code: FAIRLAWN, NJ

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
VARIOUS LOCATIONS C-LEVEL, D-LEVEL		☒		VAT	5,500SF	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste:	Name of Registered Landfill
See Hauler Below #1 & 2	See Below	40 CY	G.R.O.W.S. North Landfill

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 28969
Hauler #2) S TG – 58 Pyles Lane, New Castle, De 19720
NJ DEP # 20990

Disposal Date: 03/02/15

City, State: 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700

Completed by (Print or Type)	Title	Signature	Date
RAYMOND C. PEDALINO	SENIOR PROJECT MANAGER	Raymond C. Pedalino	January 19, 2015

Copies To: Rutgers, REHS, Attn: Mike Smith and **Cardno ATC**, Attn: Brian Kearney

NO CK

OPEN NOTIFICATION

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

Date of Notification (1): 2/10/15	Name of Building Owner/Operator (2): P.S.E.G.
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☒ Cancellation
	Street Address: 4000 HADLEY ROAD
	City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080
	Name of Contact: CHRIS DUDA — Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSE-G	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 333 LAKESIDE AVE.	Square Feet: 9210 — # of Floors: 2 — Bldg. Age: Appx 60 yrs
City (5): ORANGE	
County (6): ESSEX — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): SUB STATION
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): 12/18/14 — Scheduled Completion Date (11): 3/31/15	Name of OSHA Monitor: UNIQUE SYSTEMS OF AMERICA
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Accessing upstairs only!	Street Address: 396 WHITEHEAD AVE. — City, State, Zip Code: SOUTH RIVER, NJ 08882

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	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
CONTROL ROOM		X		TRANSITE PANEL	6 SF	X			

Name of Registered Waste Hauler: VEOLIA	NJDEP Waste Hauler ID No.: 08063369	Cubic Yards of Waste: 1	Name of Registered Landfill: EQ-WAYNE LANDFILL
City, State: FLANDERS, N.J.		Disposal Date: TBD	City, State: BELLEVILLE MI
Completed by: CAROL RAIMO	Title: OFFICE MGR.	Signature: Carol Raimo	Date: 2/10/15

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

ASB-41 (R-05-08)

PRINT FORM

OPEN NOTIFICATION

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

2015 FEB 17 PM 1:01

Date of Notification (1): 1/26/15	Name of Building Owner/Operator (2): P.S.E.G.
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 3 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 4000 HADLEY ROAD
	City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080
	Name of Contact: CHRIS DADA — Telephone Number: [illegible]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSE&G	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 333 LAKESIDE AVE.	Square Feet: 9210 — # of Floors: 2 — Bldg. Age: Appx 60 YRS
City (5): ORANGE	
County (6): ESSEX — County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished): SUB STATION
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): 12/18/14 — Scheduled Completion Date (11): 3/31/15	Name of OSHA Monitor: UNIQUE SYSTEMS OF AMERICA
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Manned 4 hours only!	Street Address: 396 WHITEHEAD AVE. — City, State, Zip Code: SOUTH RIVER, NJ 08882

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	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
CONTROL ROOM		X		TRANSITE PANEL	6 SF	X			

Name of Registered Waste Hauler: VEOLIA — NJDEP Waste Hauler ID No.: 080637369	Cubic Yards of Waste: 1	Name of Registered Landfill: EQ-WAYNE LANDFILL	
City, State: FLANDERS, NJ.	Disposal Date: TBD	City, State: BELLEVILLE MI	
Completed by: CAROL RAIMO	Title: OFFICE MGR.	Signature: Carol Raimo	Date: 1/26/15

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

ASB-41 (R-05-08)

NO CK

State of New Jersey

Check # 15033

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)	Name of Building Owner/Operator (2)
2-6-15	Marlies Dwyer

Agencies Notified	Type Notification	Street Address
[ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation	92 Parker Ave.

2015 FEB 17 P4:47

City, State, Zip Code	Name of Contact	Telephone Number
Maplewood,NJ,	Marlies Dwyer	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Same as above	[ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.)
Street Addres	

City (5	County (6) Essex	County Code (7) (STATE USE ONLY)

Square Feet	# of Floors	Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		AZTECH MANAGEMENT, Inc.
Street Address		Street Address: 86 Christopher St.
City, State, Zip Code		City, State, Zip Code: Montclair, NJ 07042
Project Manager for Monitoring Firm	Telephone Number: N/A	Telephone Number: (973)744-8800 / License Number: 00371

Scheduled Start Date (10)	Sched. Completion Date (11)	Name of OSHA Monitor
2-16-15 (Month Day Year)	2-17-15 (Month Day Year)	N/A

Occupancy Status During Abatement (Check only one)
[X]Facility Closed/Vacated During Entire Period of Abatement
[ ]Abatement Performed Outside of Normal Facility Hours - Describe:«OffHours Descript»
[ ]other - Describe:«Other Occupancy Descript»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf
[X]Renovation
[ ]Demolition
[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
Basement			X	Pipe Insulation	85 lf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1.5	Name of Registered Landfill
AZTECH MANAGEMENT, INC.	17040		G.R.O.W.S.
City, State: Montclair, NJ 07042		Disposal Date: 2-18-15	City, State: Morrisville, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President	C Vivian	2-6-15

Print Form

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

11 OPEN NOTIFICATION

2015 FEB 17 PM 1:01

Date of Notification (1): 12/17/14	Name of Building Owner/Operator (2): P.S.E.G.
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [x] Amended Amendment # 3 2 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 4000 HADLEY ROAD
	City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080
	Name of Contact: CHRIS DUDA — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSE&G	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 333 LAKESIDE AVE.	
City (5): ORANGE	Square Feet: 9210 — # of Floors: 2 — Bldg. Age: Appx. 60 yrs
County (6): ESSEX — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): SUB STATION
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): 12/18/14 — Scheduled Completion Date (11): 1/31/15	Name of OSHA Monitor: UNIQUE SYSTEMS OF AMERICA
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: Accessing operators only!	Street Address: 396 WHITEHEAD AVE. — City, State, Zip Code: SOUTH RIVER, NJ 08882

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
CONTROL ROOM		X		TRANSITE PANEL	6 SF	X			

Name of Registered Waste Hauler: VEOLIA — NJDEP Waste Hauler ID No.: 080031369	Cubic Yards of Waste: 1	Name of Registered Landfill: EQ-WAYNE LANDFILL	
City, State: FLANDERS, N.J.	Disposal Date: TBD	City, State: BELLEVILLE MI	
Completed by: CAROL RAIMO	Title: OFFICE MGR.	Signature: Carol Raimo	Date: 12/17/14

ASB-41 (R-06-08)

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

CKH 5855

Print Form

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

Date of Notification (1): 12/16/14	Name of Building Owner/Operator (2): P.S.E.G.
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [ ] Initial [x] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 4000 HADLEY ROAD City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080 Name of Contact: CHRIS DUDA — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSE&G	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 333 LAKESIDE AVE.	
City (5): ORANGE	Square Feet: 9210 — # of Floors: 2 — Bldg. Age: appx 60 yrs
County (6): ESSEX — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): SUB STATION
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): 12/08/14 — Scheduled Completion Date (11): 12/09/14	Name of OSHA Monitor: UNIQUE SYSTEMS OF AMERICA
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: necessary operators only!	Street Address: 396 WHITEHEAD AVE. City, State, Zip Code: SOUTH RIVER, NJ 08882

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
CONTROL ROOM		X		TRANSITE PANEL	6 SF	X			

Name of Registered Waste Hauler: VEOLIA	NJDEP Waste Hauler ID No.: 080631369	Cubic Yards of Waste: 1	Name of Registered Landfill: EQ-WAYNE LANDFILL
City, State: FLANDERS, NJ.		Disposal Date: TBD	City, State: BELLEVILLE MI

Completed by: CAROL RAIMO	Title: OFFICE MGR.	Signature: Carol Raimo	Date: 12/16/14

ASB-41 (R-06-08)

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Print Form

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

Date of Notification (1): 12/4/14	Name of Building Owner/Operator (2): P.S.E.G.
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 4000 HADLEY ROAD
	City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080
	Name of Contact: CHRIS DUDA
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSE&G	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 333 LAKESIDE AVE.	Square Feet: 9210 # of Floors: 2 Bldg. Age: Appx 60 yrs
City (5): ORANGE	Current Use (Prior if being demolished): SUB STATION
County (6): ESSEX	County Code (7) (STATE USE ONLY):
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): 12/16/14 Scheduled Completion Date (11): 12/19/14	Name of OSHA Monitor: UNIQUE SYSTEMS OF AMERICA
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: Necessary operators only!	Street Address: 396 WHITEHEAD AVE.
	City, State, Zip Code: SOUTH RIVER, NJ 08882
Scope of Work (Check All That Apply): ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	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
CONTROL ROOM		X		TRANSITE PANEL	6 SF	X			

Name of Registered Waste Hauler: VEOLIA	NJDEP Waste Hauler ID No.: 080631369	Cubic Yards of Waste: 1	Name of Registered Landfill: EQ-WAYNE LANDFILL
City, State: FLANDERS, NJ.		Disposal Date: TBD	City, State: BELLEVILLE MI.
Completed by: CAROL RAIMO	Title: OFFICE MGR.	Signature: Carol Raimo	Date: 12/4/14

ASB-41 (R-05-08)

* Do not use this form for asbestos licensure

Print Form

Emergency

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

RECEIVED
CK 4630
FEB 17 2015
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2/9/15	Name of Building Owner/Operator (2): Drew & Peggy Gould Private Home
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended [ ] Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 112 Roxie Ave.
	City, State, Zip Code: North Beach NJ 08008
	Name of Contact: Mark — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Drew & Peggy Gould Private Home	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 112 Roxie Ave.	
City (5): North Beach NJ 08008	Square Feet: 1000 + / # of Floors: 1.5 / Bldg. Age: 35 +
County (6): Ocean — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House only
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.
Street Address	Street Address: PO Box 329
City, State, Zip Code	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 856-753-9800 / License No.: 00727
Start Date (10): 2/10/15 — Scheduled Completion Date (11): 2/16/15	Name of OSHA Monitor: Same
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[ ] Renovation
[X] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1900 SF	x			
Through out house			x	Floor Tile	800 SF	x			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 4	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 2/16/15	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 2/9/15

ASB-41 (R-06-08)

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

Ck # 8492

Print Form

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

RECEIVED
FEB 17 2015
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/10/2015	Name of Building Owner/Operator (2): Dwight-Englewood School
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 315 East Palisades Avenue
	City, State, Zip Code: Englewood, NJ 07631
	Name of Contact: Bruce Devlin — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): N/A (house)			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 386 Walnut Street			
City (5): Englewood	Square Feet: 5,000	# of Floors: 2.5	Bldg. Age: 70 yrs.
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): House

Name of Monitoring Firm Hired by Building Owner (8): ABS Environmenta Services	ASCM No.	Name of Abatement Contractor (9): East Coast Haz Mat Removal, Inc.	
Street Address: P.O. Box 483		Street Address: 494 E. 41st Street	
City, State, Zip Code: Glenwood, NJ 07418		City, State, Zip Code: Paterson, NJ 07504	
Project Manager for Monitoring Firm: Scott Higgins	Telephone No.: 877-434-6041	Telephone No.: 973-345-0022	License No.: 00507
Start Date (10): February 25, 2015	Scheduled Completion Date (11): April 10, 2015	Name of OSHA Monitor: Same as above	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address:	
		City, State, Zip Code:	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[ ] Renovation
[x] Demolition
[x] Full Containment with Negative Pressure
[x] Mini-Enclosure
[x] Glovebag Procedure
[x] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	250 LF	X			
Exterior of Garage		X		Stucco	800 SF	X			
Exterior of House		X		Stucco	4,200 SF	X			

Name of Registered Waste Hauler: East Coast Haz Mat Removal, Inc.	NJDEP Waste Hauler ID No.: NJ 419	Cubic Yards of Waste: 120	Name of Registered Landfill: G.R.O.W.S. North Inc.
City, State: Paterson, NJ 07504		Disposal Date: 3/31/2015	City, State: Morrisville, PA

Completed by: James E. Unger	Title: Project Manager	Signature: [signature]	Date: 02/10/2015

ASB-41 (R-06-08)

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

ck # 8491

Print Form

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

RECEIVED
FEB 17 2015
ASBESTOS LICENSING

Date of Notification (1): 02/10/2015	Name of Building Owner/Operator (2): Dwight-Englewood School	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 315 East Palisades Avenue
		City, State, Zip Code: Englewood, NJ 07631
		Name of Contact: Bruce Devlin — Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): N/A (house)			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 396 Walnut Street			
City (5): Englewood	Square Feet: 5,000	# of Floors: 2.5	Bldg. Age: 70 yrs.
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): House

Name of Monitoring Firm Hired by Building Owner (8): ABS Environmenta Services	ASCM No.	Name of Abatement Contractor (9): East Coast Haz Mat Removal, Inc.	
Street Address: P.O. Box 483		Street Address: 494 E. 41st Street	
City, State, Zip Code: Glenwood, NJ 07418		City, State, Zip Code: Paterson, NJ 07504	
Project Manager for Monitoring Firm: Scott Higgins	Telephone No.: 877-434-6041	Telephone No.: 973-345-0022	License No.: 00507
Start Date (10): February 20, 2015	Scheduled Completion Date (11): March 10, 2015	Name of OSHA Monitor: Same as above	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address:	
		City, State, Zip Code:	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	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
Basement		X		Pipe Insulation	100 LF	X			
Basement		X		Floor Tile	600 SF	X			
1st Fl. (Kitchen)		X		Floor Tile	300 SF	X			

Name of Registered Waste Hauler: East Coast Haz Mat Removal, Inc.	NJDEP Waste Hauler ID No.: NJ 419	Cubic Yards of Waste: 120	Name of Registered Landfill: G.R.O.W.S. North Inc.
City, State: Paterson, NJ 07504		Disposal Date: 3/31/2015	City, State: Morrisville, PA

Completed by: James E. Unger	Title: Project Manager	Signature:	Date: 02/10/2015

ASB-41 (R-06-08)

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

CHECK # 3637

RECEIVED
FEB 17 2015
ASBESTOS CONTROL &

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

Date of Notification (1): 2/9/15

Name of Building Owner/Operator (2): EARTHTECH CONTRACTING

Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA

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

Street Address: 155 RT. 55

City, State, Zip Code: GREEN FIELD N.J 08230

Name of Contact: BRUCE BREWIG

Telephone Number:

FACILITY INFORMATION

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

Street Address: 28 W. ESCEVA AVE.

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

City (5): OCEAN CITY

Square Feet: 1000 | # of Floors: 2 | Bldg Age: 40+

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): VACANT

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

ASCP No.:

Name of Abatement Contractor (9): KLEMCO INC.

Street Address:

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code:

City, State, Zip Code: MAPLE SHADE, NJ 08052

Project Manager for Monitoring Firm:

Telephone No.:

Telephone No.: 856-779-0422

License No: 20444

Start Date (10): 2/23/15

Scheduled Completion Date (11): 3/2/15

Name of OSHA Monitor: JOSEPH KLEMM

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

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 08052

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12): Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation surfacing VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Friable	Non-friable
SIDING + ROOF			X	TRANSITE	3500 SF	X	

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No: 17904

Cubic Yards of Waste: 5

Name of Registered Landfill: C.M.C.M.U.A.

City, State: MAPLE SHADE, NJ, 08052

Disposal Date:

City, State: WOODBINE, N.J.

Completed By: JOSEPH KLEMM

Title: OWNER

Signature: Joseph Klemm

Date: 2/15/15

ASB-1

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3638

RECEIVED
FEB 17 2015

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

Date of Notification (1): 2/9/15

Name of Building Owner/Operator (2): P NELANDS CONSTRUCTION

Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA

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

Street Address: 330 77TH ST

City, State, Zip Code: SEA ISLE CITY, N.J. 08243

Name of Contact: FRANK EDUARDI

Telephone Number:

FACILITY INFORMATION

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

Street Address: 33 35TH ST.

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

City (5): SEA ISLE CITY

Square Feet: | # of Floors: 1 | Bldg:

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): VACANT

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

ASCP No:

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 0805

Project Manager for Monitoring Firm:

Telephone No:

Telephone No: 856-779-0477

License No: 00444

Start Date (10): 3/2/15

Scheduled Completion Date (11): 3/9/15

Name of OSHA Monitor: JOSEPH KLEMM

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

Street Address: 369 S. SPRUCE AVE.

City, State, Zip Code: MAPLE SHADE, N.J. 0

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	AB Removal
SIDING			X	TRANSITE	15004	X

Name of Registered Waste Hauler: KLEMCO INC.

NJDEP Waste Hauler ID No: 17904

Cubic Yards of Waste:

Name of Registered Landfill: C.M.C.M.U.A.

City, State: MAPLE SHADE, N.J.

Disposal Date:

City, State: WOODBINE, N.J.

Completed By: JOSEPH KLEMM

Title: V/P

Signature: Joseph Klemm

Date: 2/9/15

AS8-4

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