ACCOUNT

Date of Notifica	ation (1)			t0 90			Building (		perator	(2)	ers:	14.7	H Ip	15: 1	->		
Agencies Notifi	ied	Type Noti	fication			Street A		.94						-	# 1		
					- 1		19 News	ark Ave						-	11		
× EPA × DEP × DOL			nded				te, Zip Co						11.00	1 1	21		
X DOL		-	ndment	#_ (including		Jersey	City, N	ew Jer	sey					000040			
ĭ DOH		justif	fication)				Contact					Tel	ephone Nu	ımber			
DCA		☐ Can	cellation			Mike											
Name of Facilit	ty Where A	Abatement	is Takin	g Place (3	3)	FACI	LITY INFO	ORMATI	ON	Type	of Facility (4	1)					
McDougall				3 (-	,					П	School (K-12						
Street Address	5									Ħ	Subchapter	8 (Oth	er than K-1	12)			
247-249 Ne	ewark A	ve								×	Other (i.e. pretc.)	rivate 8	& commerc	cial buil	dings	hom	es,
City (5)										Squa	are Feet	# 01	Floors	E	ldg. A	ge	
Jersey City										300	0	2		1	00+		
County (6)						County C	Code (7) JSE ONLY	)			ent Use (Prio	r if bei	ng demolis	shed)			
Hudson						11					and Grill						
Name of Monito	oring Firm	Hired by E	Building	Owner (8)		ASCN	I No.				atement Con ation Co.,		(9)				
Street Address									Street	N. C. C. C. A. L. L. C.		mo.					
Street Address	,										ose Road						
City, State, Zip	Code									100000000000000000000000000000000000000	Zip Code			<del>1025 2</del> 0	<del>- 5 0</del>		
											k, N.J. 07	722					
Project Manage	er for Mon	itoring Firm	7		1	Telephor	ne No.		Teleph				License I	No.			
				J					732-2	-51.24			00029				
Start Date (10) 3/18/15			ļ	Schedule 4/1/15		pletion [	Date (11)		Name	of OS	HA Monitor						
Occupancy Sta	atus Durin	g Abateme	nt (Chec						Street	Addre	ess						
10 10		ated During	- 51	- 12	100	enf											
Abatemer	nt Perform	ed Outside							City, St	tate, Z	Zip Code						
X Other – D	escribe:	7am-7pm						-									
Scope of Work	(Check A	II That App	ly)	Service.						_							
23 sf or ≥3					Renova				_		III Containme		Negative	Pressu	re		
≥160 sf or	r ≥260 if			×	Demoliti	on				100000000000000000000000000000000000000	ni-Enclosure ovebag Proc						
									×	No	n-Exempted	(*) and	d Non-Fria	ble Pro	1000	Salar or L	
				117	Locati						1			1		ement rpe	t
Asbestos-C	Location		CM	20,000,000	Normall ed Sole		Ashac		scription		I (ACM)		mount		T '		Г
	O BE AB		(CIVI)		intenar todial S	51700.00		tos Cont thermal					Specify	Re	70	Encapsulate	四
	In Facil (13)	ity		Cus	(12)	nan :			cing, VA			SF	or LF)	Remova	Repair	apsu	Enclosure
	(.0)			Yes	No	N/A		0410111	neoonan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				/al	=	ilate	ıre
				165	INU				•		-				-		
	outdoo					Х			roof				000 sf	X			
125	outdoo	Drs				X		fl	ashing			10	000 sf	X			
				1													
Name of Regis	tered Was	ste Hauler			1,550	JDEP W		Cubic			Name of F	Registe	ered Landfi	ill			
Ace Insulation	on Co., I	nc.			1000000	auler ID 2086	NO.	of Was	ste		Chrins						
City, State						netovičici)		100000	al Date		City/State	:	·				
Colts Neck,	New Jer	rsey						4/1/1			Easton,						
Completed by	2			Title	No.			S	ignature		1/1			ate			
Bree McGuir	re 			Secr	etary	Treasu	ırer		$\Delta$	1	N		3	3/7/15		E	
ACD 44 /D 00 00									* Da	4	1.		aa U				4:
ASB-41 (R-06-08	))								חס חס	use/	this form for	aspest	os iicensu	re exen	ipted	activi	ues.
										1/							

Print Form

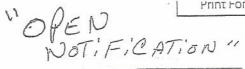
### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

NOT: FICATION"

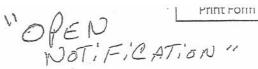
Date of Notification (1)		Name	of Building Owne	r/Operato	or (2)	1% SC		-			
3/9/15		P.S.			7			115	41		
Agencies Notified Type Notification	1	110000000000000000000000000000000000000	Address HADLEY RO	AD		-					
EPA   X Initial   Amended			state, Zip Code	AD					ĴĬ.		
ĭ DOL Amendmen			TH PLAINFIE	LD, NJ.	07080						
DOH Justification	)	-	of Contact		'	Tel	ephone Nu	1.			
DGA Cancellation	n		HN (	TION	IAN	_					
Name of Facility Where Abatement is Takin	ng Place (3)			1	Type of Facility	(4)		-			
YSEVG - M-133 Street Address	9(LoC	ATI	ON 13	5)	School (K						
45 Route 46	- m'1	< D.	et / a	1 11-	Subchapte Other (i.e.	er 8 (Othe private 8	er than K-1 g commerc	2) ial bui	ldings	s, hon	nes,
City (3)				, /3	etc.) Square Feet	# of	Floors	-	Bldg.	Ane	
County (6)	4 Eig				NIA		NIA			1A	6
BERGEN		County (STATE	Code (7) USE ONLY)		Current Use (P	rior if bei		hed)			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)		M No. 045		of Abatement Co			Λ			
Street Address		1 00			Address	13 01 7	AIVIEKIO.	A			
64 BROAD STREET City. State, Zip Code	•		35/		WHITEHEAD	AVE.					
MATAWAN, NJ 07747					State, Zip Code ITH RIVER, N	J 0888	2				
Project Manager for Monitoring Firm TOM GEIGER			one No. 92 <b>-</b> 2217		none No. 432-8350		License N 0111				
Start Date (10) 3 / 19 / 15	Scheduled Con	/		Name	of OSHA Monitor						
Occupancy Status During Abatement (Chec	ck Only One)	///	15		QUE SYSTEM	15 OF F	AIVIERIGA	4			
Facility Closed/Vacated During Entire	Period of Abater	nent			WHITEHEAD	AVE.					
Abatement Performed Outside of Norm Other – Describe: 047 DooR	nal Facility Hour S	S			tate, Zip Code TH RIVER, N	1 0000	2				
Scope of Work (Check All That Apply)				1 000	III KIVEK, IV	J 00002			-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova			F	Full Containm	ent with	Negative P	ressu	re		
2100 St 01 2260 If	Demoli	tion			Mini-Enclosur Glovebag Pro	e	J				
	T			≥	Non-Exempte	d (*) and	Non-Friab	1	878 V TY		
Location of	Is Locati Normal	lly		escription	nf.					ement rpe	1
——Asbestos-Containing Material (ACM) — TO BE ABATED	Used Sole Maintena	nce/	Asbestos Cor	ntaining M	aterial (ACM)		nount -	_		Ш	
In Facility (13)	Custodial 8 (12)	Staff?	surf	acing, VA	T, or		ecify or LF)	Remova	Repair	ncap	Enclosure
	Yes No	N/A	] other	miscellan	eous)			oval	ali:	Encapsulate	sure
out side	1	T IND	1000 B	11 - 5	2			Y			
OUTSTOE		-	ACM F.	PE S	BOMASTIC	200	o LF	$\wedge$			
										-	$\dashv$
											-
Name of Registered Waste Hauler	04 500	JDEP W		Yards	Name of	Registere	ed Landfill				-
WASTE MANAGEMENT		lauler ID 1125	No. of Wa		CROW						
City, State ELIZABETH, NJ			Dispo	sal Date	City, State		- DA	-		0. 20	
Completed by	Title			Signature	MORRI	1		e -			_
CAROL RAIMO	OFFICE M	IGR.		6	and La	rest	2 5	3/9	//	5.	

Date of Notification (1)		Owner/Operator (2)		
3/9/15	P.S.E.G.			- FF
Agencies Notified Type Notification	Street Address 4000 HADLEY	ROAD -		
DEP Amended  DOL Amendment #		<sup>de</sup> NFIELD, NJ. 07080	10 10	
□ Emergency (in justification)     □ DCA     □ Cancellation	Name of Contact	KILLIAN	Telephone Numb	er
	FACILITY INFO		(A)	
Name of Facility Where Abatement is Taking PSE4G-M-133  Street Address MH-17-USR				buildings, homes,
City (5) HAS BROUCK		Square Feet	# of Floors	Bldg. Age
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Pr	ior if being demolisher	
Name of Monitoring Firm Hired by Building OF ENVIRONMENTAL TACTICS	wner (8) ASCM No 0045	Name of Abatement Co		
Street Address 64 BROAD STREET	,	Street Address 396 WHITEHEAD	AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, N		
Project Manager for Monitoring Firm TOM GEIGER	Telephone No. 732-292-2217	Telephone No.	License No.	
25/10/	Scheduled Completion Date (11)	Name of OSHA Monitor UNIQUE SYSTEM		
Occupancy Status During Abatement (Check	, , ,	Street Address 396 WHITEHEAD	11	
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: @47000 R.5	al Facility Hours	City, State, Zip Code		
Scope of Work (Check All That Apply)		— SOUTH RIVER, N	J 08882	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition	Full Containm Mini-Enclosur	ent with Negative Pre	essure
		Glovebag Pro	cedure	Procedure
У.	Is Location	ga Non-Exempte	a ( ) and real-r riable	Abatement
Location of	Normally	Description of		Type
Asbestos-Containing Material (ACM) TO BE ABATED		tos Containing Material (ACM) thermal systems insulation,	Amount (Specify	7 E E
In Facility	Custodial Staff? (12)	surfacing, VAT, or	SF or LF)	Enclosure incapsulat Repair
(13)		other miscellaneous)		Enclosure Encapsulate Repair
	Yes No N/A	1 2		
OUTS: DE	X ACM	Pipe SomASTIC	200 LF	
		-		
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards Name of	Registered Landfill	
WASTE MANAGEMENT	Hauler ID No. 1125	of Masta	S NORTH	i i
City, State ELIZABETH, NJ		Disposal Date City, Sta	te ISVILLE, PA	
Completed by CAROL RAIMO	Title OFFICE MGR.	Signature /	Date S	19/15:

#### CK # 6096



Date of Notification (1) /	Name of Building Owner/	Operator (2)		~			
3/9/15	P.S.E.G.	F1	er ere i				
Agencies Notified Type Notification	Street Address 4000 HADLEY ROA	.D -		101	41		
EPA   initial   Amended	City, State, Zip Code	re-colo sociale deglia regisare se	10 N				
DOL Amendment #	SOUTH PLAINFIEL	D, NJ. 07080	X				
Emergency (including justification)	Name of Contact		Telenhone Numb	ar .			1
DCA Cancellation	JOHN K	ILLIAN					***
	FACILITY INFORMAT	NON	,				
Name of Facility Where Abatement is Taking Place (3)	LOCATION 15	Type of Facility (4	2)				
Street Address US ROWTE 46 - Mil			3 (Other than K-12) ivate & commercial	buildir	ngs, h	omes	š,
City (E)		Square Feet	# of Floors	Bld	g. Ag	е	
HASBROUCK HE	GHTS	NA	N/A		ر/ د	A	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Pric	r if being demolishe	u)			
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No. 0045	Name of Abatement Con UNIQUE SYSTEMS					
ENVIRONMENTAL TACTICS  Street Address	0045	Street Address	7 01 111121 4 051			-	-
64 BROAD STREET	\$ <b>-</b> 9	396 WHITEHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ					
Project Manager for Monitoring Firm TOM GEIGER	Telephone No. 732-292-2217	Telephone No. 732-432-8350	License No				
	Completion Date (11)	Name of OSHA Monitor UNIQUE SYSTEMS	OF AMERICA				
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD	AVE				
Facility Closed/Vacated During Entire Period of Ab Abatement Performed Outside of Normal Facility H	atement lours	City, State, Zip Code					-
Other - Describe: OuT DoaRS		SOUTH RIVER, N.	08882				
Scope of Work (Check All That Apply)							
1 S 20 31 01 20 11	novation molition	Full Containm	ent with Negative Pr	essur	9		
☐ ≥160 sf or ≥260 lf ☐ Dei		Glovebag-Pro	edure				
		Non-Exempte	d (*) and Non-Friabl	1		ment	
	ocation				Ty		
Location of Used		Description of	Amount *	- 1		- 1	-
Asbestos-Containing Material (ACIVI) Main	tenance/ (i.e. them	ontaining Material (ACM) nal systems insulation,	(Specify	Re	77	na	E
In Encility	dial Staff? su (12) other	rfacing, VAT, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	othe	er miscellaneous)		/al	=	ilate	Ire
Yes	No N/A	A					
outs: DE	X ACM F	ife SomAsTic	200 LF	Ž,			
		•	<u> </u>				
			5 1 1 1 15				
Name of Registered Waste Hauler		Monto	Registered Landfill				
WASTE MANAGEMENT	1125 AP	px 15 GROW	S NORTH				
City, State ELIZABETH, NJ		posal Date   City, Sta	ISVILLE, PA				
Completed by Title		Signature //	/ ° Da	te 3/9	. /		
	CE MGR.	aral L	rento :	3/9	11	5.	?

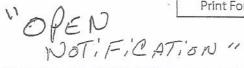


Date of Notification (1)	Name of P.S.E.0		ner/Operator	(2)					
Agencies Notified Type Notification	Street Ac	idress IADLEY R	OAD	-	4, 1	92	Ĺ.		
□ EPA □ Initial □ Amended □ Amendment #□	City, Sta	te, Zip Code	IELD, NJ. (	7080					
□ Emergency (including pushification)     □ DGA    □ Cancellation	Jo /	to 19		A N	Telephone Numb	er ,			1
A Section of the Indian Control of Taking Di		LITY INFOR	MATION	Type of Facility (4	1)				
Charact Address	96 LOCA			School (K-1) Subchapter Other (i.e. p		buildi	ngs, h	omes	s,
US ROUTE 46 -		T 6	1.72	Square Feet	# of Floors		ig. Ag		
County (6) REPORT	COUNTRY	Code (7) USE ONLY)			or if being demolishe			/ /	
Name of Monitoring Firm Hired by Building Own	ner (8)   ASCN			of Abatement Cor		os			
ENVIRONMENTAL TACTICS Street Address	00-		Street	Address WHITEHEAD					
64 BROAD STREET City, State, Zip Code			City, S	State, Zip Code					
MATAWAN, NJ 07747 Project Manager for Monitoring Firm	Telepho		Telep	JTH RIVER, N.	License No				
TOM GEIGER Start Date (10) 9 / S	732-29 cheduled Completion	92-2217 Date (11)	Name	432-8350 of OSHA Monitor					-
3/19/15	12/31/1	5		QUE SYSTEM	S OF AMERICA			_	_
Occupancy Status During Abatement (Check C	riod of Abatement		396	WHITEHEAD .	AVE.				
Abatement Performed Outside of Normal Other – Describe: <u>ouTibeaRS</u>	Facility Hours		1 15.0	State, Zip Code JTH RIVER, N	J 08882				
Scope of Work (Check All That Apply)	E2		Γ	7 Sul Carteion	ent with Negative P	rocci ir	2		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition			Mini-Enclosur Glovebag Pro	e				
1		T	1	Non-Exemple	( ) and Note-Friable	1		ment	
Location of	Is Location Normally		Descriptio	n of	·		Ty	pe . I	
Asbestos-Containing Material (ACM):	Used Solely by Maintenance/			Material (ACM) ns insulation,	Amount (Specify	180	70	Enc	9
TO BE ABATED In Facility (13)	Gustodial Staff? (12)		surfacing, V other miscella	AT, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No N/A		a	^		-		ID.	
auts: DE	X	ACM	PilE	Somastic	200 LF				
Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP I Hauler II 1125	D No.	Cubic Yards of Waste	. 25	f Registered Landfill VS NORTH				
City, State ELIZABETH, NJ	1.20		Disposal Da	te City, Sta	RISVILLE, PA				
Carol Raimo	Title OFFICE MGR.		Signatu		and c	ite 3/9	1/1	15	?

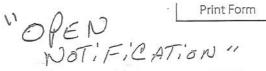
NOTIFICATION"

Date of Notification (1)	1.11	10 11 11 0	10		147						
3/9/15		ame of Building Own .S.E.G.	er/Operator	(2)			ί.				
Agencies Notified Type Notification		reet Address 000 HADLEY RO	)AD								
DEP   Initial   Amended   Amendment #	Cit	ty, State, Zip Code OUTH PLAINFIE		07000							
Emergency (i	ncluding	ame of Contact	LD, NJ.	07000	Telenhone M	ımhor					
DCA justification Cancellation		JOHN K	iLL	IAN	Teletimine						
Name of Facility Where Abatement is Taking	Place (3)	FACILITY INFORM	ATION	Type of Facility	(4)						
PSE4G M-1	339 (LOC	CATION 19	7)	School (K-	**************************************						
Street Address US Route 46.					r 8 (Other than K- private & commer		ldings	, hom	ies,		
City (5) ASBROUCK				Square Feet	# of Floors		3ldg.	Age			
County (6) BERGEN	Co	ounty Code (7) TATE USE ONLY)			ior if being demoli		N,	17			
Name of Monitoring Firm Hired by Building O		ASCM No.	Name	of Abatement Co	N/A						
ENVIRONMENTAL TACTICS		0045	UNIC	QUE SYSTEM	S OF AMERIC	A					
Street Address 64 BROAD STREET	9			Address WHITEHEAD .	AVE.						
City, State, Zip Code MATAWAN, NJ 07747				State, Zip Code TH RIVER, N.	J 08882						
Project Manager for Monitoring Firm TOM GEIGER					Telephone No. License No. 732-432-8350 01111						
Start Date (10)	Scheduled Comple	etion Date (11)	Name	of OSHA Monitor							
Occupancy Status During Abatement (Check	12/31,	115		Address	S OF AMERIC	,A					
Facility Closed/Vacated During Entire Po	eriod of Abatemen	it	1. 2575	WHITEHEAD A	AVE.						
Abatement Performed Outside of Normal Other – Describe: 047 DooR	I Facility Hours			tate, Zip Code TH RIVER, N.	1 08882						
Scope of Work (Check All That Apply)			1 000								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition			Mini-Enclosure Glovebag Prod							
H	Is Location			1 TVOIT EXCITIBILITY	o ( ) and redti-t na	Jie i ic	2000 - 100	ement	1		
Location of	Normally Used-Solely b		Description				Ty	pe			
Asbestos-Containing Material (ACM)  TO BE ABATED	Maintenance Custodial Staff	/ Aspesios C	ontaining M nal systems	laterial (ACM) insulation,	Amount (Specify	R	[	Enc	回		
In Facility (13)	(12)	SU	facing, VA r miscellan	T, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes No I	N/A				/al	=	ilate	rire		
out side	X	ACM F	IFE S	SOMASTIC	200 LF	X					
						-					
Name of Registered Waste Hauler		18 No.	ic Yards Vaste		Registered Landfi	Il					
WASTE MANAGEMENT	112	0.5	15	GROW	S NORTH						
City, State ELIZABETH, NJ	0	1	osal Date	City, State MORRI	e SVILLE, PA	,					
Completed by CAROL RAIMO	Title OFFICE MGI	-	Signature			ate 3/4	1/	·5			

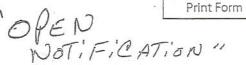
CK#6087



Date of Notification (1)	Name	of Building Owner/	Operator (2	)					
3/9/15	P.S.E	E.G.			11:5			4	
Agencies Notified Type Notification		Address			-				
☐ EPA ☒ Initial	4000	HADLEY ROA	D	•	4				
DEP Amended		tate, Zip Code							
DOL Amendment #		TH PLAINFIELI	D, NJ. 07	080					
DOH justification)	Name	of Contact	. , , .		Telephone Nur	nber		n	
DGA Cancellation	100	HN KI	LLI	AN					
Name of Facility IAR About		ILITY INFORMAT	-						
Name of Facility Where Abatement is Taking			. \	ype of Facility	(4)				
73C+G-M-133	39(LOCAT	10N /8		School (K-		2			
Street Address	M' 1 - A	- 10	- /		r 8 (Other than K-12 private & commerci		dinas.	hom	es.
US ROUTE 46	- MILE P	057 680	04 1	etc.)					
City (3)			5	Square Feet	# of Floors	E	Bldg. A		
HASBROUCK HE	1 CHIO			NA	NIA		N	A	
County (6) BERGEN	County	Code (7) USE ONLY)		Current Use (Pri	or if being demolish	ned)			
		738 X-25-51			NIA				
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS		M No. 045		Abatement Con	ntractor (9) S OF AMERICA	٨			
Street Address	00	) <del>+</del> 5			3 OF AMERICA	٦			
64 BROAD STREET			Street Ad	idress HITEHEAD .	∧\/ <b>⊏</b>				
City, State, Zip Code			1		AVL.				
MATAWAN, NJ 07747				te, Zip Code H RIVER, No	1 08882				
Project Manager for Monitoring Firm	Toloph	and No		CONTROL OF STREET					
TOM GEIGER		one No. 192-2217	Telephor	16 NO. 12-8350	License N 0111				
	Scheduled Completion		1	OSHA Monitor	1		-		
5/10/	12/31/	, e =			S OF AMERICA	A			
Occupancy Status During Abatement (Check	Only One)	9	Street Ac				2005-20	-	
				HITEHEAD /	AVE.				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma			City, Stat	te, Zip Code			///		
Other - Describe: OUT Dooks			The Control of the Co	H RIVER, N.	J 08882				
Scope of Work (Check All That Apply)									
⊠ ≥3 sf or ≥3 lf	Renovation		П	Eull Containm	ent with Negative P	)racci i			
≥160 sf or ≥260 lf	Demolition			Mini-Enclosure		16220	e		
				Glovebag Pro		I- D			
		1	123	Non-Exemple	d (*) and Non-Friab	le Pro		ement	
	Is Location Normally				B			pe pe	
Location of ——Asbestos-Containing Material (ACM)	Used Solely by	Asbestos Con	scription of		Amount -		-		-
TO BE ABATED	Maintenance/ Custodial Staff?	(i.e. therma	systems in	sulation,	(Specify	Re	D	inca	E
In Facility (13)	(12)		icing, VAT, miscellaneo		SF or LF)	Remova	Repair	apsde	Enclosure
(10)		-	iriiscellariec	ous)		val	=	Encapsulate	ure
	Yes No N/A	<u> </u>							
OUTS: DE		ACM Pi	RE S	O MASTIC	200 LF	X	1		
		1							
		1							
		-				1			
Name of Registered Wests Haves	1 1 1	None I a	Mand	1	Desire and the second	1			
Name of Registered Waste Hauler	NJDEP I Hauler II	[HTTHREE]	Yards este	1	Registered Landfill				
WASTE MANAGEMENT	1125	APPS		GROW	'S NORTH				
City, State		Dispo	sal Date	City, Stat	e		×		
ELIZABETH, NJ		17	BD		ISVILLE, PA				1
Completed by	Title		Signature	1 1	/ · Da	te	. ,		
CAROL RAIMO	OFFICE MGR.		(1)	rel L	Ema o	te 3/9	1/	5	

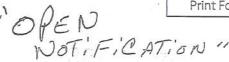


Date of Notification (1)	Name of Buildi P.S.E.G.	ng Owner/Operator	(2)					
Agencies Notified Type Notification	Street Address 4000 HADL		- 1	_	40			
□ EPA	City, State, Zip		07080		21.			
□ Emergency (inc justification)     □ DCA □ Cancellation	JoHn	Kill	AN	Telenhone Mumh	er			1
Name of Facility Where Abatement is Taking F PSE+G-M-133 Street Address 526 US RT, 4	Place (3)  A (Location)	22) 8,56	Type of Facility (4  School (K-12  Subchapter 6  Other (i.e. pretc.)		buildi	ngs, l	nomes	5,
City (5) TETERBORD			Square Feet	# of Floors  N/A	1	dg. Ag U /		
County (6) BERGEN	County Code (STATE USE O		Current Use (Prio	r if being demolishe	:d)			
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	vner (8) ASCM No. 0045		of Abatement Con QUE SYSTEMS	tractor (9) S OF AMERICA				
Street Address 64 BROAD STREET			Address WHITEHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747	×		State, Zip Code JTH RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER	Telephone No. 732-292-22		hone No. 432-8350	License No 01111				
Start Date (10) 3 / 19 / 15	Scheduled Completion Date		of OSHA Monitor QUE SYSTEMS	OF AMERICA				
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire Pe	Only One)	Street	: Address WHITEHEAD A	AVE.				
Abatement Performed Outside of Norma Other – Describe: OuT Dooks	I Facility Hours		State, Zip Code JTH RIVER, NJ	08882				
Scope of Work (Check All That Apply)	F7		7	- 1 M N - 6 - D		_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		Mini-Enclosure Glovebag Prod				<b>a</b>	
	Is Location	5	A NON-Exemples	( ) and reorri mass	1		ment	
Location of  ——Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Maintenance/ Custodial Staff?	Description sbestos Containing (i.e. thermal system surfacing, Value other miscella	Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
outs: DE		am Pipe	Somastic	200 LF	X			
		£						
		Cubic Varda	Name of	Registered Landfill				
Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP Waste Hauler ID No. 1125	of Waste		'S NORTH				
City, State ELIZABETH, NJ		Disposal Dat	e City, Stat	e ISVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE MGR.	Signatu	and L	rendo o	ie 3/9	1/	15	P



Date of Notification (1)	Name of P.S.E.(	Building Owner/C	perator (2)						
Agencies Notified Type Notification	Street Ac	idress HADLEY ROAI	)			- 5	Ę		
EPA   Initial   Amended   Amendment #		te, Zip Code H PLAINFIELD	), NJ. 0708	0			1		
□ Emergency (in justification)     □ DCA    □ Cancellation	Name of Jo h		LLiA	N	Telephone Num	ber			
	FACI	LITY INFORMAT	ON						
Street Address	339 (LOCA	Tion 2:	3)	School (K-12 Subchapter	2) 8 (Other than K-12)	)   <b> -</b>		2000	
RT. 46 MILE	POST 68.	44	×	etc.)	rivate & commercia		93		3,
City (5) TETCO DOS		8 <b>1</b> 25		are Feet	# of Floors  N/A	1	dg. Ag	e 4	
County (6) BERGEN	County	Code (7) USE ONLY)	1	ent Use (Prio	or if being demolished	1 6		7	
Name of Monitoring Firm Hired by Building Or ENVIRONMENTAL TACTICS	wner (8)   ASCN   004			atement Con SYSTEMS	tractor (9) S OF AMERICA				
Street Address 64 BROAD STREET			Street Addre	ess TEHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747			City, State, 2 SOUTH F	Zip Code RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER	Telephol 732-29	ne No. 92-2217	Telephone N 732-432-		License No				
Start Date (10) 3 / 19 / 15	Scheduled Completion	Date (11)	Name of OS UNIQUE		OF AMERICA				
Occupancy Status During Abatement (Check	Only One)	9	Street Addre	ess TEHEAD A	AVE.				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: @uTDoaRS	al Facility Hours		City, State, 2	Zip Code RIVER, NJ	08882				
Scope of Work (Check All That Apply)			1						$\neg$
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		⊢ M G	ini-Enclosure lovebag Proc	edure				
	1		Ka N	on-Exempted	(*) and Non-Friabl	1	Abater	nent	$\dashv$
Location of	Is Location Normally	De	scription of		-		Тур	e	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)	surfa	taining Materia systems insu cing, VAT, or miscellaneous	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No N/A	1						0	
outs: DE	X	ACM P	AE SOI	MASTIC	200 LF	X	1	1	
,									
Name of Registered Waste Hauler	NJDEP W	Vaste Cubir	Yards	Name of	Registered Landfill				_
WASTE MANAGEMENT	Hauler ID 1125			GROW	S NORTH				
City, State ELIZABETH, NJ		Dispo	Sal Date	City, State MORRI	e SVILLE, PA				
Completed by CAROL RAIMO	OFFICE MGR.		Signature /	al La	ando o	3/9	//.	5.	

#### CK#6085



Date of Notification (1)				Name o	f Building	Owner/O	perato	r (2)							100	
3/9/1	5			P.S.E	.G.					Pri :	1.7	- 9			- 4	
Agencies Notified	Type Notification		1	Street A									1.7	-	4.7	
□ EPA	× Initial			4000	HADLE	ROAL	)			+ 4	40					
DEP	Amended				ate, Zip Co										- 1	
X DOL	Amendment #		- [	375	'H PLAII	VEIELL	), NJ.	07080	)			0		Ť		
ĭ DOH	justification)	loladii ig		-	f Contact				_	Tele	ephone	Numb	er	,	n	
☐ DCA	Cancellation		1	Jol		151		A	N	-				81		
Name of Facility Where A	hatament is Taking	Diego (2)		FAC	ILITY INF	ORMATI	NO	I Trees	of Footby	(4)					3015.6	
O S S - C	Datement is Taking	Place (3)	n 1-	4.	. /	0)		_	of Facility	520500						
PSE+G-	12/-1339	(200	1	1.0K	)_/	7)		Щ.	School (K-	12)						
	T . O	4.	. /	,	100	10	n and		Subchapter Other (i.e. p				build	inas.	hom	es.
GREENS	1. 4 Ro	WIE	70	0	MP	68.	27		etc.)					1,000	3 =1002000	-
City (5)	1 1								re Feet レイム	1200000	Floors			ldg. A		
(County (S)	R BORO		1	O	0-4- (7)			1			N/			W/	A	
County (6) BER	GEN				Code (7) USE ONLY	·		Curre	ent Use (Pri		ng dem A	olishe	d)			
Name of Monitoring Firm	Hired by Building C	wner (8)	-	ASC	VI No.		Name	of Aba	tement Co	ntractor	(9)					
ENVIRONMENTAL	TACTICS			00	45		UNI	QUE S	SYSTEM	SOF	AMER	ICA				
Street Address								t Addres								
64 BROAD STREET				-	•				EHEAD.	AVE.						
City, State, Zip Code MATAWAN, NJ 077	47								ip Code IVER, N	1 0888	2					
Project Manager for Monit			T	Telepho	ne No.			hone N		1	Licens	e No.				
TOM GEIGER	25			732-29	92-2217	1		432-8				111				
Start Date (10) 3 / 10	/	Scheduled		/					HA Monitor SYSTEM		ANIED	ICA				
Occupancy Status During	Abatement (Check		3	//	5		2000	Addres	Participant of the Control of the Co	0 01 7	- TIVILIY	100				
				ont.					EHEAD /	AVE.						
Facility Closed/Vaca  Abatement Performe						ŀ	City 5	State 7	ip Code		-					
Other - Describe: 6	UT DOOR	s i				_			IVER, N.	1 0888	2					
Scope of Work (Check All	That Apply)						1000					-				-
≥3 sf or ≥3 lf		₩ Pa	nova	tion				7	l Containm	oot with	Noneth	io Dro	20115			
≥160 sf or ≥260 lf			moliti				Ī		i-Enclosur		ivegali	ve rie	5501	E		
		134 - mart 244					-		vebag Pro						800	
		1			1		5	25 1401	n-Exempte	u (*) and	ווסוו-ר	павіе			ement	
			ocati rmall			100					- 1	1		Ty		
Location		Used_	Sole	lyby -	- Ashes	Des tos Conta	cription		(ACM)	Д	nount -	F	1		_	F
TO BE ABA	TED	Maint Custoo				thermal	system	s insula		(S	pecify	1	ᇛ	77	Enca	旦
In Facility (13)	у	the transfer and the stage	(12)	ican:		surfac other m	ing, VA		1	SF	or LF)	1	Removal	Repair	apsi	Enclosure
(10)		1		1		Outer II	liscella	neousj			į	1	la l	=	Encapsulate	ure
			No	N/A		1						_				
OUTS: DE			$\times$		ACM	Pil	E	Som	ASTic	20	06	FI	X			
						1					i					
											7	$\neg$	i			
				1					1		+	+				
Name of Registered Wast	e Hauler		NI	JDEP W	/aste	Cubic '	Yarde		Name of	Degists	red Lan	4511				
			5,23	auler ID		of Was		_				umi				
WASTE MANAGEMI	EIN I	5	11	1125		4PA	- 15	5	GROW	2 NOF	ZIH.					
City, State						1 050	al Date	- 1	City, Stat							
ELIZABETH, NJ						T	BD		MORRI	SVILL	E, PA					
Completed by	gr.	Title		000		Si	ignatur	1	0.11			Date	/	1		
CAROL RAIMO		OFFIC	⊏ IVI	GK.			_	Ara	& KL	ren	0	3	19	//	5	

OPEN NOTIFICATION"

Date of Notification (1)	Name of Buildin	g Owner/Operator	(2)	FF-1 1/15		£		
Agencies Notified Type Notification	Street Address 4000 HADLE	Y ROAD	4	ALE SEE			The T	7.
EPA   Initial   Amended   Amendment #_	City, State, Zip (	ASSET TON SOMEONE PRODUCT	07080	F	4	5.	-	- 4 _
☐ Emergency (inc justification) ☐ DCA ☐ Cancellation	Name of Contact			Telephone Num	ber		-	
	FACILITY IN	FORMATION			_			
Name of Facility Where Abatement is Taking F  Street Address	(LOCATION	24)	Type of Facility ( School (K-1 Subchapter Other (i.e. p		ı I build	inas.	home	es.
Route 46 M.L	E Post 68.	38	etc.)	+# of Floors		ldg. A		
TETERBORD			12/A	NIA		W/		
County (6) BERGEN	County Code (7 (STATE USE ON		Current Use (Pri	or if being demolished A	ed)			8
Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	mer (8) ASCM No. 0045		of Abatement Cor QUE SYSTEM	ntractor (9) S OF AMERICA	8			
Street Address 64 BROAD STREET	8		Address WHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747	12		State, Zip Code JTH RIVER, No	08882				
Project Manager for Monitoring Firm TOM GEIGER	Telephone No. 732-292-221		hone No. 432-8350	License No				
Start Date (10) 3 / 19 / 15	cheduled Completion Date (1		of OSHA Monitor QUE SYSTEM	S OF AMERICA				
Occupancy Status During Abatement (Check C	, , , , , , , , , , , , , , , , , , , ,		Address	A) /F				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: @uTDooRS	Facility Hours	City, S	WHITEHEAD					
Scope of Work (Check All That Apply)		500	JTH RIVER, N.	1 08882		-		
≥3 sf or ≥3 lf	Renovation Demolition		Mini-Enclosure Glovebag Pro				a	
	Is Location			-		Abate	ment	
Location of  ——Asbestos-Containing Material (ACM)	Normally Used Solely by Ash	Description		Amount		. I y	pe	-
TO BE ABATED In Facility (13)	Custodial Staff? (i	es to softlanning in the contracting of the contracting of the contracting of the contracting of the contracting in the contrac	ns insulation, AT, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No N/A	D.	0 -		~			
outs: DE	X AC	m Pipe	So MASTIC	200 LF				
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards	Name of	Registered Landfill				
WASTE MANAGEMENT	Hauler ID No. 1125	of Waste		'S NORTH				
City, State ELIZABETH, NJ		Disposal Date		e ISVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE MGR.	Signatur	and L	rendo o	3/9	1/	5	

CK#6092

11 1	Print For
OPEN NOTIFIC,	ATION"

Date of Notification (1)	Name of Building O P.S.E.G.	wner/Operator	(2)	11 1-12:50	3				
Agencies Notified Type Notification	Street Address 4000 HADLEY	ROAD	jaren .		1				
□ EPA	City, State, Zip Cod SOUTH PLAIN		07080	- (A					
□ Emergency (inc     □ DOH justification)     □ DCA    □ Cancellation	Mairie di Contact	Kill	iAN	Telephone Num	her			Ì	
	FACILITY INFO								
Name of Facility Where Abatement is Taking F  PSE+G-M-133  Street Address  242  RT. 4	Place (3) 9 (Location 28 6 WEST	?)	Type of Facility (4 School (K-1) Subchapter Other (i.e. p		) I buildi	ings, l	nome	s,	
City (5) L : TT / F F	FRRX		Square Feet	# of Floors  N/A	Bir	dg. Ag	ge A		
County (6) REPCEA)	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)  - W / A						
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	mer (8)   ASCM No.   0045		of Abatement Con QUE SYSTEMS	ent Contractor (9) STEMS OF AMERICA					
Street Address 64 BROAD STREET			t Address WHITEHEAD A	AVE.			9		
City, State, Zip Code MATAWAN, NJ 07747			State, Zip Code JTH RIVER, NJ	08882					
Project Manager for Monitoring Firm TOM GEIGER	Telephone No. 732-292-2217	100000	ephone No. License No. 01111						
	Scheduled Completion Date (11)		of OSHA Monitor QUE SYSTEMS	S OF AMERICA					
Occupancy Status During Abatement (Check	Only One)		t Address WHITEHEAD A	AVE.					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: OuT Doa R.S.	Facility Hours	ement							
Scope of Work (Check All That Apply)		1 00	5	111111111111111111111111111111111111111					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition	To a second seco	Mini-Enclosure Glovebag Prod				a		
			23 NOII-Exemple	a ( ) and Horri nas	1		ment		
Location of	Is Location Normally	Description	งกกร์	-	_	Ty	pe		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Maintenance/ Custodial Staff? (12)		Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes No N/A	Ô.	0 -	0	X				
out side	X Acm	PIFE	SomAstia	200 LF					
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards	Name of	Registered Landfill				<u> </u>	
WASTE MANAGEMENT	Hauler ID No. 1125	of Waste	GROWS NORTH						
City, State ELIZABETH, NJ		Disposal Da		te ISVILLE, PA					
Completed by CAROL RAIMO	Title OFFICE MGR.	Signatu	me aral L	rento o	ste 3/9	1/	15.	-	

CK #6093

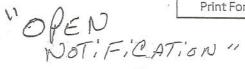
V - 0 - 12	Print For
"OPEN NOTIFICAT	10N"

Date of Notification (1)			of Building Owner/	Operator	(2)		4.4-		
3/9/15		P.S.E	.G.		5110				
Agencies Notified Type Notification	n		Address HADLEY ROA	D	i.t.;		121 \$	9	
DEP Amended  DOL Amendme			tate, Zip Code TH PLAINFIEL	D, NJ. 0	7080			Ĺ	
DOH justificatio		Charge-parent.	of Contact	. , ,	1 1 2	Telephone Num	nber	n.	
DCA Cancellati	OH	10 FAC	THO 1		AN				
Name of Facility Where Abatement is Tall	king Place (3)			1016	Type of Facility (4	35.			
Street Address 314 Route					Other (i.e. pr	2) 8 (Other than K-12 ivate & commercia	) al buildin	gs, hon	nes,
		763			etc.) Square Feet	# of Floors	Bldg	g. Age	
County (6) 2	ERRY	County	Code (7)		N/A	NIA	K	)/A	
BERGEN		(STATE	USE ONLY)			r if being demolish  O  A	ea)		
Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS	g Owner (8)	10000000	M No. 145		of Abatement Cont UE SYSTEMS				
Street Address 64 BROAD STREET					Address VHITEHEAD A	VE.			
City, State, Zip Code MATAWAN, NJ 07747				City, St	ate, Zip Code TH RIVER, NJ				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-2	one No. 92-2217	Teleph	one No. 32-8350	License No			
Start Date (10)3/10/	Scheduled Co	mpletion	Date (11)	Name o	of OSHA Monitor		<u> </u>		
Occupancy Status During Abatement (Ch	eck Only One)	///	′ క్	Street A	UE SYSTEMS	OF AMERICA	60 		
Facility Closed/Vacated During Entire		ment		100 CONTRACTOR	VHITEHEAD A'	VE.			
Abatement Performed Outside of No Other – Describe:	mal Facility Hour	S			ate, Zip Code TH RIVER, NJ	08882			
Scope of Work (Check All That Apply)							-,		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovi Demoli				Mini-Enclosure Glovebag Proce				
	i .		1		Non-Exempted	(*) and Non-Friable			
Location of	Is Local Norma	lly	De	scription (	of-	- 1		atemen Type	ı
Asbestos-Containing Material (ACM)  TO BE ABATED	Used Sole Maintena Custodial	nce/	Asbestos Cont (i.e. thermal	aining Ma	iterial (ACM)	Amount (Specify	2 -	Enc	Ф.
In Facility (13)	(12)	otan:		cing, VAT niscellane		SF or LF)	Remova	Encapsulate	Enclosure
	Yes No	N/A					=	ate	9.
out side	$+$ $\times$		ACM Pip	E S	OMASTIC.	200 LF	X		
								-	
Name of Registered Waste Hauler		JDEP W	/aste Cubic	Yards	Name of Re	egistered Landfill			
WASTE MANAGEMENT	H	lauler ID 1125		te	GROWS	- I			
City, State ELIZABETH, NJ	20		Dispos	al Date	City, State MORRIS	VILLE, PA			
Completed by CAROL RAIMO	Title OFFICE M	IGR.		gnature	mo do		191	1	
				0	an ru	1000	1/1	2.	

# CH#6094

11	1-17	Pr	int Fo
0	PEN DOTIFIC	ATION	) //

Date of Notification (1)		Name of Building Owner/Operator (2) P.S.E.G.										
Agencies Notified Type Notification	Street	Address	040		II to	F 1	-	6				
EPA   Initial   Amended		HADLEY R	OAD	5 <b>7</b> .)	+ 7 07 -							
	SOUT	TH PLAINFI	ELD, NJ.	07080				**				
DOH justification)  Cancellation	Name	of Contact HN (C	1:11	i A D	Telenh-							
	FAC	CILITY INFORM		1770	3.							
Name of Facility Where Abatement is Taking F		47:00 :	21)	Type of Facility				1 1550				
PSEQG - M-13 Street Address	534 CLOCK	41.00 .	26)		er 8 (Other than K-1							
194 F, FTH	f ST.	=		etc.)	private & commerc		-		es,			
City (5) SANN/6 BP	.00K			Square Feet	# of Floors  N/A	E	Bldg. A	ge A				
County (6)	County	Code (7)		Current Use (Prior if being demolished)								
BERGEN  Name of Monitoring Firm Hired by Building Ow		M No.	Namo	of Abatement Co	N/A							
ENVIRONMENTAL TACTICS		045			IS OF AMERIC	Α						
Street Address 64 BROAD STREET	4	Street Address 396 WHITEHEAD AVE.										
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code										
Project Manager for Monitoring Firm		one No.	Telepi	SOUTH RIVER, NJ 08882  Telephone No.  License No.								
TOM GEIGER Start Date (10) 9 / , S	732-2 cheduled Completion	292-2217		732-432-8350 01111 Name of OSHA Monitor								
3/19/15	12/31/	15			S OF AMERIC	A						
Occupancy Status During Abatement (Check C		77		Address WHITEHEAD	ΔVE	N						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	Facility Hours	sment										
Other - Describe: OUT DooRS	3	SOUTH RIVER, NJ 08882										
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	Renovation		Г	7 Full Contains	nent with Negative I	D=====						
≥160 sf or ≥260 lf	Demolition		Ė	Mini-Enclosu Glovebag Pro	re ocedure							
	la Lagrica	T	₽	Non-Exempte	ed (*) and Non-Frial	ole Pro	cedure Abate					
Location of	Is Location Normally		Description	of	-		Тур					
Asbestos-Containing Material (ACM) TO BE ABATED	Used Solely by     Maintenance/     Overted in Chaff?			Material (ACM) s insulation,	Amount (Specify	R		Enc	Ξ.			
In Facility (13)	Custodial Staff? (12)	S	surfacing, VA her miscellar	T, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure			
	Yes No N/A	-				<u>a</u>	-	late	Ire			
outside	X	ACM	PIRE S	Somastic	200 LF	X						
			,									
Name of Registered Waste Hauler		Maria I C	ubic Yards	News	Desistered Leadel							
WASTE MANAGEMENT	Hauler III	O No. of	Waste		Registered Landfil S NORTH	53						
City, State ELIZABETH, NJ			isposal Date 7 月 ム		te ISVILLE, PA				$\neg$			
Completed by	Title		Signature	/	_11_11	ate /	1		-			
CAROL RAIMO	OFFICE MGR.		1	Mal L	rento :	ste 3/9	//	5				



Date of Notification (1)	15		Name of Building Owner/Operator (2) P.S.E.G.														
Agencies Notified	Type Notification			Street A	ddress	( DO A F	`		, S								
EPA DEP				City, Sta	ate, Zip Co	de			2 4	5 I	* *		JL_				
N DOL	Amendment #				H PLAIN	\FIELD	, NJ.	07080	)	I Tal	anhana Nive	hor					
ĭ DOH □ DCA	justification)  Cancellation		10	-	+ N	Ki	LL	iA	Cy	l lei	ephone Nur	ibei	1	N ad	* **		
Name of Facility Where	Abatement is Taking	Place (3)			LITY INFO				of Facility	(4)	<del></del>						
P5E4(	S M		50	A	(Loc	?. 3.	5)		School (K-	12)							
Street Address	FIFTH	57	P		7			X	Other (i.e. p		er than K-12 & commerci		dings	hom	es,		
City (5)				-0	/	-		Squa	etc.) re Feet		Floors	3.3	Bldg. /	7.0			
County (6)	LE BA	200 K	(	County	Code (7)			1	nt Use (Pri		N/A		W,	A			
	GEN	(0)	1		USE ONLY)						A						
Name of Monitoring Firm ENVIRONMENTAL		wner (8)		ASCN 004					tement Co		(9) AMERICA	A					
Street Address 64 BROAD STREE	T	•				-		t Addres	ss EHEAD	AVE.							
City, State, Zip Code MATAWAN, NJ 077	47					.		ty, State, Zîp Code OUTH RIVER, NJ 08882									
Project Manager for Mon	itoring Firm		Telepho	ne No.		Telep	ephone No. License No. 2-432-8350 01111										
Start Date (10)	1	- /	Com	ompletion Date (11) Name					A Monitor								
Occupancy Status During	Abatement (Check		31	//	5		.00000000000	QUE S		S OF	AMERICA						
Facility Closed/Vac	ated During Entire Po	eriod of Ab	atem	ent			396	WHIT	EHEAD	AVE.							
Abatement Perform Other – Describe: 4	ed Outside of Norma	al Facility H S	ours		<u> </u>	_			p Code IVER, N.	J 0888	2						
Scope of Work (Check A	II That Apply)						_	_	•								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati nolitio					Full Containment with Negative Pressure Mini-Enclosure									
		1					5		vebag Pro		i Non-Friab	e Pro	cedur	е			
		10000000	catio								-			ement pe			
LocationAsbestos-Containing	Material (ACM)	Used.	Solely	by -		os Conta		Material		5/5	mount -			Ē			
TO BE ABA In Facili (13)		Custod (	ial St	aff?	(i.e.	thermal s surfac other m	ing, VA	AT, or	tion,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure		
(15)		Yes	No	N/A		Other II	iisceiia	neousj				val	=	ılate	ure		
outs: DE	3		X		ACM	Pip	E	Som	ASTic	20	OLF	X					
															_		
Name of Registered Was	te Hauler			IDEP W		Cubic `			Name of	Registe	red Landfill						
WASTE MANAGEN	IENT			auler ID 125	No.	of Was		s i	GROW	S NOF	RTH						
City, State ELIZABETH, NJ						Dispos		1	City, Stat		E, PA						
Completed by CAROL RAIMO		Title OFFICE	= M	GR.			gnatur		e La		Dat	e //	/	5	$\neg$		
		1					-	UNC	x ru	10	(0)	17	11	3.			

'- '			Name of Building Owner/Operator (2)												
Date of Notification (1) March 9, 2015					Building e Palm					5/000				2	
Agencies Notified	Type Notificatio	n		Street Ad 909 Ri	ddress ver Roa	ad				CE (U)	FAR []	LH	12: :	, c;	
DEP DOL	Amended Amendme	nt #		35.7	te, Zip Co away, N		54		4	19 <u>5</u>				- CJ	
	☐ Emergenc	y (including		Name of	0.5300		54			(C)	Ĭ lõř.		i û	<i>†</i>	
DOH DCA	justification Cancellation				n Meye					l lei	ephone N	umber	3		
Name of Facility Where	Abatement is Tak	ing Place (	3)	FACIL	LITY INF	ORMAT	ION	Type	e of Facility (	(4)					
Colgate Palmolive		,						П	School (K-1	505(5))) 305(6)					
Street Address 909 River Road					8			×	Subchapter Other (i.e. petc.)	8 (Oth			ildings	, hom	nes,
City (5) Piscataway									are Feet	# 0	f Floors		Bldg. 50+/-		
County (6) Middlesex	Yı	la la		County C		)			ent Use (Pri mmercial	rior if being demolished)					
Name of Monitoring Firm Accredited Environ			)	ASCM	l No.				atement Cor	ontractor (9)					
Street Address		0,		Street Address											
28 N. Pennell Road	l			407 West Lincoln F City, State, Zip Code							ay, Suite	500			
City, State, Zip Code Media, PA							Exto	n, PA	19341						
Project Manager for Mor Eric Houseknecht	itoring Firm			Telephone No. Telepho 610-891-0114 610-75							License 01161	No.			
Start Date (10) 3/20/15		3/22/1		ompletion Date (11)  Name of OSHA Monitor  EMSL						100 00000000000000000000000000000000000					
Occupancy Status Durin	S	- 0	155				Street 200 I		ss Route 13	30					
Facility Closed/Vaci  Abatement Perform Other – Describe:	ed Outside of No	rmal Facility	Abater Hour	City, State, Zip Code Cinnaminson, NJ											
Scope of Work (Check A	Il That Apply)			Cinnaminson, NJ											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Mi Gl	ull Containme ini-Enclosure ovebag Proc on-Exempted	e cedure	3			520	
		lo	Locat	tion				3 140	on-Exemple:	ı ( ) alı	u NOH-FIIA	DIE FIG	Transcent and	emen	t
Location	of	1	Vorma	lly		Dec	scription	of					Т	уре	
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED	Ma	ed Sole intena todial (12)	ince/ Staff?		tos Cont thermal surfac	aining N	lateria insul T, or		(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							N.	<u> </u>		ate	Ге
Boiler Ro	oom	X				Elbow	/ Insula	ation		2	2 LF	X			
Tunne	100	X				Elbow	/ Insula	ation		2	2 LF	X			
D205 / D	207		X			Floor	tile / m	astic		12	0 SF	X			
Name of Registered Was	te Hauler			JDEP Wa	aste	Cubic	Yarde		Name of I	Renisto	red Landf	ill			
ecoservices, LLC	ic riddici		H	fauler ID N WE-15-	No.	of Was			GROW	1070	reu Lanun	""			
City, State Exton, PA						al Date		City, State Morrisvi		4					
Completed by Jack Bally		rojec	t Manag	er	s /	ignature	1. 1	sallu-	o D	10000	ate ⁄larch	9, 20	)15		
ASB-41 (R-06-08)							Tiero	t	this form for	asbest	os licensu	re exer	npted	activi	ties.

-CH#24340

Date of Notification (1)					Name	of Buildin	a Oumar/Onaratas /		91111	1				
3 /	9 /	15			Name of Building Owner/Operator (2)  Verizon									
			_	V100=	VE	12011		SETS 20	10 11 12					
Agencies Notified  EPA	Type Notif	ication			Stree	Address		W. C. F.	To see Fall	2: 38	à			
⊠ EPA ⊠ DOLWD	☐ Amend	od			114	Patters	on Street	カカガー		V	****			
☑ DHSS	Amend	000000			City, S	State, Zip (	Code		lice.	::01				
DCA					Pat	terson, l	NJ 07501	. 0.			*			
(NJAC 5:23-8)	justifica	ation)		5	Name	of Contac	t		Telephone Nur	mber				
	☐ Cancell	lation			Ale	x Baylor								
					FA	CILITY IN	FORMATION							
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility (4	1)					
Verizon								School (K-12)	5					
Street Address								☐ Subchapter 8	(Other than K-1	2)				
114 Patterson Stree	et							Other (i.e., pri	vate and comme	ercial b	uildin	gs,		
City (5)								homes, etc.) Square Feet	# of Floors		1-1 6	200.00		
Patterson								8.000	# 01 F1001S	B	ldg. A	ge		
County (6)					Cour	aty Code (	7)(STATE USE ONLY)	7.01 <b>3</b> ( 1)(1)(1)	_	P 1 B	50			
Passaic					Cour	ity Code (i	MOTATE USE ONLY)	Current Use (Prio	or it being demoi	lisned)				
Name of Monitoring Firm	Hired by Ru	uilding (	Jwner	/8)	ASCM	No	Nome of Abetern	-t Ctt (0)						
TTI Enviornmental	rined by bo	inding (	JANITE	(6)	ASCIVI	NO.	Name of Abateme	3.45						
Street Address							JVN Restorat	ion inc						
1253 North Church	Stroot						Street Address 47 Foster Roa							
	Street													
City, State, Zip Code	0.57						City, State, Zip Co							
Moorestown, NJ 08				T= -			Staten Island	NY 10309						
Project Manager for Mon	itoring Firm				ephone		Telephone No. License No.							
Harold Baldwin						2-6742	718-605-6256 00774							
Start Date (10)	4.5					te (11)	Name of OSHA M	lonitor						
//				20,000	3_/.	/15 Testor Tech								
Occupancy Status During							Street Address						1	
☐ Facility Closed/Vacate	ed During En	tire Pe	riod of	Abate	ment		10 59 Jackso	n Avenue						
Abatement Performed	Outside of	Normal	Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	ode						
Time of Abatement: 9	AIVI-9PIVI/	PI	/	_AM			LIC NY 11101							
Scope of Work (Check all	that apply)			-										
≥3 sf or ≥3 lf			M D					ainment with Nega	tive Pressure					
□ ≥160 sf or ≥260 lf			De	enovat emoliti			☐ Mini-Encl							
				0.0000	50.50			mpted (*) and Non-	-Friable Procedi	ure				
				Loca						Ab	atem	ent T	vpe	
Location		R.#\		Norma	illy elv bv		Description of				_			
Asbestos-Containing I TO BE ABA		ivi)	W. C.	intena	, ,		stos Containing Mat ., thermal systems i		Amount (Specify	em	Repair	nca	ncl	
IN Facilit	ty		Cus		Staff?	(,,,,	surfacing, VAT,	or	SF or LF)	Removal	<del>≒</del>	psu	Enclosure	
(13)			Yes	(12) No	N/A	-	other miscellaned	ous)		-		Encapsulate	e	
D			-									· · ·		
Basement						Pipe Ins	sulation		8LF					
Boiler Room											П	П		
	-		П	П								=		
				-						ᆜᆜ		Ш	ш	
News of Device 1997				Ш										
Name of Registered Wasi	te Hauler			93.93	IJDEP \ lauler II		Cubic Yards of	Name of Registe						
Newark Carting				.   5	NJ-56		Waste 1	G.R.O.W.S.,	Inc.					
City, State						8	Disposal Date	City, State						
Hackettstown, NJ							3/16/15	Morrisville,F	PA					
Completed By (Print or Ty	rpe)	Title					Signature	///	// n	ate $3/$	1	11-11-11		
John Tardy		S	enior	Proie	ct Mar	nager	1 11/11	1/1,0	11	3/	9/	15		
						J .	( // / (A			-/	4/	. /		

ASB-41 MAY 11

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

CK#24340

Date of Notification (1)				-	Name of Building Owner/Operator (2)  APPHUVED										
3 /	9 /	_ 1	5_		Vertzon N. Dept. of Health & Senior Services										
Agencies Notified	Type Noti	fication	1		Street	Address		-	-	121					
⊠ EPA	☑ Initial				11	4 Patiers	on Street	>	(signature)	1-50	200				
⊠ DOL/MD	☐ Amend					State, Zip	AND THE RESERVE OF THE PARTY OF	Date	9115 TIM	1:09	PI	1			
⊠ DHSS	Amend			_	(1000000)		NJ 07501		***************************************	TOOM UNITED					
☐ DCA (NJAC 5:23-8)	⊠ Emorg Justific	ency (	includir	JB.		e of Conta			1+1-1-1						
(1000 5.25-6)	Cance					ex Baylor			Telephone Nu	Inbar					
	C 021.00	tiotio()			1										
Name of Facility Where	Abatement I	s Tekk	no Plac	e (3)	- FA	CILII 7 II	NFORMATION	Type of Facility	110						
Verizon			· E / 145	- (11)				School (K-1							
Street Address								☐ Subchapter	B (Other than K-	12)					
114 Patterson Str	umf-							Other (i.e., private and commercial buildings.							
City (5)	304							homes, etc	,			23			
Patterson								Square Feet	# of Floors		idg. /	199			
County (6)	_							8,000	2		50	-			
Passalc					Cou	nły Code (	7)(STATE USE ONLY)	(bertallo	1	=	2				
												-	-		
Name of Monitoring Fire	n Hirad by Bi	rliqjud	Owner	(8)	ASCM	No.	Name of Absterne	ant Contractor (9	)				- Contract of the Contract of		
TTI Enviornmenta							JVN Restorat	tion inc	-			married married			
Street Address			2000			V 110-111	Street Address								
1253 North Church	1 Street						47 Foster Ros	ad			-	4	S		
City, State, Zip Code							City, State, Zip Co				7	8			
Moorestown, NJ D							Staten Island	NY 10309			1	=	•		
Project Manager for Mor	nitoring Firm			Tele	phone	Na.	Telephone No.	-	Liconse No.						
Harold Baldwin				(9	08) 81	2-8742	718-605-6256		00774						
Start Date (10)		Sche	duled C	comple	tion D	Ita (11)	Name of OSHA M	onitor				_			
03 / 10 /	15		03	13	_ /	15	Testor Tech								
Occupancy Status Durin	g Abatement	(Chac	k only	one)			Stroot Address	-							
☑ Facility Closed/Vacut	ed During En	itira Pe	rlod of	Abater	ment		10 59 Jackson	n Avenue							
Abatement Performe	Outside of	Norma	Facilit	v Haur	a - Des	cribe	Cily, State, Zip Co								
Time of Abatement:	AM-9PM/	PI	V1	AM			LIC NY 11101	40							
Scope of Work (Check a	I that apply)		-				1 110)		NA CONTRACTOR OF THE PARTY OF T						
							☐ Full Conte	alnment with No	astiva Pressure						
≥3 sf or ≥3 if ≥160 sf or ≥200 if				novati molitio			☐ Mini-Engl	osure							
				HTIOHUO	П		☐ Glovebag	Procedure	n-Friable Proced	lum			- 1		
		7		Locati				inprod ( ) di la lita	ALL HADIO FILLOUS				_		
Logation	of		!	Vormal	ĺy .	1	Description of	, 1		_	atem	-			
Asbestos-Containing TO BE ABA	Material (AC	M)	US6 Ma	id Sole Intener	ly by	Asbe:	stos Conteinino Mat	erial (ACM)	Amount	R	Repair	Ē	En		
IN Facili	ty			todial S		(1.8)	., thermal systems in Burfacing, VAT,	noulation,	(Specify SF or LF)	Removal	쯭.	-A	Enclosure		
(13)			Yes	(12) No	N/A		other miscellanes		SI OI Er)	=		Encapsulate	1		
Basement			-			m									
					Ø	Pipe ins	ulation		8LF	X					
Boller Room					Ø										
										П	П	П			
			П		$\Box$					-			=		
Name of Registered Was	le Haulor			_	DEPV	Isate	Cubic Yards of	Nome of Post	h-wd f 4500				Ш		
Newark Carting				1 1 1 1 1 1 1 1 1	uler ID	0.0000000000000000000000000000000000000	Waste	Name of Regis							
City, State					NJ-56	8	1 .	G.R.O.W.S	, inc.						
Hackettatown, NJ							Disposal Date	City, State	Alberra						
							3/16/15	Morribylle	,PA			. 1	- 1		
Completed By (Print or T)	þe)	Title		- 12			Signature)	//	, 10	ale /			=		
John Tardy		Se	nior l	Projec	t Man	agor	( /14/16	//IN	21	3/	9/	15			
SB-44				-					-	/	/	0			

ASB-41 MAY 11

\* Do not use this form for esbestos ficonsuro exempted activities.

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

D&S Proj. #: 2015-73

Date of Notification (1)		Name of	of Building C	wner/Operator (	2)		200000000000000000000000000000000000000							
10 13 1/10 14 1/11 15		11	PH DONG				41 73 by 7.	II non	Ph.					
Agencies Notified Type No	otification	Street A		DHUE				T.	53					
LI EPA Initial			TO THE PARTY OF TH				F 4							
DEP Amend		142 /	ARLINGTO	ON AVENUE				F.	J.					
☑ DOL Amendm		11	ate, Zip Code											
DOH   Emerg	ling	hawt	horne, nj (	07506										
justifica		Name of	Contact	and the second second second second		THE REAL PROPERTY.	Tolonk	and No.						
DCA Cance		MAI	RY CONTI	INI			relepno	one Number						
				CILITY INFORM	MATION									
Name of facility where abatem	nent is takin	a place (0)	17	COLLIT INFORM	IATION									
	Henr is takin	g place (3)					Type of Facility							
JOSEPH DONOHUE							Scho	ool (K - 12)						
Street Address							☐ Subc	hapter 8 (Other	r than K-1	12)				
1/2 ADI INCTON ASTRO							X Other	(Private/Comn	nercial					
142 ARLINGTON AVEN						- 1	Square Feet	./Homes, etc.	-					
City (5)		County (6)			County Code (7)		Square Feet	# of Floors	Bldg	g. Age				
hawthorne					(State use only)		0							
		PASSAIC			,		Current Use (F	Prior if being de	molished	)				
Name of Monitoring Firm Hired	by Bldg. O	wner (8)		ASCM No.	Name of Al	patement (	Contractor (9)							
							ATION, INC.							
Street Address					Street Addr	ESTURA ess	ATION, INC.							
City, State, Zip Code					City, State, 2	ornia Av	e.	-						
Project Manager for Monitoring F	Firm		Phone Numl	her	The second secon	n, NJ 075	503							
	5	1	mone radin	961	Telephone N			License Num	ber					
Start Date (10)	ICal					5-8020		01169	)					
	Scr	lea. Comple	tion Date (1	1)	Name of OS			1						
03/18/15	03/	/31/15			Street Addre	estoratio	n, Inc.							
Occupancy Status During Abater	ment (Chec	k only one)												
Facility closed/vacated dur	ing entire pe	eriod of aba	tement.		20 Califo		nue							
Abatement performed outs Describe:		al facility ho	urs-		City, State, Z	ip Code								
Other-Describe: NORMAI	L HOURS				- Dotomor	NILOZE								
Scope of Work (check all that ap	oply)				- Faterson	, NJ 0750	.)3							
X >3 of or >3 If	Renova	tion				Fu	II Containment w/	negative press	ure					
☐ ≥160 sf or ≥260 lf	=						ni-enclosure							
	Demoliti					A GI	ovebag procedure	9						
Location of asbestos-containing	ls locati	ion normally itenance/cus	used solely			140	on-Exempted (*) a	and Non-friable						
material (acm) to be	staff(12	)	stoulai	Description	of asbestos-conta	inina	Amount	е	e n	E				
abated in facility (13)	Yes	No	NUA	material (A	CM)	3	(Specify SF	or m	p c	n				
2 ( 07) (7)		140	N/A				LF)	v	a a	Ľ				
BASEMENT BOILER & REC RMS		X		PIPE INSUL	ATION		150 L FT	e	<del></del>	-				
						-	LOULFI		닏닏	14				
								_	니ㅁ					
egistered Waste Hauler	INJD	EP Hauler I	D# 1 Cu	bic Yards of Was	to INc									
& S RESTORATION, INC	. 13:	506		yds.	1	istered La	ndfill							
ity, State			Disposal Da		City, State	WN, RE	SOURCE REC	OVERY						
PATERSON, NJ 07503			03/19/15		_ TULLYTO	WNI DA								
ompleted by (Print or Type)	Title			Signature	_   TOLLIT	VVIN, PA								
BOGDAN JOLDZIC	PRESID							Date						
SB-41	Do not us	e this form f	or asbestos	licensure exemp	ted activities.			03/04/ 2015						

CK 005904

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

D&S Proj. #: 2015-68

						20	5								
Date of Notification (1)	N	ame of Bui	Iding Own	er/Operator (2)	)		5	W 3:1	ñł.						
0 3 /0 6 /1 5		DAVID D	OOWNS						2.4						
Agencies Notified Type Notificat	000	reet Addre					-/-		i i						
EPA Initial Amended		39 MAIN	STREE	Γ											
DEP Amendment #:	1	ity, State, Z							-						
☑ DOL ☐ Emergency		FLAND!	ERS, NJ	07836											
DOH (including	Na Na	me of Con		07030		- AMERICAN DE LA CASTA	Telephone	Number	推	ger - turker - to	-	-			
justification)							relephone	rvamber							
DCA Cancellation	50	DAVID	DOWNS						1.904	_					
			FACI	LITY INFORM	IATION	l									
Name of facility where abatement is	s taking pla	ce (3)				T	ype of Facility (4	(K - 12)							
DAVID DOWNS	38						Comments (Comments)	1923	. J.	10	40)				
Street Address							Other (F	pter 8 (O			12)				
								lomes, et							
39 MAIN STREET							Square Feet #	of Floor	S	Blo	lg. Ag	ge			
City (5)	Coun	ty (6)			5,5100,000	County Code (7)									
FLANDERS	MO	RRIS			Sta	te use only)	Current Use (Pri	or if being	dem	olishe	d)				
Name of Monitoring Firm Hired by	_			ASCM No.	<u> </u>	Name of Abatement Contractor (9)									
rame of Montoring Firm Fined by	Diag. Owne	(0)	- 1	ASCIVI NO.											
Observa A. I. I.				-	_	D & S RESTORAT Street Address	ION, INC.		-			-			
Street Address															
City, State, Zip Code						20 California Ave. City, State, Zip Code			2			-			
City, State, Zip Code						A SECTION OF THE PROPERTY AND ADDRESS.			1000						
Project Manager for Manitoring Fire		I Dh	ana Niverb		_	Paterson, NJ 0750 Telephone Number	3	License	Museele						
Project Manager for Monitoring Firm		Pn	one Numb	er		973-345-8020			1169	er					
						Name of OSHA Monitor			1107						
Start Date (10)	Sched	Completic	on Date (11	1)		D & S Restoration			N. Colonia						
03/19/15	03/31	/15				Street Address	, me.		1		-	4			
Occupancy Status During Abatemer	nt (Check or	nly one)	Maria State Control			20 California Aven	ue								
Facility closed/vacated during						City, State, Zip Code			-						
Abatement performed outside	of normal f	acility hour	rs-												
Describe: NORMAL H	OURS				_	Paterson, NJ 0750	3								
Scope of Work (check all that apply							I Containment w/	negative	press	ure					
	Renovation	n				paralle parall	ni-enclosure		1						
□ >160 sf or >260 lf	Demolition						ovebag procedure		ă.						
			used solely	/		L No	n-Exempted (*) a	and Non-1	riable	Proce	E	_			
Location of asbestos-containing	by mainte	nance/cust		1	ion of a	sbestos-containing	Amount		e	е	n	E n			
material (acm) to be	staff(12)			material			(Specify SI	For	m o	p a	c	c			
abated in facility (13)	Yes	No	N/A		-		LF)		V	i	p	L			
BASEMENT			1	PIPE INSU	ПАТ	ION	150 L FT		e	-	П	<del> </del>			
DASEMENT				ILLINSC	JLIAI	IOIV	130 L 1 1			H	+	╫			
							-		#	屵	+	H			
			-		-				+	井	무	<del>                                      </del>			
					-		-	<del>Marie Lees</del> Lees	片	屵	井	ዙ			
Registered Waste Hauler	INJDE	P Hauler I	D# 1.0	ubic Yards of	Waste	Name of Registered La	I								
D & S RESTORATION, INC.	135			2 yds.		TULLYTOWN, RI		COVER	Y						
City, State			Disposal D	AND DESCRIPTION OF THE PERSON		City, State				1000000					
PATERSON, NJ 07503			03/20/1	5	TULLYTOWN, PA										
Completed by (Print or Type)	Title			Signature				Date							
BOGDAN JOLDZIC	PRESID		fan ach i i		03/06/2015										