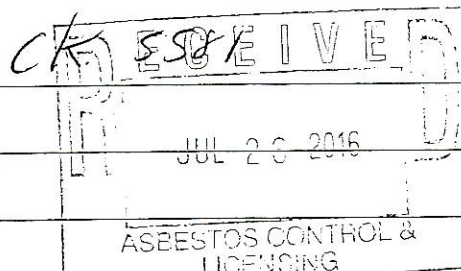


Emergency

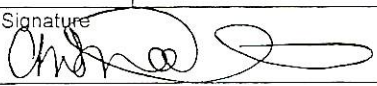
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



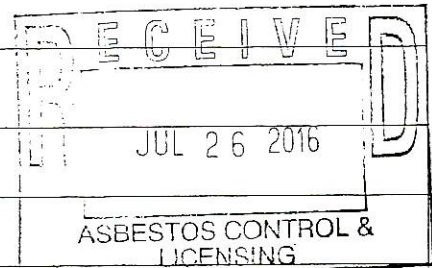
Date of Notification (1) 7/22/16		Name of Building Owner/Operator (2) John Georgalas Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brick NJ 08723							
		Name of Contact John	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) John Georgalas Private Home		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 [REDACTED]		Square Feet 1000+	# of Floors 2						
City (5) Brick NJ 08723		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/25/16	Scheduled Completion Date (11) 7/27/16	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Exterior Siding			x	Exterior Siding	800 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/27/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 7.22.16		

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

NOCK

Date of Notification (1) <u>7</u> / <u>20</u> / <u>16</u>		Name of Building Owner/Operator (2) Glassboro Board of Education		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 26 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3 Williams Street							
		City, State, Zip Code Glassboro, NJ 08028							
		Name of Contact Newport Construction							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glassboro High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 560 Joseph L. Bowe Boulevard									
City (5) Glassboro				Square Feet 20,000	# of Floors 2				
				Bldg. Age 80					
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 5434 King Avenue				Street Address 623 Cutler Avenue					
City, State, Zip Code Pennsauken, NJ 08109				City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Tim Gromen		Telephone No. 856-616-9516		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 06 / 16 / 16		Scheduled Completion Date (11) 08 / 12 / 16		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	2,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation/Fitting (Wrap & Cut)	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Repair & Label)	100 LF	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County Landfill				
City, State Freehold, NJ				Disposal Date 08/12/2016	City, State Newburg, PA				
Completed By (Print or Type) Christina Lynch		Title Operations Manager		Signature 		Date 7/28/16			

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



Date of Notification (1) <u>7</u> / <u>18</u> / <u>16</u>		Name of Building Owner/Operator (2) Glassboro Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 560 Joseph Bowe Boulevard							
		City, State, Zip Code Glassboro, NJ 08028							
		Name of Contact Drew Sole							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Thomas Bowe School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 7 Ruth Mancuso Lane		Square Feet 150,000	# of Floors 1						
City (5) Glassboro		Bldg. Age 60							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.	ASCM No. 0095	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 5434 King Avenue, Suite 101		Street Address 623 Cutler Avenue							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jay Murray	Telephone No. 856-616-9516	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 07 / 25 / 16	Scheduled Completion Date (11) 08 / 12 / 16	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
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 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
Media Center Bathrooms (4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suspended Plaster Ceilings	1,440 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 Jack Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill Cumberland County Landfill					
City, State Voorhees, NJ		Disposal Date 08/12/2016		City, State Newburg, PA					
Completed By (Print or Type) Christina Lynch		Title Operations Manager		Signature 		Date 7/18/16			

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NEAC 17:27 and 17:28)

RECEIVED

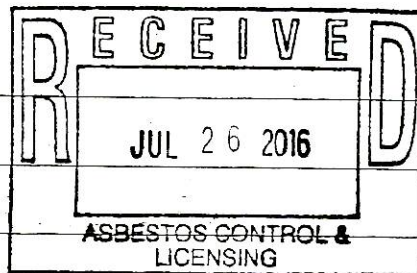
JUL 26 2016

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/22/16		Name of Building Owner/Owner (2) Rowan University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Building <input checked="" type="checkbox"/> School <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other (Specify)	
Street Address 201 Mullica Hill Rd		City, State, Zip Code Glassboro NJ 08028	
Name of Contact Jack Glass		Telephone Number	
Name of Facility Where Abatement is Taking Place (3) Linden Hall			
Street Address 201 Mullica Hill Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (e.g., private & commercial buildings, houses, etc.)	
City (5) Glassboro NJ 08028		Square Feet 0 of Floors 0 Sq. Ft. Age 0	
County (6) Gloucester		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) TRI		ASPM No.	
Street Address 1253 N Church St		Name of Abatement Contractor (9) ANI DUELL	
City, State, Zip Code Moorestown NJ 08057		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Delanco NJ 08025	
Telephone No.		Telephone No. 856-570-9711	
Start Date (10) 8/10/16		Schedule Completion Date (11) 8/18/16	
Name of OSHA Monitor Self		License No. 01070	
Powerfully States During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address	
Scope of Work (Check all that apply) <input type="checkbox"/> As of or 2011 <input type="checkbox"/> As of or 2012 <input type="checkbox"/> As of or 2013 <input type="checkbox"/> As of or 2014 <input type="checkbox"/> As of or 2015 <input type="checkbox"/> As of or 2016 <input type="checkbox"/> As of or 2017 <input type="checkbox"/> As of or 2018 <input type="checkbox"/> As of or 2019 <input type="checkbox"/> As of or 2020 <input type="checkbox"/> As of or 2021 <input type="checkbox"/> As of or 2022 <input type="checkbox"/> As of or 2023 <input type="checkbox"/> As of or 2024 <input type="checkbox"/> As of or 2025 <input type="checkbox"/> As of or 2026 <input type="checkbox"/> As of or 2027 <input type="checkbox"/> As of or 2028 <input type="checkbox"/> As of or 2029 <input type="checkbox"/> As of or 2030		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) BATH ROOM 115		Is Location Marked Used Only by Maintenance Staff (12) Yes	
Description of Asbestos-Containing Material (ACM) (e.g., thermal system insulation, ceiling, etc., or other identifying)		Amount (Approximate Weight) 8 LF	
Abatement Type Removal		Envelope Type Removal	
Name of Registered Waste Handler ANI DUELL		Name of Registered Landfill WPA of PA	
City, State, Zip Code Delanco NJ		City, State, Zip Code Tullytown PA	
Signature JH		Signature JH	
Date 7/22/16		Date 7/22/16	

* Do not use this form for asbestos removal exempt activities.

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

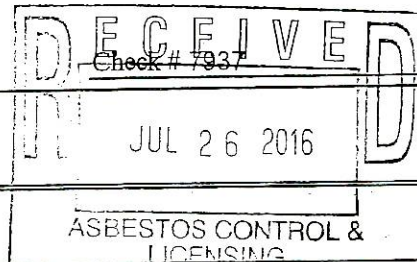


no 1965908172

Date of Notification (1) 07/20/2016		Name of Building Owner/Operator (2) Stevens Institute OF Technology							
Agencies Notified	Type Notification	Street Address 1 Castle point terrace							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken ,nj, 07030							
		Name of Contact KEVIN KLICH							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stevens Institute of Technology		Type of Facility (4)							
Street Address davidson room 208		<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) HOBOKEN		Square Feet N/A	# of Floors N/A						
County (6) HUDSON		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) INSTITUTE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABAYTEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON,NJ 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
		License No. 01274							
Start Date (10) 7/29/2016	Scheduled Completion Date (11) 8/7/2016	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLIN							
<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:		City, State, Zip Code PATERSON,NJ							
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
DAVIDSON 208		X		FLOOR TILE & MASTIC	200SF	X			
Name of Registered Waste Hauler TRI STATE TRANSFER		NJDEP Waste Hauler ID No. N/A	Cubic Yards of Waste N/A	Name of Registered Landfill MINERVA ENTERPRISES					
City, State 1199 RANDALL AVE BRONX NY			Disposal Date	City, State 900 MINERVA RD WAYNESBURG OH					
Completed by VICTOR ESPIRITU		Title PROJECT MANEGER		Signature <i>[Signature]</i>			Date 07/20/2016		

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** ADDITIONAL FOOTAGES ***

B & G proj. #: 2016-105



Date of Notification (1) 10/17/12/12/11/16		Name of Building Owner/Operator (2) Stevens Institute of Technology	
Agencies Notified	Type Notification	Street Address Castle Point on Hudson	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Hoboken, NJ 07030	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amendment	Name of Contact David Fernandez	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Howe Building (NON Sub 8)			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 Castle Point on Hudson			Square Feet # of Floors Bldg. Age		
City (5) Hoboken, NJ 07030	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) College Hall		
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 1253 North Church Street			Street Address 105 Ryerson Road		
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Jim Guilardi		Phone Number 856-840-8800	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 07/22/2016		Sched. Completion Date (11) 07/25/2016			
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: Friday 4:00 pm & weekend work <input type="checkbox"/> Other-Describe:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

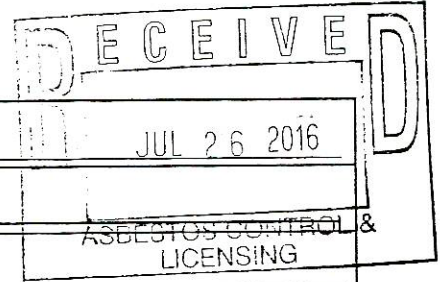
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input checked="" type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material 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						
Pierce Dining Area			<input checked="" type="checkbox"/>	fireproofing from 2 beams	20 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor lobby (2 closets)			<input checked="" type="checkbox"/>	VAT, mastic, carpet	60 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 611			<input checked="" type="checkbox"/>	VAT, mastic, carpet	144 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 611			<input checked="" type="checkbox"/>	fireproofing	1 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pierce Dining area			<input checked="" type="checkbox"/>	pipe fitting insulation	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 8	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 07/26/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/22/2016

#1700

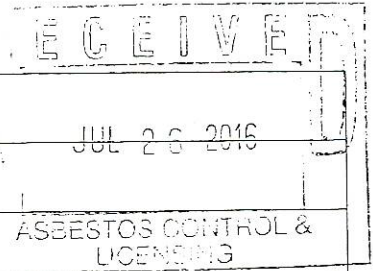
State of New Jersey
NOTIFICATION ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>7/21/2016</u>		Name of Building Owner/Operator (2) <u>John Edelmayer</u>							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <u>Pennsauken</u> Name of Contact <u>Randy Victory</u> Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>2200</u>	# of Floors <u>2</u>						
City (s) <u>Pennsauken</u>		Bldg. Age <u>50 yrs</u>							
County (6) <u>Camden, NJ</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>						
Street Address		Street Address <u>361 E. Fleming Pike</u>							
City, State, Zip Code		City, State, Zip Code <u>Hammonton, NJ 08037</u>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>						
Start Date (10) <u>7/23/16</u>	Scheduled Completion Date (11) <u>8/26/16</u>	Name of OSHA Monitor <u>AEi2, LLC</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>361 E. Fleming Pike</u> City, State, Zip Code <u>Hammonton, NJ 08037</u>							
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 checked="" type="checkbox"/> Mini-Enclosure <input 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Crawl Space			X	TSI	30 lf	X			
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill <u>TBD</u>					
City, State <u>Hammonton, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>					
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>		Signature 		Date <u>7/21/16</u>			

CK 1910

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



Date of Notification (1) 07/22/16		Name of Building Owner/Operator (2) Greg Campbell							
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input 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 Orange, NJ 07079							
		Name of Contact Greg Campbell	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		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 [REDACTED]		Square Feet	# of Floors						
City (5) South Orange		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-832-4244	License No. 01155						
Start Date (10) 08/06/16	Scheduled Completion Date (11) 08/13/16	Name of OSHA Monitor Same as Above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
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 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			X	Pipe Insulation	80 LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by John Geleski		Title PM	Signature 			Date 07/22/16			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

OK 2494

RECEIVED
JUL 26 2016
ASBESTOS CONTROL & ENFORCEMENT
Telephone Number

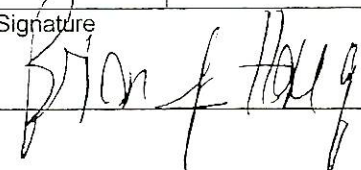
Date of Notification (1) 7-22-2016		Name of Building Owner / Operator (2) Estate of Marvin B. Gardner, Jr.	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Roselle Park, NJ 07204 Name of Contact Peter B. Gardner (Primary Contact) Fred Gardne.	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single Family Home - Basement		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		Square Feet	# of Floors
[REDACTED]		2,500	2 + attic & basement
City (5) Roselle Park, NJ	County (6) Union	County Code (7)	Bldg. Age 72
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	License Number 01185
Scheduled Start Date (10) 08-04-2016	Scheduled Completion Date (11) 8-12-2016	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 9am - 5pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

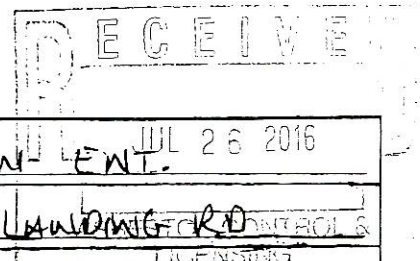
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 or 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	Encapsulat	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	228 LF	<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"/>
	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 7-22-2016

CK 4020

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



Date of Notification (1) 7-21-16		Name of Building Owner/Operator (2) TRANSFORMATION-ENT.					
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 601 W. CLARKSLANDING RD					
		City, State, Zip Code EGG HARBOR N.J. 08218					
		Name of Contact TOM	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		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 [REDACTED]		Square Feet 1500					
City (5) BRIGANTINE		# of Floors 1	Bldg. Age 50+				
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC.					
Street Address		Street Address 369 S. SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. #00444				
Start Date (10) 8-1-16	Scheduled Completion Date (11) 8-8-16	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
		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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1500	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
SIDING		TRANSITE	1500	X			
Name of Registered Waste Hauler KLEMMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 10	Name of Registered Landfill ACUA			
City, State MAPLE SHADE N.J.		Disposal Date	City, State PLEASANTVILLE N.J.				
Completed By MICHAEL KLEMM	Title SUPERVISOR	Signature <i>[Signature]</i>	Date 7-21-16				

CK 1342

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

"OPEN NOTIFICATION"

Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 26 2016 ASBESTOS CONTROL & ABATEMENT </div>					
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07068		Telephone Number _____					
		Name of Contact JOHN MAROTTE							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG - FAIR LAWN SWITCH			Type of Facility (4)						
Street Address MCBRIDE AVE. + NEVINS RD.			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) FAIR LAWN			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111					
Start Date (10) 8/8/16		Scheduled Completion Date (11) 12/31/16		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
Occupancy Status During Abatement (Check Only One)			Street Address 396 WHITEHEAD AVE.						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS			City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 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
OUTDOORS		X		PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 15	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR	Signature <i>Carol Raimo</i>	Date 7/25/16					

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

"OPEN NOTIFICATION"

RECEIVED

JUL 26 2016

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<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	4000 HADLEY ROAD	SOUTH PLAINFIELD, NJ 07068						
		Name of Contact	Telephone Number						
		JOHN MAROTTE							
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 15									
Street Address		Type of Facility (4)							
18-74 McBRIDE AVE.		<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)	County (6)	Square Feet	# of Floors						
FAIR LAWN	BERGEN	N/A	N/A						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
		N/A							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	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. 732-290-2217	License No. 01111						
Start Date (10) 8/8/16	Scheduled Completion Date (11) 12/31/16	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 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
OUTDOORS		X		PIPE SEMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 15	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature Carol Raimo		Date 7/25/16			

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

"OPEN NOTIFICATION"

Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG		JUL 26 2016	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD	
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07068		ASBESTOS CONTROL & LICENSING	
		Name of Contact JOHN MAROTTE		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 14			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 9-11 WESTMORELAND AVE.			Square Feet N/A		
City (5) FAIR LAWN			# of Floors N/A		
County (6) BERGEN			Bldg. Age N/A		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) N/A		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		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. 732-290-2217		Telephone No. 732-432-8350	
				License No. 01111	
Start Date (10) 8/8/16		Scheduled Completion Date (11) 12/31/16		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS				Street Address 396 WHITEHEAD AVE.	
				City, State, Zip Code SOUTH RIVER, NJ 08882	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥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)	
		Yes No N/A			
OUTDOORS		X		PIPE SOMASTIC	
				200 LF	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 15	
City, State ELIZABETH, NJ		Disposal Date TBD		Name of Registered Landfill GROWS NORTH	
				City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MGR		Signature Carol Raimo	
				Date 7/25/16	

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

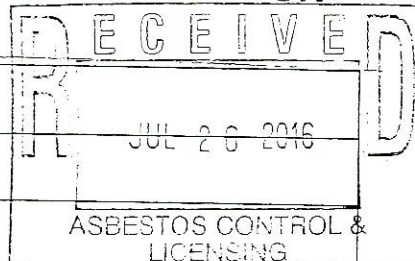
"OPEN NOTIFICATION"
RECEIVED

Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG		JUL 26 2016 ASBESTOS CONTROL & LICENSING					
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 4000 HADLEY ROAD			
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07068							
		Name of Contact JOHN MAROTTE		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 13			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 15-19 RAYMOND STREET			Square Feet N/A						
City (5) FAIR LAWN			# of Floors N/A						
County (6) BERGEN			Bldg. Age N/A						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		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. 732-290-2217		Telephone No. 732-432-8350					
				License No. 01111					
Start Date (10) 8/8/16		Scheduled Completion Date (11) 12/31/16		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: OUTDOORS				Street Address 396 WHITEHEAD AVE.					
				City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 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
OUTDOORS		X	PIPE SOMASTIA	200 LF	X				
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 15		Name of Registered Landfill GROWS NORTH			
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 7/25/16			

CK 7342

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

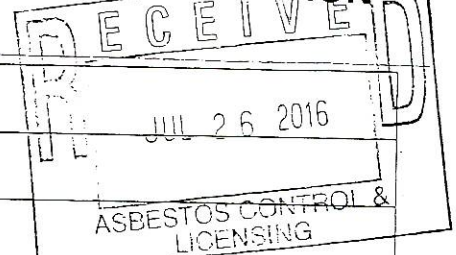
"OPEN NOTIFICATION"



Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG						
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 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07068 Name of Contact JOHN MAROTTE Telephone Number						
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 12								
Street Address 14-23 3RD STREET		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) FAIR LAWN		Square Feet N/A # of Floors N/A Bldg. Age N/A						
County (6) BERGEN		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045						
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.						
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882						
Telephone No. 732-290-2217		Telephone No. 732-432-8350						
License No. 01111		Current Use (Prior if being demolished) N/A						
Start Date (10) 8/8/16		Scheduled Completion Date (11) 12/31/16						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA						
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) TO BE ABATED In Facility (13) OUTDOORS	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE SOMASTIE	Amount (Specify SF or LF) 200 LF	Abatement Type			
	Removal	Repair			Encapsulate	Enclosure		
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 15	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 7/25/16		

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

"OPEN NOTIFICATION"



Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG						
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 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07068 Name of Contact JOHN MAROTTE Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 11		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 2 LAMBERT RD.		Square Feet N/A	# of Floors N/A					
City (5) FAIR LAWN		Bldg. Age N/A						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350					
License No. 01111								
Start Date (10) 8/8/16	Scheduled Completion Date (11) 12/31/16	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 Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS		Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) OUTDOORS	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE SOMASTIC	Amount (Specify SF or LF) 200 LF	Abatement Type			
	Removal	Repair			Encapsulate	Enclosure		
		X			X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 15	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR	Signature Carol Raimo	Date 7/25/16				

CK 1342

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

"OPEN NOTIFICATION"

Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 26 2016 ASBESTOS CONTROL & LICENSING </div>			
Agencies Notified		Type Notification				Street Address 4000 HADLEY ROAD	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code SOUTH PLAINFIELD, NJ 07068	
		Name of Contact JOHN MAROTTE		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 10				Type of Facility (4)			
Street Address 10-94 ESSEX PL.				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) FAIR LAWN				Square Feet N/A	# of Floors N/A		
County (6) BERGEN				Bldg. Age N/A			
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) N/A			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA			
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.		City, State, Zip Code SOUTH RIVER, NJ 08882			
City, State, Zip Code MATAWAN, NJ 07747		Telephone No. 732-290-2217		Telephone No. 732-432-8350	License No. 01111		
Project Manager for Monitoring Firm TOM GEIGER		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
Start Date (10) 8/8/16		Scheduled Completion Date (11) 12/31/16		Street Address 396 WHITEHEAD AVE.			
Occupancy Status During Abatement (Check Only One)				City, State, Zip Code SOUTH RIVER, NJ 08882			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS							
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)		
	Yes	No	N/A				
OUTDOORS		X		PIPE SOMASTIC	200 LF		
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 15	Name of Registered Landfill GROWS NORTH		
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA			
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>	Date 7/25/16		

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

CK 7342

Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 26 2016 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07068							
		Name of Contact JOHN MAROTTE		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 9B				Type of Facility (4)					
Street Address 10-90 ARNOT PL.				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) FAIR LAWN				Square Feet N/A	# of Floors N/A				
County (6) BERGEN				County Code (7) (STATE USE ONLY)	Bldg. Age N/A				
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS				Current Use (Prior if being demolished) N/A					
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. 732-290-2217		Telephone No. 732-432-8350	License No. 01111				
Start Date (10) 8/8/16		Scheduled Completion Date (11) 12/31/16		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
Occupancy Status During Abatement (Check Only One)				Street Address 396 WHITEHEAD AVE.					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS				City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTDOORS		X		PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 15	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 7/25/16			

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

"OPEN NOTIFICATION"

CK 7342

Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 26 2016 ASBESTOS CONTROL & LICENSING Telephone Number </div>					
Agencies Notified		Type Notification				Street Address 4000 HADLEY ROAD			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code SOUTH PLAINFIELD, NJ 07068			
		Name of Contact JOHN MAROTTE							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 9A				Type of Facility (4)					
Street Address 102 McLEAN BLVD.				<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) PATERSON				Square Feet N/A	# of Floors N/A				
County (6) PASSAIC				County Code (7) (STATE USE ONLY)	Bldg. Age N/A				
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS				ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA				
Street Address 64 BROAD STREET				Street Address 396 WHITEHEAD AVE.					
City, State, Zip Code MATAWAN, NJ 07747				City, State, Zip Code SOUTH RIVER, NJ 08882					
Project Manager for Monitoring Firm TOM GEIGER				Telephone No. 732-290-2217	Telephone No. 732-432-8350				
License No. 01111									
Start Date (10) 8/8/16		Scheduled Completion Date (11) 12/31/16		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: OUT DOORS				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
OUTDOORS		X		PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 15	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 7/25/16			

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

"OPEN NOTIFICATION"

Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG		<div style="border: 1px solid black; padding: 5px;"> RECEIVED JUL 26 2016 ASBESTOS CONTROL & REMEDIATION </div>			
Agencies Notified		Type Notification				Street Address 4000 HADLEY ROAD	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code SOUTH PLAINFIELD, NJ 07068	
						Name of Contact JOHN MAROTTE	
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 9						Type of Facility (4)	
Street Address 63 E. 30TH STREET						<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) PATERSON						Square Feet N/A	
County (6) PASSAIC						# of Floors N/A	
County Code (7) (STATE USE ONLY)						Bldg. Age N/A	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS						Current Use (Prior if being demolished) N/A	
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. 732-290-2217		Telephone No. 732-432-8350	
License No. 01111							
Start Date (10) 8/8/16		Scheduled Completion Date (11) 12/31/16		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA			
Occupancy Status During Abatement (Check Only One)						Street Address 396 WHITEHEAD AVE.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS						City, State, Zip Code SOUTH RIVER, NJ 08882	
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥ 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)	
		Yes No N/A					
OUTDOORS		X		PIPE SOMASTIC		200 LF X	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 15		Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA			
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 7/25/16	

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

"OPEN NOTIFICATION"

RECEIVED

Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG		JUL 26 2016 ASBESTOS CONTROL LICENSING					
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07068		Name of Contact JOHN MAROTTE					
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 8A		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.)		Telephone Number					
Street Address 221 E. 30TH STREET		Square Feet N/A		# of Floors N/A					
City (5) PATERSON		Bldg. Age N/A		Current Use (Prior if being demolished) N/A					
County (6) PASSAIC		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Street Address 396 WHITEHEAD AVE.					
Street Address 64 BROAD STREET		City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882					
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217		Telephone No. 732-432-8350					
Start Date (10) 8/8/16		Scheduled Completion Date (11) 12/31/16		License No. 01111					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA		Street Address 396 WHITEHEAD AVE.					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code SOUTH RIVER, NJ 08882							
Location of Asbestos-Containing Material (ACM) 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		<input checked="" type="checkbox"/>		PIPE SOMASTIC	200 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 15		Name of Registered Landfill GROWS NORTH			
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature Carol Raimo		Date 7/25/16			

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

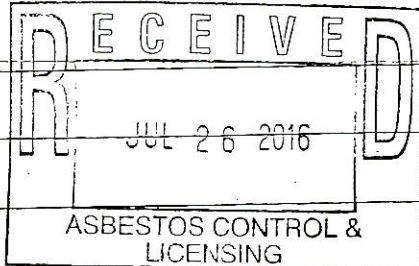
"OPEN NOTIFICATION"

CK 7342

Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 26 2016 ASBESTOS CONTROL & LICENSING </div>			
Agencies Notified		Type Notification				Street Address	
<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				4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07068 Name of Contact JOHN MAROTTE	
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 8				Type of Facility (4)			
Street Address 394 E. 30TH STREET				<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) PATERSON				Square Feet N/A # of Floors N/A Bldg. Age N/A			
County (6) PASSAIC				County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) N/A			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS				ASCM No. 0045 Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA			
Street Address 64 BROAD STREET				Street Address 396 WHITEHEAD AVE.			
City, State, Zip Code MATAWAN, NJ 07747				City, State, Zip Code SOUTH RIVER, NJ 08882			
Project Manager for Monitoring Firm TOM GEIGER				Telephone No. 732-290-2217 Telephone No. 732-432-8350 License No. 01111			
Start Date (10) 8/8/16		Scheduled Completion Date (11) 12/31/16		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: OUT DOORS				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)			
		Yes No N/A		Amount (Specify SF or LF)			
OUTDOORS		X		PIPE SOMASTIC 200 LF			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 15			
City, State ELIZABETH, NJ		Disposal Date TBD		Name of Registered Landfill GROWS NORTH			
City, State MORRISVILLE, PA							
Completed by CAROL RAIMO		Title OFFICE MGR		Signature Carol Raimo			
				Date 7/25/16			

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

"OPEN NOTIFICATION"



Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG	
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07068	
		Name of Contact JOHN MAROTTE	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 7		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 677 E. 30TH STREET		Square Feet N/A	# of Floors N/A
City (5) PATERSON		Bldg. Age N/A	
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350
License No. 01111			
Start Date (10) 8/8/16	Scheduled Completion Date (11) 12/31/16	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: OUTDOORS		Street Address 396 WHITEHEAD AVE.	
		City, State, Zip Code SOUTH RIVER, NJ 08882	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 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) OUTDOORS	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	
		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 15
City, State ELIZABETH, NJ		Disposal Date TBD	Name of Registered Landfill GROWS NORTH
City, State MORRISVILLE, PA			
Completed by CAROL RAIMO	Title OFFICE MGR	Signature Carol Raimo	Date 7/25/16

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

"OPEN NOTIFICATION"

RECEIVED

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Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG		JUL 26 2016 ASBESTOS CONTROL & LICENSING				
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07068		Name of Contact JOHN MAROTTE				
				Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 6			Type of Facility (4)					
Street Address 89 FLORIDA AVE.			<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) PATERSON			Square Feet N/A	# of Floors N/A	Bldg. Age N/A			
County (6) PASSAIC		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111				
Start Date (10) 8/8/16		Scheduled Completion Date (11) 12/31/16		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA				
Occupancy Status During Abatement (Check Only One)			Street Address 396 WHITEHEAD AVE.					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS			City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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
OUTDOORS		X	PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 15	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR	Signature Carol Raimo	Date 7/25/16				

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

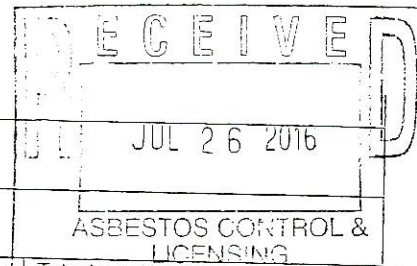
Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 26 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07068 Name of Contact JOHN MAROTTE							
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 5		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 55 GOULD AVE.		City (5) PATERSON		Square Feet N/A	# of Floors N/A	Bldg. Age N/A			
County (6) PASSAIC		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Street Address 64 BROAD STREET		City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.					
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217		Telephone No. 732-432-8350		License No. 01111			
Start Date (10) 8/8/16		Scheduled Completion Date (11) 12/31/16		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS				Street Address 396 WHITEHEAD AVE.					
				City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
OUTDOORS		X		PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 15		Name of Registered Landfill GROWS NORTH			
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 7/25/16			

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

"OPEN NOTIFICATION"

CK 7342

Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG	
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07068	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact JOHN MAROTTE	
		Telephone Number	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATION 4		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 132 CIRCLE AVE		Square Feet N/A	# of Floors N/A
City (5) CLIFTON		Bldg. Age N/A	
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350
License No. 01111			
Start Date (10) 8/8/16	Scheduled Completion Date (11) 12/31/16	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: OUTDOORS		Street Address 396 WHITEHEAD AVE.	
		City, State, Zip Code SOUTH RIVER, NJ 08882	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥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
OUTDOORS		X		PIPE SOMASTIC	200 LF	X			

Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 15	Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ		Disposal Date TBD	City, State MORRISVILLE, PA		
Completed by CAROL RAIMO		Title OFFICE MGR	Signature <i>Carol Raimo</i>	Date 7/25/16	

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

NOTIFICATION

Date of Notification (1) 7/25/16		Name of Building Owner/Operator (2) PSEG		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 26 2016 ASBESTOS CONTROL & SING </div>				
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07068						
		Name of Contact JOHN MAROTTE						
Name of Facility Where Abatement is Taking Place (3) PSEG - Kuller RD Sub, 3C+3D								
Street Address 260 KULLER RD		Type of Facility (4)						
City (5) CLIFTON		<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.)						
County (6) PASSAIC		County Code (7) (STATE USE ONLY)		Square Feet N/A	# of Floors N/A			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Current Use (Prior if being demolished) N/A				
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.						
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882						
Telephone No. 732-290-2217		Telephone No. 732-432-8350		License No. 01111				
Start Date (10) 8/8/16	Scheduled Completion Date (11) 12/31/16		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
Occupancy Status During Abatement (Check Only One)			Street Address 396 WHITEHEAD AVE.					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS			City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 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
OUTDOORS		<input checked="" type="checkbox"/>	PIPE SOMASTIC	200 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 15	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 7/25/16		