**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**GL17-033**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06/11/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Newark Public Schools</td>
</tr>
</tbody>
</table>

**Agencies Notified**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address**

190 Muhammad Ali Blvd.
Newark, NJ 07108

**Name of Contractor**

Benjamin Olagadeyo
Phone: 973-733-7519

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>George Washington Carver School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>333 Clinton Pl.</td>
</tr>
<tr>
<td>City</td>
<td>Newark</td>
</tr>
<tr>
<td>County</td>
<td>Essex</td>
</tr>
</tbody>
</table>

**Type of Facility**

- [x] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**

50,000+

**# of Floors**

3

**Bldg. Age**

50+

**Name of Monitoring Firm**

Whitman

7 Pleasant Hill Rd.

Cranbury, NJ 08512

**Name of Abatement Contractor**

GL Group Inc.

140 Hamburg Turnpike

Bloomfield, NJ 07003

**Occupancy Status During Abatement (Check Only One)**

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: Non-Friable Method

**Scope of Work (Check All That Apply)**

- [x] Renovation
- [x] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cafeteria/Vending</td>
<td>X</td>
<td>VAT / Mastic</td>
<td>7,500 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

GL Group Inc.

NJ-DEP Waste Hauler ID No. 0333034

Cubic Yards of Waste TBD

Disposal Date TBD

**City, State**

Bloomington, NJ

**Name of Registered Landfill**

Minerva Enterprises

City, State: Waynesburg, OH

**Completed by**

Elena Solekova

Title: President

Signature:

Date: 06/11/2018

ASB-41 (R-09-01)

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**

6 / 11 / 18

**Name of Building Owner/Operator (2)**
Princeton University-Office of Design and Construction

**Street Address**
200 Elm Dr

**City, State, Zip Code**
Princeton, NJ 08544

**Name of Contact**
Robert Ortego

**Telephone Number**
609-258-1841

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Princeton University-Dickinson Hall

**Street Address**
Washington Rd

**City (5)**
Princeton

**County (6)**
MERCIER

**County Code (7)**

**Current Use (Prior if being demolished)**

**Type of Facility (4)**
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

**Name of Monitoring Firm Hired by Building Owner (8)**
TTI Environmental

**ASCM No.**

**Name of Abatement Contractor (9)**
BRISTOL ENVIRONMENTAL, INC.

**Address**
1253 N Church St.

**City, State, Zip Code**
Mooresown, NJ 08057

**Telephone No.**
609-386-8800

**License No.**
00509

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Start Date (10)**
6 / 22 / 18

**Scheduled Completion Date (11)**
6 / 27 / 18

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM__PM__AM

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft
- Renewal
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (12)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Ground floor</th>
<th>Crawlspace</th>
<th>Crawlspace</th>
<th>Pipe Fittings (Wrap &amp; Cut)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
BRISTOL ENVIRONMENTAL, INC.

**NJDEP Waste Hauler ID No.**
18706

**Cubic Yards of Waste**

**Name of Registered Landfill**
FAIRLESS LANDFILL

**City, State**
BRISTOL, PA 19007

**Disposal Date**

**City, State**
FAIRLESS HILLS, PA 19047

**Completed By (Print or Type)**
Brian Scalfio

**Title**
Estimator

**Signature**
Brian Scalfio

**Date**
6-6-18

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 06/12/2018

Name of Building Owner/Operator (2) Kayal Medical Center Paramus LLC

Agencies Notified
- EPA
- DEP
- DOH
- DOL
- DCA

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

Street Address
184 Franklin Ave Suite 250
City, State, Zip Code
Franklin Lakes, NJ 07417
Name of Contact
Adam

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kayal Medical Center Paramus LLC

City (8)
Paramus

County (6)
Bergen

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
Removal Safety LLC

Street Address
8 Crosby Ave
City, State, Zip Code
Paterson, NJ 07502

Project Manager for Monitoring Firm

Telephone No.
973-400-8711
License No.
01332
Name of OSHA Monitor
Same as (9)

Start Date (10) 06/21/2018 Scheduled Completion Date (11) 06/27/2018

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Second shift

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥250 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes No N/A

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Yes No N/A

Amount (Specify SF or LF)

Abatement Type

First floor store in center

X VAT Mastic 3330 SF

Name of Registered Waste Hauler

Removal Safety LLC

NJDEP Waste Hauler ID No. 0037007

City, State Paterson, NJ

Completed by
Lasko Veskov Title President

Signature:

Date 06/12/2018

GROWS North City, State Morrisville, PA

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

Date of Notification (1)
05 / 25 / 18

Name of Building Owner/Operator (2)
Walters Group

Street Address
500 Barnegat Boulevard N, Building 100

City, State, Zip Code
Barnegat, NJ 08005

Name of Contact
Joe Steinheiser

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Commercial

Street Address
6303 Browning Road

City (5)
Pennsauken

County (5)
Camden

County Code (7) [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (9)
Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
P.O. Box 1224
City, State, Zip Code
Union, NJ

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-494-3762

License No.
1188

Start Date (10)
06 / 04 / 18

Scheduled Completion Date (11)
07 / 06 / 18

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane
City, State, Zip Code
Garfield, NJ 07026

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM- AM

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (15)

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Room 1

Room 2- Chapel

Room 3

Room 3

Pipe Insulation- Elbows/Fittings

Pipe Insulation- Elbows/Fittings

Pipe Insulation- Elbows/Fittings

VAT/Mastic

15 Fittings

18 Fittings

20 Fittings

150 SF

Name of Registered Waste Hauler
Newark Carting

Name of Registered Landfill
IESI Bethlehem Landfill

City, State, New Jersey

Disposal Date
TBD

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature
Allen Monchik

Date
5/25/18

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

Date of Notification (1) 05 / 25 / 18

Name of Building Owner/Operator (2) Walters Group

Name of Facility Where Abatement is Taking Place (3)
Commercial

Street Address
6303 Browning Road

City (5) Pennsauken

County (6) Camden

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions

Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC

Street Address P.O. Box 1224

City, State, Zip Code Union, NJ

Phone No. 873-494-3762

License No. 1188

Name of OSHA Monitor ALL PRO MANAGEMENT LLC

Start Date (10) 06 / 04 / 18

Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement

Scheduled Completion Date (11) 07 / 06 / 18

Time of Abatement: AM PM AM

Scope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if

Location of Asbestos-Containing Material (ACM) TO BE ABATED: IN Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF) Abatement Type

Room 1 Pipe Insulation- Elbows/Fittings 15 Fittings

Room 2- Chapel Pipe Insulation- Elbows/Fittings 18 Fittings

Room 3 Pipe Insulation- Elbows/Fittings 20 Fittings

Room 3 VAT/Mastic 150 SF

Name of Registered Waste Hauler Newark Carting

City, State Newark, NJ

Title Project Manager

Signature Allen Monchik

Date 5/25/18

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>6303 Browning Road</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</td>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Room 7</td>
<td>Pipe Insulation Elbows/Fittings</td>
<td>12 Fittings</td>
</tr>
<tr>
<td>Room 7</td>
<td>VAT/Mastic</td>
<td>150 SF</td>
</tr>
<tr>
<td>Patio</td>
<td>Exterior Stucco Paneling</td>
<td>200 SF</td>
</tr>
<tr>
<td>Patio</td>
<td>Exterior Caulk assoc. with Stucco Paneling</td>
<td>200 SF</td>
</tr>
<tr>
<td>Kitchen</td>
<td>Pipe Insulation Elbows/Fittings</td>
<td>20 Fittings</td>
</tr>
<tr>
<td>Room 4</td>
<td>Pipe Insulation Elbows/Fittings</td>
<td>20 Fittings</td>
</tr>
<tr>
<td>1st Floor- Hallway</td>
<td>Pipe Insulation Elbows/Fittings</td>
<td>20 Fittings</td>
</tr>
<tr>
<td>Room B- Restroom</td>
<td>Glue Dots Assoc. with Mirrors</td>
<td>20 SF</td>
</tr>
<tr>
<td>Room 15- Shower Room</td>
<td>Caulk Assoc. with Tub/Shower</td>
<td>75 LF</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Pipe Insulation Elbows/Fittings</td>
<td>10 Fittings</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Fire Door</td>
<td>15 SF - 1 Door</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Internal Boiler Insulation</td>
<td>25 SF</td>
</tr>
<tr>
<td>Exterior</td>
<td>Stucco Paneling</td>
<td>3,000 SF</td>
</tr>
<tr>
<td>Exterior</td>
<td>Caulk Assoc. with Stucco Paneling</td>
<td>1,000 LF</td>
</tr>
<tr>
<td>Exterior</td>
<td>Caulk Assoc. with Vent Cover</td>
<td>75 LF</td>
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<tr>
<td>Exterior</td>
<td>Roofing Materials</td>
<td>4,500 SF</td>
</tr>
<tr>
<td>Exterior (Main Entrance Overhang)</td>
<td>Plaster Ceiling assoc. with Soffit</td>
<td>250 SF</td>
</tr>
</tbody>
</table>

Completed by: (Print or type) Allen Monchik
Title: Project Manager
Signature: Allen Monchik
Date: 5/25/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
06 / 12 / 18
Name of Building Owner/Operator (2)
Walters Group

Street Address
500 Barnegat Boulevard N, Building 100
City, State, Zip Code
Barnegat, NJ 08005
Name of Contact
Joe Steinheiser

Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Commercial
Street Address
6303 Browning Road
City (5)
Pennsauken
County (6)
Camden
County Code (*STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions
ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Start Date (10)
06 / 13 / 18
Scheduled Completion Date (11)
07 / 15 / 18

License No.
1188

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Occupancy Status During Abatement (Check only one)

Facility Closed/ Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: _AM-_PM/ _PM-_AM

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Room 1
Pipe Insulation- Elbows/Fittings
15 Fittings

Room 2 - Chapel
Pipe Insulation- Elbows/Fittings
18 Fittings

Room 3
Pipe Insulation- Elbows/Fittings
20 Fittings

Room 3
VAT/Mastic
150 SF

Name of Registered Waste Hauler
Newark Carting

NJD EP Waste Hauler ID No.
02283

Cubic Yards of Waste
As Needed

Name of Registered Landfill
IESI Bethlehem Landfill

City, State
Newark, NJ

Completed By (Print or Type)
Allen Monchik
Title
Project Manager
Signature
Signature

Date
6/12/18

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06 / 12 / 18</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Walters Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
<td>500 Barnegat Boulevard N, Building 100</td>
</tr>
<tr>
<td>EPA</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Barnegat, NJ 08005</td>
</tr>
<tr>
<td>DOLWD</td>
<td></td>
<td>Name of Contact</td>
<td>Joe Steinheiser</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County (9)</td>
</tr>
<tr>
<td>County Code (7)(STATE USE ONLY)</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Bio Terra Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm (8)</td>
</tr>
<tr>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>License No.</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>06 / 13 / 18</th>
<th>Scheduled Completion Date (11)</th>
<th>07 / 15 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Time of Abatement:</th>
<th>AM-PM/PM-AM</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) |
|-------------------------|-------------------|
| Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. |
| Newark Carting           | 02363             |
| City, State, Zip Code    | Newark, NJ        |
| Disposal Date            | TBD               |
| City, State              | Bethlehem, PA     |

<table>
<thead>
<tr>
<th>Room 1</th>
<th>Room 2- Chapel</th>
<th>Room 3</th>
<th>Room 3</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IESI Bethlehem Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (15)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Encapsulate</th>
<th>Endure</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen Monchik</td>
<td>Project Manager</td>
<td>Allen Monchik</td>
<td>6/12/18</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Faculty (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 7</td>
<td>Pipe Insulation Elbows/Fittings</td>
<td>12 Fittings</td>
<td>X</td>
</tr>
<tr>
<td>Room 7</td>
<td>VAT/Mastic</td>
<td>150 SF</td>
<td>X</td>
</tr>
<tr>
<td>Patio</td>
<td>Exterior Stucco Panelling</td>
<td>200 SF</td>
<td>X</td>
</tr>
<tr>
<td>Kitchen</td>
<td>Exterior Caulk assoc. with Stucco Panelling</td>
<td>200 SF</td>
<td>X</td>
</tr>
<tr>
<td>Room 4</td>
<td>Pipe Insulation Elbows/Fittings</td>
<td>25 Fittings</td>
<td>X</td>
</tr>
<tr>
<td>Room 8- Restroom</td>
<td>Pipe Insulation Elbows/Fittings</td>
<td>20 Fittings</td>
<td>X</td>
</tr>
<tr>
<td>Room 15- Shower Room</td>
<td>Glue Dots Assoc. with Mirrors</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Caulk Assoc. with Tub/Shower</td>
<td>75 LF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Pipe Insulation Elbows/Fittings</td>
<td>10 Fittings</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Fire Door</td>
<td>15 SF - 1 Door</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>Internal Boiler Insulation</td>
<td>25 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>Stucco Paneling</td>
<td>3,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>Caulk Assoc. with Stucco Paneling</td>
<td>1,000 LF</td>
<td>X</td>
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<tr>
<td>Exterior</td>
<td>Caulk Assoc. with Vent Cover</td>
<td>75 LF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>Roofing Materials</td>
<td>4,500 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior (Main Entrance Overhang)</td>
<td>Plaster Ceiling assoc. with Soffit</td>
<td>250 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Completed by: [Print or type] Allen Monchik  
Title: Project Manager  
Signature:  
Date: 6/12/18
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

- **Date of Notification (1):** 6/13/2018
- **Name of Building Owner/Operator (2):** PSE&G
- **Street Address:** 4000 HADLEY ROAD, SOUTH PLAINFIELD, NJ 07080
- **Name of Contact:** JEFFREY GAZICK
- **Telephone Number:** 856-628-2477

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3):** PSEG - ESSEX RR & MH 10 B, 118
- **Street Address:** 183 RAYMOND BLVD., NEWARK
- **City:** NEWARK
- **County:** ESSEX
- **Current Use (Prior if being demolished):** N/A

### ENVIRONMENTAL TACTICS

- **Name of Monitoring Firm Hired by Building Owner (6):** ASCM No.: 0045
- **Name of Abatement Contractor (9):** UNIQUE SYSTEMS OF AMERICA, INC
- **Street Address:** 84 BROAD STREET, MATAWAN, NJ 07747
- **City:** MATAWAN
- **State:** NJ
- **Zip Code:** 07747

### Project Manager for Monitoring Firm

- **Name:** TOM GEIGER
- **Telephone No.:** 732-290-2217

### Start Date (10)

- **6/25/2018**

### Scheduled Completion Date (11)

- **9/30/2018**

### Occupancy Status During Abatement (Check Only One)

- **Facility Closed/Vacated During Entire Period of Abatement:** N/A
- **Abatement Performed Outside of Normal Facility Hours:** N/A
- **Other – Describe:** OUTDOORS

### Scope of Work (Check All That Apply)

- **Denomination:** X
- **Demolition:** N/A
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED:** OUTDOORS
- **Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):** Yes
- **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

### Other Information

- **Name of Registered Waste Hauler:** WAST MANAGEMENT
- **NJDEP Waste Hauler ID No.:** 1125
- **Cubic Yards of Waste:** APPX. 10
- **Name of Registered Landfill:** FAIRLESS
- **City:** ELIZABETH
- **State:** NJ
- **Completed by:** CAROL RAIMO
- **Title:** OFFICE MGR.
- **Signature:** [Signature]
- **Disposal Date:** TBD
- **City:** MORRISVILLE
- **State:** PA
- **Date:** 6/13/2018

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/13/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSE&amp;G</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Yes</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07088</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JEFFREY GAZICK</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-628-2477</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>PSEG - MH 10A &amp; MH 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR TRACKS OFF BLANCHARD ST.</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>NEWARK</td>
</tr>
<tr>
<td>County (5)</td>
<td>ESSEX</td>
</tr>
<tr>
<td>Street Address</td>
<td>64 BROAD STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MATAWAN, NJ 07747</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>TOM GEIGER</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-290-2217</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8/25/2018</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9/30/2018</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>UNIQUE SYSTEMS OF AMERICA, INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>396 WHITEHEAD AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH RIVER, NJ 08882</td>
</tr>
<tr>
<td>License No.</td>
<td>01111</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>UNIQUE SYSTEMS OF AMERICA</td>
</tr>
<tr>
<td>Street Address</td>
<td>396 WHITEHEAD AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH RIVER, NJ 08882</td>
</tr>
</tbody>
</table>

**Range of Work (Check All That Apply)**

<table>
<thead>
<tr>
<th>33 ft or 33 ft</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥160 sf or ≥260 sf</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM)**

- Location of Asbestos-Containing Material (ACM) TO BE ABATED
  - In Facility
  - Yes No N/A

**Location of Asbestos-Containing Material (ACM)**

- Is Location Normally Used Solely by Maintenance/Custodial Staff?
  - Yes No N/A

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>PIPE SOMASTIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>200 LF</td>
</tr>
</tbody>
</table>

**Abatement Type**

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

**Name of Registered Waste Hauler**

- WAST MANAGEMENT
- NJDEP Waste Hauler ID No. 1125
- Cubic Yards of Waste APPX. 10

**Name of Registered Landfill**

- FAIRLESS
- City, State, Zip Code | MORRISVILLE, PA |

**Completed by**

- CAROL RAIMO
- Title | OFFICE MGR. |

**Signature**

- [Signature]

**Date**

- 6/13/2018

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

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

Date of Notification (1) 6/13/2018
Name of Building Owner/Operator (2) PSEG
Agency Notified: EPA
Type Notification: Initial
Street Address: 4000 HADLEY ROAD
City, State, Zip Code: SOUTH PLAINFIELD, NJ 07068
Name of Contact: JEFFREY GAZICK
Telephone Number: 856-628-2477

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
PSEG - MH9
Street Address: RR TRACKS ON 31 LIBELLA CT.
City (5) NEWARK
County (6) ESSEX
County Code (7)

Name of Monitoring Firm Hired by Building Owner (5)
ENVIRONMENTAL TACTICS
ASCM No. 0045
Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA, INC
Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm
TOM GEIGER
Telephone No. 732-290-2217

Start Date (10) 6/25/2018
Scheduled Completion Date (11) 9/30/2018

Scope of Work (Check All That Apply)

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)
(Li.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
PIPE SOMASTIC

Amount (Specify SF or LF) 200 LF

Abatement Type

Renovation Demolition

Full Containment with Negative Pressure mini-enclosure
Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
WAST MANAGEMENT
NJDEP Waste Hauler ID No. 1125
Cubic Yards of Waste APPX. 10
Disposal Date: TBD
City, State, Zip Code: FAIRLESS,了一个州

Completed by
CAROL RAIMO
Title: OFFICE MGR.
Signature: 

* Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/13/2018</th>
</tr>
</thead>
</table>

### Name of Building Owner/Operator (2)
PSE&G

### Street Address
4000 HADLEY ROAD

### City, State, Zip Code
SOUTH PLAINFIELD, NJ 07068

### Name of Contact
JEFFREY GAZICK

### Telephone Number
856-628-2477

### Name of Facility Where Abatement is Taking Place (3)
PSEG - MANUFACTURERS PLACE

### Street Address
34 MANUFACTURERS PLACE

### City (5)
NEWARK

### Square Feet
N/A

### # of Floors
N/A

### 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, INC

### Street Address
396 WHITEHEAD AVE.

### City, State, Zip Code
SOUTH RIVER, NJ 08882

### Telephone No.
732-290-2217

### License No.
01111

### Start Date (10)
6/25/2018

### Scheduled Completion Date (11)
9/30/2018

### Occupancy Status During Abatement (Check Only One)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: OUTDOORS

### Scope of Work (Check All That Apply)
- [x] 23 sf or ≥31 ft
- [x] ≥150 sf or ≥230 ft
- [ ] Demolition
- [ ] Renovation

### Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>IN FACILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTDOORS</td>
<td>X</td>
</tr>
</tbody>
</table>

### Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Description of Asbestos-Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

<table>
<thead>
<tr>
<th>Pipe Somastic</th>
<th>200 LF</th>
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</table>

### Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>FULL CONTAINMENT WITH NEGATIVE PRESSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MINI-ENCLOSURE</td>
</tr>
<tr>
<td>GLOVEBAG PROCEDURE</td>
</tr>
<tr>
<td>NON-EXEMPTED (*) AND NON-FRIABLE PROCEDURE</td>
</tr>
</tbody>
</table>

### Location of Registered Waste Hauler

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>APPX. 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAST MANAGEMENT</td>
<td>FAIRLESS</td>
</tr>
</tbody>
</table>

### Name of Registered Landfill

### City, State
MORRISVILLE, PA

### Disposal Date
TBD

### Completed by
CAROL RAIMO

### Title
OFFICE MGR.

### Signature

### Date
6/13/2018

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/13/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSE&amp;G</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07088</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JEFFREY GAZICK</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-628-2477</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | PSEG - MH 9B |
| Street Address | RR TRACKS NEAR 91 ROANOKE AVE. |
| City (5) | NEWARK |
| County (6) | ESSEX |
| County Code (7) | 0045 |
| Name of Monitoring Firm Hired by Building Owner (8) | ENVIRONMENTAL TACTICS |
| Address | 64 BROAD STREET |
| City, State, Zip Code | MATAWAN, NJ 07747 |
| Project Manager for Monitoring Firm | TOM GEIGER |
| Telephone No. | 732-290-2217 |
| Current Use (Prior if being demolished) | N/A |
| Name of Abatement Contractor (9) | UNIQUE SYSTEMS OF AMERICA, INC |
| Address | 396 WHITEHEAD AVE. |
| City, State, Zip Code | SOUTH RIVER, NJ 08882 |
| Name of OSHA Monitor | UNIQUE SYSTEMS OF AMERICA |
| Street Address | 396 WHITEHEAD AVE. |
| City, State, Zip Code | SOUTH RIVER, NJ 08882 |

| Start Date (10) | 6/25/2018 |
| Scheduled Completion Date (11) | 9/30/2018 |

| Occupancy Status During Abatement (Check Only One) |
| Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours |
| Other – Describe: OUTDOORS |

| Scope of Work (Check All That Apply) |
| ☑ ≥3 sf or ≥3 if |
| ☑ ≥150 sf or ≥260 sf |
| ☑ Renovation |
| ☑ Demolition |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED |
| In Facility (13) |
| OUTDOORS |

| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |
| Yes |

| 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 |
| Encapsulation |
| Envelope |

| Name of Registered Waste Hauler | NJ/DEP Waste Hauler ID No. 1125 |
| WAST MANAGEMENT |
| Cubic Yards of Waste | APPX. 10 |
| Name of Registered Landfill | FAIRLESS |
| City, State | MORRISVILLE, PA |
| Disposal Date | TBD |

**Completed by**

| CAROL RAIMO |
| OFFICE MGR. |
| Signature | Date |

*Do not use this form for asbestos licensure exempted activities.*
## Notification of Asbestos Abatement

### State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
6/13/2018

**Name of Building Owner/Operator (2)**  
PSEG

### Agencies Notified

- [ ] EPA  
- [x] DEP  
- [x] DOL  
- [x] DOH  
- [ ] DCA

**Street Address**  
4000 HADLEY ROAD

**City, State, Zip Code**  
SOUTH PLAINFIELD, NJ 07088

**Name of Contact**  
JEFFREY GAZICK

**Telephone Number**  
856-628-2477

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
PSEG TRACKS NEAR 66 MANUFACTURERS PI

**City (5)**  
NEWARK

**County (6)**  
essex

**Square Feet**  
N/A

**# of Floors**  
N/A

**Bldg. Age**  
N/A

**Name of Abatement Contractor (9)**  
UNIQUE SYSTEMS OF AMERICA, INC

**Street Address**  
84 BROAD STREET

**City, State, Zip Code**  
MATAWAN, NJ 07747

**Project Manager for Monitoring Firm**  
TOM GEIGER

**Telephone No.**  
732-250-2217

**Telephone No.**  
732-432-8350

**License No.**  
01111

**Start Date (10)**  
6/25/2018

**Scheduled Completion Date (11)**  
9/30/2018

**Name of OSHA Monitor**  
UNIQUE SYSTEMS OF AMERICA

**Street Address**  
396 WHITEHEAD AVE.

**City, State, Zip Code**  
SOUTH RIVER, NJ 08882

**Occupancy Status During Abatement (Check Only One)**  
[ ] Facility Closed/Vacated During Entire Period of Abatement  
[ ] Abatement Performed Outside of Normal Facility Hours  
[ ] Other – Describe: OUTDOORS

### Scope of Work (Check All That Apply)

- [x] ≥3 s.f. or ≥3 ft
- [ ] ≥160 s.f. or ≥260 ft
- [x] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

- [ ] IN FACILITY  
- [ ] OUTDOORS

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**

- [x] Yes  
- [ ] No  
- [ ] N/A

**Description of Asbestos-Containing Material (ACM)**

(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**  
200 LF

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

### Wast Management

**Name of Registered Waste Hauler**  
WAST MANAGEMENT

**NJDEP Waste Hauler ID No.**  
1125

**Cubic Yards of Waste**  
APPX. 10

**Name of Registered Landfill**  
FAIRLESS

**City, State**  
ELIZABETH, NJ

**Disposal Date**  
TBD

**City, State**  
MORRISVILLE, PA

**Completed by**  
CAROL RAIMO

**Title**  
OFFICE MGR.

**Signature**  
[Signature]

**Date**  
6/13/2018

---

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
6/13/2018

**Name of Building Owner/Operator (2)**
PSE&G

**Street Address**
4000 HADLEY ROAD

**City, State, Zip Code**
SOUTH PLAINFIELD, NJ 07080

**Name of Contact**
JEFFREY GAZICK

**Telephone Number**
856-828-2477

**FACILITY INFORMATION**

---

**Name of Facility Where Abatement is Taking Place (3)**
PSEG - FOUNDRY ST.

**Street Address**
143 ROANOKE AVE.

**City**
NEWARK

**County (6)**
ESSEX

**County Code (7)**
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, INC

**Street Address**
396 WHITEHEAD AVE.

**City, State, Zip Code**
SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm**
TOM GEIGER

**Telephone No.**
732-290-2217

**Start Date (10)**
6/25/2018

**Scheduled Completion Date (11)**
9/30/2018

**Occupancy Status During Abatement (Check Only One)**
Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work (Check All That Apply)**

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**
OUTDOORS

**Renovation**
X

**Demolition**

---

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)**
No

**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**
X

---

**Name of Registered Waste Hauler**
WAST MANAGEMENT

**NJ/DEP Waste Hauler ID No.**
1125

**Cubic Yards of Waste**
APPX. 10

**Name of Registered Landfill**
FAIRLESS

**City, State**
ELIZABETH, NJ

**Disposal Date**
TBD

**City, State**
MORRISVILLE, PA

**Completed by**
CAROL RAIMO

**Title**
OFFICE MGR.

**Signature**

---

**Note:**
* Do not use this form for asbestos licensure exempted activities.
**OPEN NOTIFICATION**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/13/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSE&amp;G</td>
</tr>
<tr>
<td>Agents Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Amendment #, Emergency,justification, Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07088</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JEFFREY GAZICK</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>855-628-2477</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>PSEG - ESSEX SWITCH &amp; MH 1/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>155 RAYMOND BLVD.</td>
</tr>
<tr>
<td>City (5)</td>
<td>NEWARK</td>
</tr>
<tr>
<td>County (6)</td>
<td>ESSEX</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>ENVIRONMENTAL TACTICS</td>
</tr>
<tr>
<td>Street Address</td>
<td>64 BROAD STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MATAWAN, NJ 07747</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>TOM GEIGER</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-290-2217</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9/30/2018</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6/25/2018</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Street Address</td>
<td>396 WHITEHEAD AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH RIVER, NJ 08882</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>UNIQUE SYSTEMS OF AMERICA</td>
</tr>
</tbody>
</table>

**Scope of Work (Check All That Apply)**

- 360 sf or 36 if
- 2160 sf or 260 if
- Renovation
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Outdoors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff</td>
<td>No</td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM)**

- i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous
- Amount (Specify SF or LF) | 200 LF |

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>WAST MANAGEMENT</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>1125</th>
</tr>
</thead>
</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

| FAIRLESS |

**City, State**

<table>
<thead>
<tr>
<th>ELIZABETH, NJ</th>
<th>CITY, STATE</th>
</tr>
</thead>
</table>

| FAIRLESS |

**Disposal Date**

| TBD |

**Completed by**

<table>
<thead>
<tr>
<th>CAROL RAIMO</th>
<th>Title</th>
</tr>
</thead>
</table>

**Signature**

**Date**

| 6/13/2018 |

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 6/13/18
Name of Building Owner/Operator (2): PSE&G

Agencies Notified: 
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- DCA

Type Notification: [X] Initial

Street Address: 4000 HADLEY ROAD
City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080
Name of Contact: JEFF NOVAI
Telephone Number: 908-752-0784

Name of Facility Where Abatement is Taking Place (3): PSE&G
Street Address: 45 GARFIELD AVE.
City: JERSEY CITY
County: HUDSON

Name of Environmental Monitoring Firm: ASCM No. 0045
Name of Abatement Contractor: UNIQUE SYSTEMS OF AMERICA INC

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

Square Feet: N/A
# of Floors: N/A
Bldg. Age: N/A

Current Use (Prior if being demolished): N/A

Start Date (10): 6/25/18
Scheduled Completion Date (11): 7/6/18

Occupancy Status During Abatement (Check Only One):
- [X] Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply):
- [X] Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTDOORS</td>
<td>TRANSITE PIPE</td>
<td>810 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: WASTE MANAGEMENT
NJ/DEP Waste Hauler ID No.: 1125
Disposal Date: 7/10/18
City, State: ELIZABETH, NJ
Name of Registered Landfill: FAIRLESS
City, State: MORRISVILLE, PA

Completed by: CAROL RAIMO
Title: OFFICE MGR.
Signature: Carol Raimo
Date: 6/13/18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
6/12/2018

Name of Building Owner/Operator (2)
Hugo Neu Realty Management

Agencies Notified
☐ EPA  ☑ DEP  ☑ DOL  ☑ DOH  ☑ DCA
Type Notification
☐ Initial  ☑ Amended  ☑ Amendment #  ☑ Emergency (including justification)  ☑ Cancellation

Street Address
78 John Miller Way, Building 78
City, State, Zip Code
Kearny NJ 07032

Name of Contact
Marko Stankovic, Project Manager
Telephone Number
973-570-2645

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kearny Point Industrial Park

City (5)
Kearny
County (6)
Hudson
County Code (7)
(State Use Only) ______

Square Feet
45,000
# of Floors
1
Bldg. Age
100

Current Use (Prior to if being demolished)
Warehouse

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Checkmark Industrial

Name of Abatement Contractor (9)
Checkmark Industrial
Street Address
54 Morgan Dr
City, State, Zip Code
Sparta NJ 07871
Project Manager for Monitoring Firm
Street Address
54 Morgan Dr
City, State, Zip Code
Sparta NJ 07871

Start Date (10)
6/23/2018

Scheduled Completion Date (11)
8/4/2018

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
□ Other – Describe: ________________

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 If
☒ ≥160 sf or ≥260 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility

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)
Window Pane Tar

Amount (Specify SF or LF)
5000 SF

Abatement Type
☐ Removal
☐ Repair
☒ Encapsulation
☐ Enclosure

Outside of Building (ROOF)
☒ X

Name of Registered Waste Hauler
Atlantic Carting
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
120
Name of Registered Landfill
Waste Management
City, State
Wayne NJ
Tulleytown PA
Disposal Date
6/23/2018

Completed by
Corey Stankovic
Title
CEO
Signature

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

Date of Notification (1) 6/12/2018
Name of Building Owner/Operator (2) Hugo Neu Realty Management

Agencies Notified Type Notification
- EPA Initial
- DEP Amended
- DOL Amendment #
- DOH Emergency (including justification)
- DCA Cancellation

Street Address
78 John Miller Way, Building 78
City, State, Zip Code
Kearny NJ 07032
Name of Contact
Marko Stankovic, Project Manager
Telephone Number
973-570-2645

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kearny Point Industrial Park

Street Address
78 John Miller Way, Building 78
City (5) Kearny
County (6) Hudson
County Code (7) (STATE USE ONLY) 

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

Square Feet
45,000
# of Floors
1
Bldg. Age
100
Current Use (Prior if being demolished)
Warehouse

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Name of Abatement Contractor (9) Checkmark Industrial

Street Address
54 Morgan Dr
City, State, Zip Code
Sparta NJ 07871

Project Manager for Monitoring Firm Telephone No.
Telephone No.
973-570-2645
License No.
01334

Start Date (10) 6/23/2018
Scheduled Completion Date (11) 8/4/2018
Name of OSHA Monitor
Checkmark Industrial

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe:

Scope of Work (Check All That Apply)
- ≥ 23 sf or ≥ 23 if
- ≥ 160 sf or ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility
(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes No N/A

Description of Asbestos-Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Outside of Building (ROOF) Window Pane Tar 5000 SF x

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No.
Cubic Yards of Waste 120
Name of Registered Landfill
Waste Management
City, State
Wayne NJ Tulleytown PA
Disposal Date

Completed by
Corey Stankovic
Title CEO
Signature
Date 6/23/2018

ASB-41 (R-06-06)
* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

---

**Date of Notification:** 06/12/2018

**Name of Building Owner/Operator:** JJ Operating Inc.

**Agencies Notified:**
- [✓] EPA
- [✓] DEP
- [✓] DOL
- [✓] DOH
- [✓] DCA

**Type Notification:**
- [✓] Amended
- [✓] Emergency (including justification)

**Street Address:** 112 W. 34th Street

**City, State, Zip Code:** New York, NY 10120

**Name of Contact:** Jack Jemal

**Telephone Number:** 212-265-5570

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Old Rite Aid Store/Market Halsey Building

**Street Address:** 165 Halsey Street

**County:** Essex

**State Code:** (STATE USE ONLY)

**Current Use (Prior to being demolished)**
- Office Building

---

**Name of Monitoring Firm Hired by Building Owner:** RK Occupational & Environmental, Inc.

**ASCM No.:** 00080

**Name of Abatement Contractor:** Bakko Construction & Restoration, Inc.

**Street Address:** 265A Route 46 Suite 3D

**City, State, Zip Code:** Totowa, NJ 07512

**License No.:** 0666

**Name of OSHA Monitor:** Bakko Construction & Restoration, Inc.

**Street Address:** 265A Route 46 Suite 3D

**City, State, Zip Code:** Totowa, NJ 07512

---

**Start Date:** 06/25/2018

**Scheduled Completion Date:** 08/25/2018

**Occupancy Status During Abatement:**
- [✓] Facility Closed/Vacated During Entire Period of Abatement
- [✓] Abatement Performed Outside of Normal Facility Hours
- [✓] Other - Describe: Mon-Fri: 3:00pm-11:30pm

**Scope of Work (Check All That Apply):**
- [✓] Renovation Demolition
- [✓] Full Containment with Negative Pressure
- [✓] Mini-Enclosure
- [✓] Glovebag Procedure
- [✓] Non-Exempted (*) and Non-Fireable Procedure

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old Rite Aid/Market St. Side</td>
<td>X</td>
<td></td>
<td></td>
<td>Ceiling/column plaster</td>
<td>15,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement B-3 near tank Room</td>
<td>X</td>
<td></td>
<td></td>
<td>Pipe insulation and elbows</td>
<td>420 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement B-3 Near freight Elevator</td>
<td>X</td>
<td></td>
<td></td>
<td>Pipe Insulation and Elbows</td>
<td>140 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler:** Bakko Constr. & Rest. Inc/ Newark Carling

**NJ/DEP Waste Hauler ID No.:** 20889/4509

**Cubic Yards of Waste:** TBD

**Disposal Date:** TBD

**Name of Registered Landfill:** Tullytown Resource Recovery Facility

**City, State:** Tullytown, PA

---

**Completed by:** Damir Valjevac

**Title:** Project Manager

**Signature:**

**Date:** 06/12/2018

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/12/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Macy's Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>7 West Seventh Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Cincinnati, OH 45202</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Tia Wenrich</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(513) 579-7241</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Macy's Store
2000 Route 38, Suite 200

#### City (5) | County (6) | County Code (7)
--- | --- | ---
Cherry Hill | Camden | |

#### Name of Monitoring Firm Hired by Building Owner (8)
Pennoni Associates, Inc.

#### Street Address
515 Grove St.
Haddon Heights, NJ 08035

#### ASCM No.

#### Project Manager for Monitoring Firm
Alan Lloyd

#### Telephone Number
856-656-2875

#### Scheduled Start Date (10) | Scheduled Completion Date (11)
--- | ---
6/26/18 | 7/10/18

#### Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours –
  Describe: 10PM to 7AM
- Facility Occupied During Abatement

#### Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition

#### Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)

#### Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)
Yes | No | N/A
--- | --- | ---

#### Is Location Normally Used Solely by Maintenance or Custodial Staff?

#### Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)

#### Amount (Specify SF or LF)

#### Abatement Type

#### Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 20990

#### Service Transport Inc.

#### Cubic Yards of Waste
25 Cu Yd

#### Name of Registered Landfill
Minerva Landfill

#### City, State
Waynesburg, OH

#### Disposal Date
7/10/18

#### Completed By (Print or Type)
Gino Pizzigoni

#### Title
Project Manager

#### Signature
Gino Pizzigoni / Gino Pizzigoni

#### Date
6/12/18