

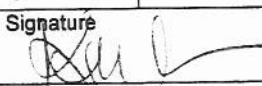
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>02 / 11 / 14</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job #1402-4728 Check #5925</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	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 <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ 07080</b> Name of Contact <b>Richard Gibbons</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G Teaneck</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 and commercial buildings, homes, etc.)							
Street Address <b>1085 Palisades Avenue &amp; Colonial Court</b>		Square Feet # of Floors Bldg. Age							
City (5) <b>Teaneck</b>									
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>	License No. <b>00529</b>						
Start Date (10) <b>02 / 24 / 14</b>	Scheduled Completion Date (11) <b>03 / 04 / 14</b>	Name of OSHA Monitor <b>EMSL Analytical</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 - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Plaster	690 SF	<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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Mgmt. of NJ, Inc. (Ave. A Hauling)</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>			Date <b>2/11/14</b>		

See additional pages (4)  
for Scope of Work


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

OK # 34810 Page 1 of 5

Date of Notification (1) <b>2 / 12 / 13</b>		Name of Building Owner/Operator (2) <b>Belleville Equities, LLC / Job # 1402-1846 Chk. #3486</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>3110 37<sup>th</sup> Avenue, Suite 500</b>							
		City, State, Zip Code <b>Long Island, NY 11101</b>							
		Name of Contact <b>Mr. George Valiotis</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Belleville Equities, LLC</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 and commercial buildings, homes, etc.)							
Street Address <b>520 Belleville Avenue</b>		Square Feet <b>220,000</b>	# of Floors <b>8</b>						
City (5) <b>Belleville</b>		Bldg. Age <b>80 years</b>							
County (6) <b>Essex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>PO Box 336</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Mr. Steve Flanigan</b>		Telephone No. <b>856-848-0800</b>	License No. <b>00862</b>						
Start Date (10) <b>02 / 26 / 14</b>	Scheduled Completion Date (11) <b>03 / 28 / 14</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 U.S. Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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>7,566 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>SEE ATTACHED - 4 additional pages</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>		<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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>3-29-14</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 			Date <b>2/12/14</b>		



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

Date of Notification (1) <b>2 / 12 / 14</b>		Name of Building Owner/Operator (2) <b>Conifer Realty, LLC</b>		FEB 19 2014					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <b>0</b> <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address <b>20000 Horizon way, Suite 180</b>							
		City, State, Zip Code <b>Mt. Laurel, NJ 08054</b>							
		Name of Contact <b>Henry Fey</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>208 West 2<sup>nd</sup> St.</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 and commercial buildings, homes, etc.)						
Street Address <b>208 W. 2<sup>nd</sup> St.</b>									
City (5) <b>Florence, NJ 08518</b>			Square Feet <b>1200</b>	# of Floors <b>2</b>	Bldg. Age <b>100+</b>				
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant Residence</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Accreditted Environmental Technologies</b>		ASCM No. <b>NA</b>	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>						
Street Address <b>23 N. Pennell Rd.</b>		Street Address <b>550 East Union St.</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>West Chester, PA 19382</b>							
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone No. <b>610-891-0114</b>	Telephone No. <b>610-701-9000</b>	License No. <b>00508</b>					
Start Date (10) <b>2 / 17 / 14</b>		Scheduled Completion Date (11) <b>2 / 21 / 14</b>		Name of OSHA Monitor <b>AET</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM- PM/3:30PM- AM</b>			Street Address <b>28 N. Pennel Road</b>						
			City, State, Zip Code <b>Media, PA 19063</b>						
Scope of Work (Check all that apply)									
<input checked="" 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 checked="" 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	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	200	<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"/>
Name of Registered Waste Hauler <b>N.E.T.S.</b>		NJDEP Waste Hauler ID No. <b>18947</b>		Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Allied BFI Imperial</b>				
City, State <b>Hazleton, PA</b>				Disposal Date <b>TBD</b>	City, State <b>Imperial, PA</b>				
Completed By (Print or Type) <b>Mark Griffin</b>		Title <b>Estimator</b>		Signature 		Date <b>2/12/14</b>			



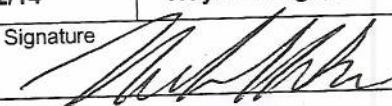
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

AK# 096216

Date of Notification (1) <b>2/6/14</b>		Name of Building Owner/Operator (2) <b>MARS Chocolate</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>700 HISH ST</b>							
		City, State, Zip Code <b>Hackettstown, NJ 07840</b>							
		Name of Contact <b>Charles Snover</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>MARS Chocolate</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>700 HISH ST</b>		Square Feet <b>500,000</b>	# of Floors <b>2</b>						
City (5) <b>Hackettstown</b>		Bldg. Age <b>1957</b>							
County (6) <b>WARREN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>MANUFACTURING</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHI</b>		ASCM No.	Name of Abatement Contractor (9) <b>JW Heritage Const. Services Inc</b>						
Street Address <b>655 West Stone Trail</b>		Street Address <b>Po Box 372</b>							
City, State, Zip Code <b>SPARTA, NJ 07871</b>		City, State, Zip Code <b>Hackettstown, NJ 07840</b>							
Project Manager for Monitoring Firm <b>Bill Kerbel</b>		Telephone No. <b>908-729-5249</b>	Telephone No. <b>908-453-3355</b>						
License No. <b>00768</b>									
Start Date (10) <b>2/24/14</b>	Scheduled Completion Date (11) <b>2/27/14</b>	Name of OSHA Monitor <b>EHI</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>Regular Hours</b>		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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>Cooling Tower 5</b>	<input checked="" type="checkbox"/>			<b>TRANSITE PANELS</b>	<b>900 sqft</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>14723</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>GCS</b>					
City, State <b>EWING, NJ</b>		Disposal Date <b>3/3/14</b>	City, State <b>PEN ARTHUR, PA</b>						
Completed By <b>John Washam Jr</b>	Title <b>President</b>	Signature <i>John Washam Jr</i>	Date <b>2/6/14</b>						



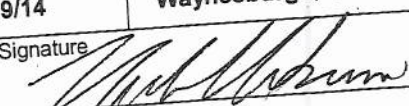
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>2 / 12 / 14</b>		Name of Building Owner/Operator (2) <b>Northvale Shopping Center Associates</b>		FEB 19 2014					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	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>1355 15th Street Ste 130</b>							
		City, State, Zip Code <b>Fort Lee NJ 07024</b>							
		Name of Contact <b>Gregg Slater</b>		Telephone Number <b>[REDACTED]</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>252 Livingston Street (Project Phase 2 4/01/2014 - 4/02/2014)</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 and commercial buildings, homes, etc.)					
Street Address <b>252 Livingston Street</b>				Square Feet <b>15,380</b>	# of Floors <b>1</b>				
City (5) <b>Northvale</b>				Bldg. Age <b>56</b>					
County (6) <b>Bergen</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Commercial</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>						
Street Address <b>318 12th Street</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Hammonton NJ 08037</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>(609) 704-8850</b>	Telephone No. <b>(973) 808-1616</b>	License No. <b>00411</b>					
Start Date (10) <b>09 / 09 / 13</b>	Scheduled Completion Date (11) <b>04 / 02 / 14</b>		Name of OSHA Monitor <b>Superior Abatement Inc</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address <b>2 Henderson Drive</b>						
			City, State, Zip Code <b>West Caldwell, NJ 07006</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Roof</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roof Flashing</b>	<b>350 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exterior Windows</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Window Caulk</b>	<b>6 EA</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>2 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Mastic</b>	<b>300 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>4/2/14</b>	City, State <b>Waynesburgh, OH</b>						
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>	Signature 				Date <b>2/12/14</b>		



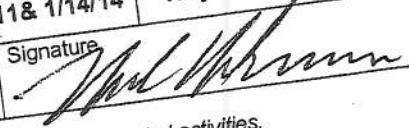
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

FEB 13 2014

Date of Notification (1) <b>1 / 09 / 14</b>		Name of Building Owner/Operator (2) <b>Northvale Shopping Center Associates</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	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 <b>1355 15th Street Ste 130</b>							
		City, State, Zip Code <b>Fort Lee NJ 07024</b>							
		Name of Contact <b>Gregg Slater</b> Telephone Number 							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>252 Livingston Street</b>		(Project Phase 2 <b>2/18/2014 - 2/19/2014</b> )							
Street Address <b>252 Livingston Street</b>		Square Feet <b>15,380</b>	# of Floors <b>1</b>						
City (5) <b>Northvale</b>		Bldg. Age <b>56</b>							
County (6) <b>Bergen</b>		Current Use (Prior if being demolished) <b>Commercial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>						
Street Address <b>318 12th Street</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Hammonton NJ 08037</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>(609) 704-8850</b>	License No. <b>00411</b>						
Start Date (10) <b>09 / 09 / 13</b>	Scheduled Completion Date (11) <b>02 / 19 / 14</b>	Name of OSHA Monitor <b>Superior Abatement Inc</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>West Caldwell, NJ 07006</b>									
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	6 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>2/19/14</b>	City, State <b>Waynesburgh, OH</b>						
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>	Signature 				Date <b>1-9-14</b>		



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

Date of Notification (1) <b>12 / 12 / 13</b>		Name of Building Owner/Operator (2) <b>Northvale Shopping Center Associates</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address <b>1355 15th Street Ste 130</b> City, State, Zip Code <b>Fort Lee NJ 07024</b> Name of Contact <b>Gregg Slater</b> Telephone Number 	
Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # / <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>FACILITY INFORMATION</b> Name of Facility Where Abatement is Taking Place (3) <b>252 Livingston Street (Project 2 Phases - 9/9-9/11 &amp; 1/13/14-1/14/14)</b> Street Address <b>252 Livingston Street</b> City (5) <b>Northvale</b> County (6) <b>Bergen</b> County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc</b> Street Address <b>318 12th Street</b> City, State, Zip Code <b>Hammonton NJ 08037</b> Project Manager for Monitoring Firm <b>Jim Proctor</b> Start Date (10) <b>09 / 09 / 13</b> Scheduled Completion Date (11) <b>01 / 14 / 14</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 and commercial buildings, homes, etc.) Square Feet <b>15,380</b> # of Floors <b>1</b> Bldg. Age <b>56</b> Current Use (Prior if being demolished) <b>Commercial</b> Name of Abatement Contractor (9) <b>Superior Abatement Inc</b> Street Address <b>2 Henderson Drive</b> City, State, Zip Code <b>West Caldwell, NJ 07006</b> Telephone No. <b>(973) 808-1616</b> License No. <b>00411</b> Name of OSHA Monitor <b>Superior Abatement Inc</b> Street Address <b>2 Henderson Drive</b> City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM 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 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) <b>Roof</b> <b>Exterior Windows</b> <b>Interior</b> <b>Interior</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>Roof Flashing</b> <b>Window Caulk</b> <b>VAT</b> <b>Mastic</b>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>350 LF</b> <b>6 EA</b> <b>2 SF</b> <b>300 SF</b>		Amount (Specify SF or LF) Abatement Type Removal Repair Encapsulate <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b> City, State <b>New Castle, DE</b> Completed By (Print or Type) <b>Nick Petrovski</b>		NJDEP Waste Hauler ID No. <b>SW2117</b> Cubic Yards of Waste Disposal Date <b>9/11 &amp; 1/14/14</b> Name of Registered Landfill <b>Minerva Landfill</b> City, State <b>Waynesburgh, OH</b> Signature  Date <b>12-12</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 5:16)

Date of Notification (1) <b>08 / 29 / 13</b>		Name of Building Owner/Operator (2) <b>Northvale Shopping Center Associates</b>		FEB 19 2014					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>1355 15th Street Ste 130</b> City, State, Zip Code <b>Fort Lee NJ 07024</b> Name of Contact <b>Gregg Slater</b> Telephone Number <div style="border: 1px solid black; height: 15px; width: 100%;"></div>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>252 Livingston Street (Project 2 Phases - 9/9-9/11 &amp; 12/16-12/18)</b> Street Address <b>252 Livingston Street</b> City (5) <b>Northvale</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 and commercial buildings, homes, etc.) Square Feet <b>15,380</b> # of Floors <b>1</b> Bldg. Age <b>56</b>					
County Code (7)(STATE USE ONLY) <b>Bergen</b>		Current Use (Prior if being demolished) <b>Commercial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc</b>		ASCM No. <b>00117</b>		Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>					
Street Address <b>318 12th Street</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Hammonton NJ 08037</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>(609) 704-8850</b>		Telephone No. <b>(973) 808-1616</b> License No. <b>00411</b>					
Start Date (10) <b>09 / 09 / 13</b>		Scheduled Completion Date (11) <b>12 / 18 / 13</b>		Name of OSHA Monitor <b>Superior Abatement Inc</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>2 Henderson Drive</b> City, State, Zip Code <b>West Caldwell, NJ 07006</b>					
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div> <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         </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	6 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>		Cubic Yards of Waste  Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>9/11 &amp; 12/18</b>		City, State <b>Waynesburgh, OH</b>					
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>		Signature  Date <b>8-29-13</b>					



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

D&S Proj. #: 2014-57

005500

Date of Notification (1) 10/21/11/14		Name of Building Owner/Operator (2) MS. HEMMINGWAY		FEB 19 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 #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1600 CLINTON PLACE City, State, Zip Code HILLSIDE, NJ 07205	
Name of Contact MS. HEMMINGWAY				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MS. HEMMINGWAY			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 1600 CLINTON PLACE			Square Feet		
City (5) HILLSIDE			County (6) UNION		Bldg. Age
			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	
Start Date (10) 02/24/14		Sched. Completion Date (11) 03/14/14		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 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 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)			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 REC & BOILER RM		<input checked="" type="checkbox"/>		PIPE INSULATION	53 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"/>
						<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 02/25/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 02/11/14	



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

D&S Proj. #: 2014-58

010 # 005501

Date of Notification (1) 10/12/11/12/13/1		Name of Building Owner/Operator (2) Federico Cristian		FEB 19 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 516 78th STREET	
		City, State, Zip Code North Bergen, NJ		Telephone Number	
		Name of Contact Federico Cristian			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Federico Cristian			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 516 78TH STREET			Square Feet		
City (5) North Bergen		County (6) Hudson	County Code (7) (State use only)		Bldg. Age
			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) 02/13/14		Sched. Completion Date (11) 03/18/14	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)

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours- Describe: \_\_\_\_\_

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf      ☒ Renovation

☐ ≥160 sf or ≥260 lf      ☐ 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 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 BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	50 SQ FT	<input checked="" 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 02/14/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/12/14



Feb 12 2014 12:15pm

P001/001

D&amp;S Proj. #: 2014-58

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

APPROVED  
NJ Dept. of Health & Senior Services  
Date: 2/12/14 Time: 12:15pm

Date of Notification (1)  
02/12/14

Name of Building Owner/Operator (2)  
Federico Cristian

Street Address  
516 78th STREET

City, State, Zip Code  
North Bergen, NJ

Name of Contact  
Federico Cristian

Telephone Number

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

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

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Federico Cristian

Street Address  
516 78TH STREET

City (5)  
North Bergen

County (6)  
Hudson

County Code (7)  
(State use only)

Type of Facility (4)  
☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ 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

Name of OSHA Monitor  
D & S Restoration, Inc.

Street Address  
20 California Avenue

City, State, Zip Code  
Paterson, NJ 07503

Project Manager for Monitoring Firm  
Phone Number

Start Date (10)  
02/13/14

Sched. Completion Date (11)  
03/18/14

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: NORMAL HOURS

Scope of Work (check all that apply)  
☒ >3 sf or >2 lf  
☐ >180 sf or >280 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 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 BOILER		X		BOILER INSULATION	50 SQ FT	X			

Registered Waste Hauler  
D & S RESTORATION, INC.

City, State  
PATERSON, NJ 07503

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
1 yd

Disposal Date  
02/14/14

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
TULLYTOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature

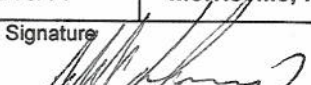
Date  
02/12/14

Do not use this form for asbestos licensure exempted activities



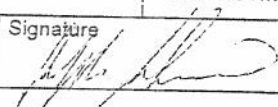
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

**RECEIVED**  
FEB 19 2014

Date of Notification (1) <b>02 / 12 / 14</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	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 <b>105 How Lane</b>							
		City, State, Zip Code <b>New Brunswick, NJ 08901</b>							
		Name of Contact <b>Keith S. Wilson</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</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 and commercial buildings, homes, etc.)							
Street Address <b>5000 Bordentown Avenue</b>		Square Feet <b>15000</b>	# of Floors <b>1</b>						
City (5) <b>Old Bridge, NJ 08857</b>		Bldg. Age <b>25</b>							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office/ Warehouse</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Health Investigations, INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>655 West Shore Trail</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Sparta, NJ 07871</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>William Kerbil</b>		Telephone No. <b>973-729-5649</b>	Telephone No. <b>718-605-6256</b>						
Start Date (10) <b>02 / 21 / 14</b>		Scheduled Completion Date (11) <b>03 / 02 / 14</b>	License No. <b>00774</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 - Describe Time of Abatement: <b>AM- PM/3:30 PM-12:00AM</b>		Name of OSHA Monitor <b>Testor Tech</b>							
Street Address <b>10 59 Jackson Avenue</b>		City, State, Zip Code <b>LIC, NY 11101</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" 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 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>1<sup>st</sup> Floor Office Area</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tiles</b>	<b>1,920 SF</b>	<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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>WM of New Jersey</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>					
City, State <b>208 Patterson Avenue, NJ 08610</b>		Disposal Date <b>02/18/14</b>	City, State <b>Morrisville, PA</b>						
Completed By (Print or Type) <b>Ralph Barnhardt</b>		Title <b>Project Manager</b>	Signature 				Date <b>02/12/2014</b>		



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

Date of Notification (1) <b>01 / 31 / 14</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>105 How Lane</b>							
		City, State, Zip Code <b>New Brunswick, NJ 08901</b>							
		Name of Contact <b>Keith S. Wilson</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</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 and commercial buildings, homes, etc.)							
Street Address <b>5000 Bordentown Avenue</b>		Square Feet <b>15000</b>	# of Floors <b>1</b>						
City (5) <b>Old Bridge, NJ 08857</b>		Bldg. Age <b>25</b>							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office/ Warehouse</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Health Investigations, INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>655 West Shore Trail</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Sparta, NJ 07871</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>William Kerbil</b>	Telephone No. <b>973-729-5649</b>	Telephone No. <b>718-605-6256</b>	License No. <b>00774</b>						
Start Date (10) <b>2 / 14 / 14</b>	Scheduled Completion Date (11) <b>2 / 18 / 14</b>	Name of OSHA Monitor <b>Testor Tech</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 - Describe Time of Abatement: _____ AM- _____ PM/3:30 PM-12:00AM		Street Address <b>10 59 Jackson Avenue</b>							
		City, State, Zip Code <b>LIC, NY 11101</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
1st Floor Office Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tiles	1,920 SF	<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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>WM of New Jersey</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>					
City, State <b>208 Patterson Avenue, NJ 08610</b>		Disposal Date <b>02/18/14</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Ralph Barnhardt</b>		Title <b>Project Manager</b>		Signature 		Date <b>01-31-2014</b>			



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

Date of Notification (1) <b>2/18/14</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 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 <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>JOHN MAROTTE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G</b>		Type of Facility (4)							
Street Address <b>MANHOLE #9 BROOKSIDE DRIVE</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>MILLBURN</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
County (6) <b>ESSEX</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>	License No. <b>01111</b>						
Start Date (10) <b>2/21/14</b>	Scheduled Completion Date (11) <b>2/21/14</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</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>		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) 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 SOMASTIC</b>	<b>6 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>1</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 <i>Carol Raimo</i>		Date <b>2/18/14</b>			



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

Date of Notification (1) <b>2/14/14</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 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 checked="" type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>JOHN MAROTTE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE+G</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>MANHOLE #9 BROOKSIDE DRIVE</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>MILLBURN</b> <small>(S. MOUNTAIN RESERVATION)</small>		Bldg. Age <b>N/A</b>							
County (6) <b>ESSEX</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>2/14/14</b>		Scheduled Completion Date (11) <b>2/14/14</b>	License No. <b>01111</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>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>OUTDOORS</b>		<b>X</b>		<b>ACM PIPE SOMASTIC</b>	<b>6 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>1</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 <i>Carol Raimo</i>	Date <b>2/14/14</b>					



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

Date of Notification (1) <b>2/4/14</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 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 <b>SOUTH PLAINFIELD, NJ 07080</b>						
		Name of Contact <b>JOHN MAROTTE</b>	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E.G.</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>MANHOLE #9 BROOKSIDE DRIVE</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>					
City (5) <b>MILLBURN (S. MOUNTAIN RESERVATION)</b>		Bldg. Age <b>N/A</b>						
County (6) <b>ESSEX</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>2/14/14</b>	Scheduled Completion Date (11) <b>2/14/14</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) 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>OUTDOORS</b>		<b>X</b>	<b>ACM PIPE SOMASTIC</b>	<b>6 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>1</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 <i>Carol Raimo</i>		Date <b>2/4/14</b>		



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

Date of Notification (1) <b>2/18/14</b>		Name of Building Owner/Operator (2) P.S.E.G. <span style="float: right;">FEB 19 2014</span>							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 MAROTTE</b>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G</b>		Type of Facility (4)							
Street Address <b>MANHOLE # 11 BROOKSIDE DRIVE</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>MILLBURN</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
County (6) <b>ESSEX</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <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						
Start Date (10) <b>2/21/14</b>		Scheduled Completion Date (11) <b>2/21/14</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 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>OUTDOORS</b>		<b>X</b>		<b>ACM PIPE SOMASTIC</b>	<b>6 LF</b>	<b>X</b>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>1</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>2/18/14</b>			



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

Date of Notification (1) <b>2/14/14</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 checked="" type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact <b>JOHN MAROTTE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE+G</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>MANHOLE #11 BROOKSIDE DRIVE</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>MILLBURN</b>		Bldg. Age <b>N/A</b>							
County (6) <b>ESSEX</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>2/14/14</b>	Scheduled Completion Date (11) <b>2/14/14</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"/> ≥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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>OUTDOORS</b>		<b>X</b>		<b>ACM PIPE SAMAISTIC</b>	<b>6 LF</b>	<b>X</b>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>1</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>2/14/14</b>			



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

Date of Notification (1) <b>2/4/14</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 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 <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>JOHN MAROTTE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E.G.</b>		Type of Facility (4)							
Street Address <b>MANHOLE #11 BROOKSIDE DRIVE</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>MILLBURN</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
County (6) <b>ESSEX</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <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>2/14/14</b>	Scheduled Completion Date (11) <b>2/14/14</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</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>		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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>OUTDOORS</b>		<b>X</b>		<b>ACM PIPE SOMASTIC</b>	<b>6 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>1</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 <i>Carol Raimo</i>		Date <b>2/4/14</b>			



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

Date of Notification (1) <b>2/18/14</b>		Name of Building Owner/Operator (2) <b>P.S.E.G.</b>		FEB 19 2014				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 <b>4000 HADLEY ROAD</b>  City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>				
Name of Contact <b>JOHN MAROTTE</b>				Telephone Number				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G</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>MANHOLE #10 BROOKSIDE DRIVE</b>			Square Feet <b>N/A</b>	# of Floors <b>N/A</b>	Bldg. Age <b>N/A</b>			
City (5) <b>MILLBURN</b>			Current Use (Prior if being demolished) <b>N/A</b>					
County (6) <b>ESSEX</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>2/21/14</b>		Scheduled Completion Date (11) <b>2/21/14</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 <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 checked="" 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)  <b>OUTDOORS</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>6 LF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
		<b>X</b>	<b>ACM PIPE SOMASTIC</b>	<b>6 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>1</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>2/18/14</b>		



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

Date of Notification (1) <b>2/14/14</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" 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 MAROTTE</b>	Telephone Number _____

Name of Facility Where Abatement is Taking Place (3) <b>P.S.E.G.</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>MANHOLE #10 BROOKSIDE DRIVE</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>
City (5) <b>MILLBURN</b>		Bldg. Age <b>N/A</b>	
County (6) <b>ESSEX</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>2/14/14</b>	Scheduled Completion Date (11) <b>2/14/14</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) 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>		<input checked="" type="checkbox"/>		<b>ACM PIPE SOMASTIC</b>	<b>6 LF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>	NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>1</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 <i>Carol Raimo</i>	Date <b>2/14/14</b>



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

Date of Notification (1) <b>2/4/14</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 <input type="checkbox"/> Amendment # <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 MAROTTE</b> Telephone Number <b>FEB 19 2014</b>
	Name of Facility Where Abatement is Taking Place (3) <b>PSE+G</b> Street Address <b>MANHOLE #10 BROOKSIDE DRIVE</b> City (5) <b>MILLBURN CS. MOUNTAIN RESERVATION</b> County (6) <b>ESSEX</b> 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 (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>2/14/14</b> Scheduled Completion Date (11) <b>2/14/14</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b> Street Address <b>396 WHITEHEAD AVE.</b> City, State, Zip Code <b>SOUTH RIVER, NJ 08882</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>		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) <u>TO BE ABATED</u> In Facility (13) <b>OUTDOORS</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>ACM PIPE SOMASTIC</b>	Amount (Specify SF or LF) <b>6 LF</b>
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b> City, State <b>ELIZABETH, NJ</b>		NJDEP Waste Hauler ID No. <b>1125</b> Disposal Date <b>TBD</b>	Name of Registered Landfill <b>GROWS NORTH</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>2/4/14</b>



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

Date of Notification (1) <b>2/18/14</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 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 <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>JOHN MAROTTE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSEG</b>		Type of Facility (4)							
Street Address <b>MANHOLE #9A BROOKSIDE DRIVE</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>MILLBURN</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
County (6) <b>ESSEX</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <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>2/21/14</b>		Scheduled Completion Date (11) <b>2/21/14</b>	License No. <b>01111</b>						
Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>									
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</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>		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</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) <b>6 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>OUTDOORS</b>		<b>X</b>		<b>ACM PIPE SOMASTIC</b>	<b>6 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>1</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 <i>Carol Raimo</i>		Date <b>2/18/14</b>			



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

Date of Notification (1) <b>2/14/14</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" 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 MAROTTE</b>	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>PSE+G</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>MANHOLE #9A BROOKSIDE DRIVE</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>
City (5) <b>MILLBURN (S. MOUNTAIN RESERVE)</b>		Bldg. Age <b>N/A</b>	
County (6) <b>ESSEX</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>2/14/14</b>	Scheduled Completion Date (11) <b>2/14/14</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 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>OUTDOORS</b>		<input checked="" type="checkbox"/>		<b>ACM PIPE SOMASTIC</b>	<b>6 LF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>1</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 <i>Carol Raimo</i>	Date <b>2/14/14</b>	



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

Date of Notification (1) <b>2/4/14</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 # _____ <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 MAROTTE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>P S E + G</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>MANHOLE #9A BROOKSIDE DRIVE</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>MILLBURN</b>		Bldg. Age <b>N/A</b>							
County (6) <b>ESSEX</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>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Start Date (10) <b>2/14/14</b>	Scheduled Completion Date (11) <b>2/14/14</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>							
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)	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>6 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>1</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 <i>Carol Raimo</i>		Date <b>2/4/14</b>			



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

Date of Notification (1) <b>2/18/14</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"/> DGA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" 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 MAROTTE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E.G.</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>MANHOLE #8 - SOUTH ORANGE AVE (CRS10)</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>MAPLEWOOD</b>		Bldg. Age <b>N/A</b>							
County (6) <b>ESSEX</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>	License No. <b>01111</b>						
Start Date (10) <b>2/21/14</b>	Scheduled Completion Date (11) <b>2/27/14</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>outside</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) 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>OUTSIDE MANHOLE</b>		<input checked="" type="checkbox"/>		<b>ACM PIPE SOMASTIC</b>	<b>6 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>1</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 <i>Carol Raimo</i>		Date <b>2/18/14</b>			



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

Date of Notification (1) <b>2/12/14</b>		Name of Building Owner/Operator (2) P.S.E.G. <span style="float: right;">FEB 19 2014</span>							
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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact <b>JOHN MAROTTE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE + G</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>MANHOLE #8 - SOUTH ORANGE AVE (CR510)</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>MAPLEWOOD</b>		Bldg. Age <b>N/A</b>							
County (6) <b>ESSEX</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>2/21/14</b>	Scheduled Completion Date (11) <b>2/27/14</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 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) <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>OUTSIDE MANHOLE</b>		<input checked="" type="checkbox"/>		<b>ACM Pipe Somatic</b>	<b>6 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>1</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>2/12/14</b>			



CK 5081

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

Date of Notification (1) <b>1/31/14</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 <input type="checkbox"/> Amendment # <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 MAROTTE</b>	Telephone Number <b>[REDACTED]</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>PSE + G</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>MANHOLE #8 - SOUTH ORANGE AVE (CRS10)</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>
City (5) <b>MAPLEWOOD</b>		Bldg. Age <b>N/A</b>	
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY) <b>---</b>	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>	License No. <b>01111</b>
Start Date (10) <b>2/13/14</b>	Scheduled Completion Date (11) <b>2/13/14</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>outdoor</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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>OUTSIDE MANHOLE</b>		<b>X</b>	<b>ACM PIPE SOMASTIC</b>
			<b>6 LF</b>
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</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>[Signature]</b>	Date <b>1/31/14</b>



CK#5115

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

Date of Notification (1) <b>2/18/14</b>		Name of Building Owner/Operator (2) P.S.E.G.							
Agencies Notified  <input 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 <b>4000 HADLEY ROAD</b>  City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>  Name of Contact <b>CHRISTOPHER MORENO</b> Telephone Number _____						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) P.S.E.G.		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 422 UNIVERSITY AVE.		Square Feet 17291	# of Floors 3 Bldg. Age 55 YRS.						
City (5) NEWARK	County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SWITCH 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) <b>2/28/14</b>	Scheduled Completion Date (11) <b>2/28/14</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: <u>occupied by necessary operators only</u>		Street Address 396 WHITEHEAD AVE.  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 checked="" 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
2nd & 3rd Floors		X		WIRE ACM SOCK	40 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 3	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 <i>Carol Raimo</i>		Date 2/18/14			



CK # 5126

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

Date of Notification (1) <b>2/18/14</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 checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 <b>JOHN MAROTTE</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G</b>		Type of Facility (4)							
Street Address <b>MANHOLE 20A-1133 SPRINGFIELD RD.</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>UNION</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
County (6) <b>UNION</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>2/27/14</b>		Scheduled Completion Date (11) <b>2/27/14</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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>OUTSIDE MANHOLE</b>		<b>X</b>		<b>ACM PIPE SOMASTIC</b>	<b>5 LF</b>	<b>X</b>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>1</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>2/18/14</b>			



CK #5125

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

Date of Notification (1) <b>2/18/14</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 checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 MAROTTE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G</b>		Type of Facility (4)							
Street Address <b>MANHOLE 20A1-667 LIBERTY AVE.</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>SPRINGFIELD</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <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>2/27/14</b>	Scheduled Completion Date (11) <b>2/27/14</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) 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>OUTSIDE MANHOLE</b>		<b>X</b>		<b>ACM PIPE SOMASTIC</b>	<b>5 LF</b>	<b>X</b>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>1</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>2/18/14</b>					



CK#5124

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

Date of Notification (1) <b>2/18/14</b>		Name of Building Owner/Operator (2) <b>P.S.E.G.</b>	
Agencies Notified  <input 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 <b>4000 HADLEY ROAD</b>	
		City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>	
		Name of Contact <b>JOHN MAROTTE</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G</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>(19) 228 MEISEL AVE. (CR509)</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>
City (5) <b>SPRINGFIELD</b>		Bldg. Age <b>N/A</b>	
County (6) <b>UNION</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>2/27/14</b>		Scheduled Completion Date (11) <b>2/27/14</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>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" 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>OUTSIDE MANHOLE</b>		<b>X</b>		<b>ACM PIPE SOMASTIC</b>	<b>10 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 <i>Carol Raimo</i>	Date <b>2/18/14</b>	



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

Date of Notification (1) <b>2/18/14</b>		Name of Building Owner/Operator (2) <b>P.S.E.G.</b>						
Agencies Notified	Type Notification	Street Address	FEB 19 2014					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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	4000 HADLEY ROAD						
		City, State, Zip Code						
		SOUTH PLAINFIELD, NJ 07080						
		Name of Contact	Telephone Number					
		<b>JOHN MAROTTE</b>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>P S E &amp; G</b>		Type of Facility (4)						
Street Address		<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.)						
<b>MANHOLE 16 225 MAIN ST. (CR577)</b>								
City (5)	Square Feet	# of Floors	Bldg. Age					
<b>MILLBURN</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>					
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
<b>ESSEX</b>		<b>N/A</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No.	Name of Abatement Contractor (9)					
		<b>0045</b>	<b>UNIQUE SYSTEMS OF AMERICA</b>					
Street Address		Street Address						
<b>64 BROAD STREET</b>		<b>396 WHITEHEAD AVE.</b>						
City, State, Zip Code		City, State, Zip Code						
<b>MATAWAN, NJ 07747</b>		<b>SOUTH RIVER, NJ 08882</b>						
Project Manager for Monitoring Firm		Telephone No.	License No.					
<b>TOM GEIGER</b>		<b>732-292-2217</b>	<b>01111</b>					
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor						
<b>2/27/14</b>	<b>2/27/14</b>	<b>UNIQUE SYSTEMS OF AMERICA</b>						
Occupancy Status During Abatement (Check Only One)		Street Address						
<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>		<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) 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 MANHOLE</b>		<b>X</b>	<b>ACM PIPE SOMASTIC</b>	<b>6 LF</b>	<b>X</b>			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
<b>WASTE MANAGEMENT</b>		<b>1125</b>	<b>1</b>	<b>GROWS NORTH</b>				
City, State			Disposal Date	City, State				
<b>ELIZABETH, NJ</b>			<b>TBD</b>	<b>MORRISVILLE, PA</b>				
Completed by		Title	Signature	Date				
<b>CAROL RAIMO</b>		<b>OFFICE MGR.</b>	<b>Carol Raimo</b>	<b>2/18/14</b>				



CK# 5127

Print Form

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

Date of Notification (1) <b>2/18/14</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 checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b>	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>WILLIAM MONTAGUE</b>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G</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>71 LAFAYETTE RD</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>FORDS</b>		Bldg. Age <b>N/A</b>							
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>SUBSTATION</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						
Start Date (10) <b>3/3/14</b>		Scheduled Completion Date (11) <b>3/10/14</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		City, State, Zip Code SOUTH RIVER, NJ 08882							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input checked="" type="checkbox"/> Other - Describe: <b>OUTDOORS</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) 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>OUTSIDE SUBSTATION</b>		<b>X</b>		<b>TRANSITE PIPE</b>	<b>100 LF</b>	<b>X</b>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>20</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>2/18/14</b>			



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

Date of Notification (1) <b>2/12/14</b>		Name of Building Owner/Operator (2) P.S.E.G.							
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 4000 HADLEY ROAD							
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact <b>WILLIAM MONTAGUE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G</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>71 LAFAYETTE RD.</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>FORDS</b>		Bldg. Age <b>N/A</b>							
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>SUBSTATION</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>2/24/14</b>	Scheduled Completion Date (11) <b>3/3/14</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"/> ≥3 sf or ≥3 lf <input checked="" 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) 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>OUTSIDE SUBSTATION</b>		<b>X</b>		<b>TRANSITE PIPE</b>	<b>100 LF</b>	<b>X</b>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>20</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>2/12/14</b>			



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

*No OK*

Date of Notification (1) <b>2/4/14</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 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 checked="" type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>JOHN MAROTTE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE+G</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>MANHOLE #11 BROOKSIDE DRIVE</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>MILLBURN</b>		Bldg. Age <b>N/A</b>							
County (6) <b>ESSEX</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>	License No. <b>01111</b>						
Start Date (10) <b>2/14/14</b>	Scheduled Completion Date (11) <b>2/14/14</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) <b>6 LF</b>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>OUTDOORS</b>		<b>X</b>		<b>ACM PIPE SOMASTIC</b>	<b>6 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>1</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 <i>Carol Raimo</i>	Date <b>2/4/14</b>					



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

*No*

Date of Notification (1) 2/4/14

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

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

Name of Building Owner/Operator (2)  
P.S.E.G.

Street Address  
4000 HADLEY ROAD

City, State, Zip Code  
SOUTH PLAINFIELD, NJ 07080

Name of Contact  
JOHN MAROTTE

Telephone Number

FEB 19 2014

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
PSE+G

Street Address  
MANHOLE #10 BROOKSIDE DRIVE  
CS. MOUNTAIN RESERVATION

City (5)  
MILLBURN

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.)

Square Feet  
N/A

# of Floors  
N/A

Bldg. Age  
N/A

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

City, State, Zip Code  
MATAWAN, NJ 07747

Street Address  
396 WHITEHEAD AVE.

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)  
2/14/14

Scheduled Completion Date (11)  
2/14/14

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: outdoors

Street Address  
396 WHITEHEAD AVE.

City, State, Zip Code  
SOUTH RIVER, NJ 08882

Scope of Work (Check All That Apply)  
☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  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)			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	6 LF	X			

Name of Registered Waste Hauler  
WASTE MANAGEMENT

NJDEP Waste Hauler ID No.  
1125

Cubic Yards of Waste  
1

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  
2/4/14



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

Date of Notification (1) <b>2/4/14</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" 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 MAROTTE</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E.G.</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>MANHOLE #9A BROOKSIDE DRIVE</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>MILLBURN</b>		Bldg. Age <b>N/A</b>							
County (6) <b>ESSEX</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>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Start Date (10) <b>2/14/14</b>	Scheduled Completion Date (11) <b>2/14/14</b>	Street Address <b>396 WHITEHEAD AVE.</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>outdoors</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) <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) <b>ACM PIPE SOMASTIC</b>	Amount (Specify SF or LF) <b>6 LF</b>	Abatement Type				
					Removal	Repair	Encapsulate	Enclosure	
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>1</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>2/4/14</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)

Date of Notification (1) <b>2/4/14</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" 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 MAROTTE</b>							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E.G.</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>MANHOLE #9 BROOKSIDE DRIVE</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>MILLBURN (S. MOUNTAIN RESERVATION)</b>		Bldg. Age <b>N/A</b>							
County (6) <b>ESSEX</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>	License No. <b>01111</b>						
Start Date (10) <b>2/14/14</b>	Scheduled Completion Date (11) <b>2/14/14</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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>OUTDOORS</b>		<b>X</b>		<b>ACM PIPE SOMASTIC</b>	<b>6 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>1</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 <i>Carol Raimo</i>		Date <b>2/4/14</b>			



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

*CP # 2565*

Date of Notification (1) <div style="text-align: center;">2 / 14 / 14</div>			Name of Building Owner/Operator (2) <b>Trustees of Princeton University</b>						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>E.A MacMillan Building</b>					
				City, State, Zip Code <b>Princeton, NJ 08544</b>					
		Name of Contact <b>Robert Ortego</b>		Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University- Walter Lowrie House</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 and commercial buildings, homes, etc.)					
Street Address <b>83 Stockton St</b>				Square Feet <b>7,500</b>					
City (5) <b>Princeton</b>				# of Floors <b>2</b>					
				Bldg. Age <b>50+</b>					
County (6) <b>MERCER</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No. <b>00102</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>515 Grove St., Suite 1B</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone No. <b>856-547-0505</b>		License No. <b>00509</b>					
Start Date (10) <div style="text-align: center;">2 / 24 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">2 / 26 / 14</div>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM- ____ AM				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>2<sup>nd</sup> Floor bathroom</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>7 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3<sup>rd</sup> Floor Bedroom</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>10 LF</b>	<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"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste		Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>			
City, State <b>BRISTOL, PA 19007</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i> / jgl		Date <b>2/14/14</b>			



CF #25396

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

Date of Notification (1) <u>2/11/14</u>		Name of Building Owner/Operator (2) <u>Palmer Square Management, LLC</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>40 Nassau Street</u> FEB 19 2014	
		City, State, Zip Code <u>Princeton, NJ 08542</u>	
		Name of Contact <u>Jim Elkington</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Office Building</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>One Palmer Square</u>		Square Feet <u>50000</u>	# of Floors <u>5</u>
City (5) <u>Princeton</u>		Bldg. Age <u>60</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Commercial Office Building</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS Inc.</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>2/12/14</u>	Scheduled Completion Date (11) <u>2/24/14</u>	Name of OSHA Monitor <u>MECS</u>	
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 <input type="checkbox"/> Other - Describe: <u>5pm - Midnight</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>4th floor</u>	<input checked="" type="checkbox"/>		<u>Pipe Fitting Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>2/24/14</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>
		Date <u>2/11/14</u>	