

CK7040

D&S Proj. #: 17-108

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



Date of Notification (1) 10/14/17		Name of Building Owner/Operator (2) BERETTA FRANTELLI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code SO. HACKENSACK, NJ 07601	
		Name of Contact BILL PUNTASECCA	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BERETTA FRANTELLI			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) SO. HACKENSACK	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 04/27/17	Sched. Completion Date (11) 05/17/17		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
PACKAGING ROOM		<input checked="" type="checkbox"/>		TRANSITE CEILING	225 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 4 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/28/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/26/17

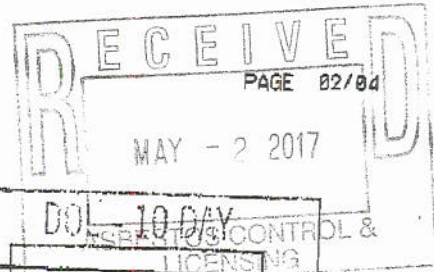


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D&amp;S RESTORATIO

DAS Proj. #: 17-109

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



Date of Notification (1) <u>04/12/17</u> / <u>11/17</u>		Name of Building Owner/Operator (2) <b>BERETTA FRANTELLI</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;">             ASBESTOS CONTROL &amp; LICENSING              A: <u>04/12/2017</u>  <b>WAIVER APPROVED</b> </div>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; height: 20px; width: 100%;"></div> City, State, Zip Code <b>SO. HACKENSACK, NJ 07601</b>	
		Name of Contact <b>BILL PUNTASECCA</b>		Telephone Number _____	

FACILITY INFORMATION					
Name of facility where abatement is taking place (3) <b>BERETTA FRANTELLI</b>					Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)
Street Address <div style="background-color: black; height: 20px; width: 100%;"></div>					
City (5) <b>SO. HACKENSACK</b>	County (6) <b>BERGEN</b>	County Code (7) (State use only)		Square Feet _____	
Name of Monitoring Firm Hired by Bldg. Owner (8) _____			ASCM No. _____	Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b>	
Street Address _____			Street Address <b>20 California Ave.</b>		
City, State, Zip Code _____			City, State, Zip Code <b>Paterson, NJ 07503</b>		
Project Manager for Monitoring Firm _____		Phone Number _____		Telephone Number <b>973-345-8020</b>	
Start Date (10) <b>04/27/17</b>		Sched. Completion Date (11) <b>05/17/17</b>		License Number <b>01169</b>	
Occupancy Status During Abatement (Check only one)					
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement					
<input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____					
<input type="checkbox"/> Other-Describe: <b>NORMAL HOURS</b>					
Scope of Work (check all that apply)					
<input type="checkbox"/> >2 sf or >3 lf					
<input checked="" type="checkbox"/> >100 sf or >200 lf					
<input checked="" type="checkbox"/> Renovation					
<input type="checkbox"/> Demolition					
Location of asbestos-containing material (acm) to be abated in facility (13)		Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)	
		Yes      No      N/A			
<b>PACKAGING ROOM</b>		<input checked="" type="checkbox"/>		<b>TRANSITE CEILING</b>	
				Amount (Specify SF or LF) <b>225 SQ FT</b>	
				Removal <input checked="" type="checkbox"/>	
				Repair <input type="checkbox"/>	
				Encap <input type="checkbox"/>	
				Encl <input type="checkbox"/>	

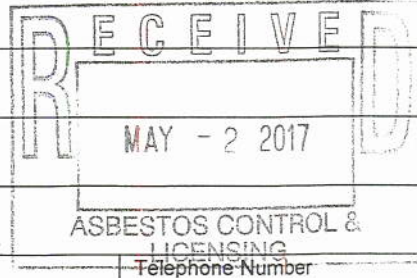
  

Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b>		NJDEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>4 YDS</b>	Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>	
City, State <b>PATERSON, NJ 07503</b>		Disposal Date <b>04/28/17</b>		City, State <b>TULLYTOWN, PA</b>	
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>		Title <b>PRESIDENT</b>		Signature _____	
				Date <b>04/26/17</b>	

\* Do not use this form for substance dependence assessment activities

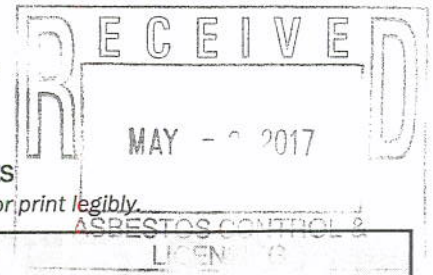


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4-14-2017 Amended 5-1-2017		Name of Building Owner/Operator (2) INSPIRA MEDICAL CTR.							
Agencies Notified	Type Notification	Street Address 333 IRVING AVE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BRIDGETON NJ 08302							
		Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) INSPIRA MEDICAL CTR		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 333 IRVING AVE		Square Feet >50,000	# of Floors 4						
City (5) BRIDGETON		Bldg. Age 50+							
County (6) CUMBERLAND		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS		ASCM No. _____	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 400 STREET ROAD		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code BENSALEM PA 19020		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm ERIC WY SOCKI		Telephone No. 215 244-1300	Telephone No. 215 322-2900						
License No. 00783									
Start Date (10) 4/27/2017	Scheduled Completion Date (11) 7/31/2017		Name of OSHA Monitor EHS						
Occupancy Status During Abatement (Check Only One)			Street Address 411 SOUTHGATE SUITE E						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: TIME 7AM-7AM			City, State, Zip Code MICKLETON, NJ 08056						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CRISIS AREA		X		FLOOR TILE AND MASTIC	10,300 SF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE DE			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed by CHRISTINE DEL VISCIO		Title ASST ADMIN	Signature <i>Christine DelViscio</i>			Date 5-1-2017			

New Jersey Department of Health  
Consumer, Environmental & Occupational Health Service  
PO Box 369, Trenton, NJ 08625-0369  
Telephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Type of Notification (check one) and Date Submitted

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification) Date of Notification: 05 / 01 / 2017

Building Information

Name of Building Owner/Operator: INSPIRA MEDICAL CTR-CRISIS AREA  
Street Address: 333 IRVING AVE City: BRIDGETON State: NJ Zip: \_\_\_\_\_  
Name of Contact: Thomas Johnson Telephone No.: \_\_\_\_\_

Facility Information

Name of Facility Where Work Activity is to Take Place: Inspira Medical Center  
Describe Facility Use: Hospital  
Street Address: 333 Irving Ave City: Bridgeton State: NJ Zip: 08302  
County Name: Cumberland County Code (state use only): \_\_\_\_\_  
Scheduled Start Date: 5 / 1 / 2017 Scheduled Completion Date: 7 / 31 / 2017

Occupancy Status During Activity (check only one):

- ☒ Facility Closed/Vacated During Entire Activity  
☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_  
☐ Other—Describe: \_\_\_\_\_

Scope of Work (check all that apply):

- ☒ Floor Tile Square Footage: 10,300 Percentage Asbestos: \_\_\_\_\_  
☒ Mastic Square Footage: 10,300 Percentage Asbestos: \_\_\_\_\_  
☐ Other: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_

Contractor Information

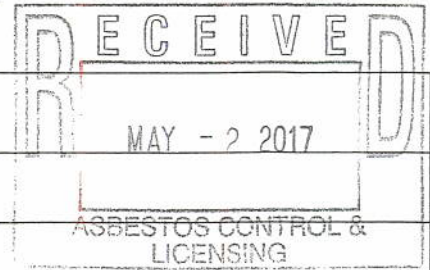
Company Name: DELTA/BJDS, INC Telephone No.: 215 322-2900  
Street Address: 1345 INDUSTRIAL BLVD. City: SOUTHAMPTON State: PA Zip: 18966  
New Jersey Asbestos License Number (if applicable): 00783  
Monitoring Firm (if applicable): CRITERION LABS Telephone No.: 215 244-1300

Signature

Completed By (type or print legibly): CHRISTINE DELVISCIO Title: ADMINISTRATIVE ASST.  
Signature:  Date: 5/1/2017



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



Date of Notification (1) 4 / 14 / 17		Name of Building Owner/Operator (2) INSPIRA MEDICAL CTR							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 333 IRVING AVE City, State, Zip Code BRIDGETON Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) INSPIRA MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 333 IRVING AVE		Square Feet >50,000	# of Floors 4						
City (5) BRIDGETON		Bldg. Age 50+							
County (6) CUMBERLAND	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HEALTH CENTER							
Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 3370 PROGRESS DRIVE		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code BENSALEM, PA 19020		City, State, Zip Code SOUTHAMPTON PA							
Project Manager for Monitoring Firm ERIC WY SOCKI		Telephone No. 215 244-1300	Telephone No. 215 322-2900						
License No. 00783									
Start Date (10) 4 / 27 / 17	Scheduled Completion Date (11) 7 / 31 / 17	Name of OSHA Monitor EHS							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-____PM/____PM-7AM		Street Address 411 SOUTH GATE SUITE E City, State, Zip Code MICKLETON NJ 08056							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CRISIS AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE AND MASTIC	10,300	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE DE. 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) THOMAS JOHNSON		Title PROJECT MGR.	Signature <i>Thomas Johnson</i>			Date 4-14-2017			

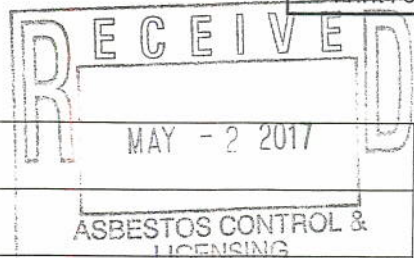
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>5 / 1 / 17</b>		Name of Building Owner/Operator (2) <b>THE MIDDLE SEX COUNTY IMPROVEMENT AUTHORITY</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>101 INTERCHANGE PLAZA</b>							
		City, State, Zip Code <b>CRANBURY, NJ 08512</b>							
		Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>ROOSEVELT HOSPITAL CAMPUS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1 ROOSEVELT DRIVE</b>		Square Feet <b>&gt;10,000</b>	# of Floors <b>50+</b>						
City (5) <b>EDISON</b>		Bldg. Age <b>50+</b>							
County (6) <b>MIDDLE SEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS</b>		ASCM No. <b>266</b>	Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>						
Street Address <b>411 SOUTHGATE COURT SUITE E</b>		Street Address <b>1345 INDUSTRIAL BLVD</b>							
City, State, Zip Code <b>MICKLETON, NJ 08056</b>		City, State, Zip Code <b>SOUTHAMPTON PA 18966</b>							
Project Manager for Monitoring Firm <b>JACK CARNEY</b>		Telephone No. <b>856 224-0080</b>	License No. <b>00783</b>						
Start Date (10) <b>5 / 15 / 17</b>	Scheduled Completion Date (11) <b>7 / 31 / 17</b>	Name of OSHA Monitor <b>CRITERION LABS</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-3:30PM</b> / ____ PM - ____ AM		Street Address <b>400 STREET ROAD</b>							
		City, State, Zip Code <b>BENSALEM PA 19020</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOFING MATERIAL	10,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>58 PYLES LANE, NEW CASTLE DE. 19720</b>				Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>				
Completed By (Print or Type) <b>DAMIAN LAVELLE</b>		Title <b>PROJECT MGR.</b>		Signature <i>Damian Lavelle</i>		Date <b>5/1/2017</b>			

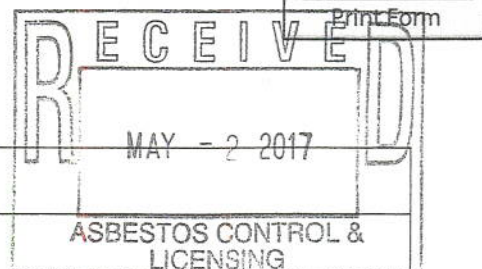


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4/28/17		Name of Building Owner/Operator (2) Transcontinental Gas Pipeline Co.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 751 Cliff Road City, State, Zip Code Sewaren, NJ 07077 Name of Contact Mike C. Maben						
			Telephone Number 						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Transcontinental Gas Pipeline		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 751 Cliff Road		Square Feet 500	# of Floors 1						
City (5) Sewaren		Bldg. Age 50							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) natural gas pipeline valve bldg.							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.						
Street Address P.O. Box 365		Street Address 2251 Fraley Street							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Philadelphia, PA 19137							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	Telephone No. 215-533-5155 License No. 01166						
Start Date (10) 4/20/17	Scheduled Completion Date (11) 5/31/17	Name of OSHA Monitor Health and Safety Services							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 365 City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof and walls				transite panels	4000 sf	x			
Name of Registered Waste Hauler Eldredge, Inc.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga					
City, State West Chester, PA			Disposal Date	City, State Morgantown, PA					
Completed by Jennifer Niven		Title Dir. of Operations			Signature 			Date 4/28/17	

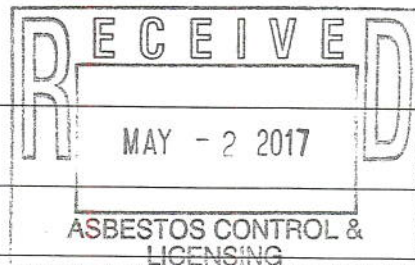
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/1/2017		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact DAWN NEVILLE							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) HACKENSACK SWITCHING YARD		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 202 SOUTH RIVER STREET		Square Feet N/A	# of Floors N/A						
City (5) HACKENSACK, NJ		Bldg. Age N/A							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SWITCHING YARD							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS ENVIRONMENTAL SERVICES, INC.						
Street Address N/A		Street Address 17 OLD DOCK ROAD							
City, State, Zip Code N/A		City, State, Zip Code YAPHANK, NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 631-924-8111						
		License No. 01136							
Start Date (10) 5/12/2017	Scheduled Completion Date (11) 6/12/2017	Name of OSHA Monitor SAME AS ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Work performed during ongoing construction		Street Address N/A							
		City, State, Zip Code N/A							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
SWITCHING YARD			X	TRANSITE (encased conduit)	40 LF	X			
Name of Registered Waste Hauler VEOLIA		NJDEP Waste Hauler ID No. NJD080631369	Cubic Yards of Waste 40CY	Name of Registered Landfill GROWS LANDFILL NORTH					
City, State FLANDERS, NJ			Disposal Date TBD	City, State MORRISVILLE PA, 19067					
Completed by AMANDA VALLONE		Title OPERATIONS MANAGER	Signature <i>Amanda Vallone</i>	Date 5/1/2017					



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



Date of Notification (1) <b>05 / 01 / 17</b>		Name of Building Owner/Operator (2) <b>Verizon</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1526 West Front Street</b> City, State, Zip Code <b>Plainfield, NJ</b>							
		Name of Contact <b>Alex Baylor</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1526 West Front Street</b>									
City (5) <b>Plainfield, NJ</b>		Square Feet <b>10,000</b>	# of Floors <b>3</b> Bldg. Age <b>50</b>						
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management Inc.</b>		Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>							
Street Address <b>8436 Enterprise Avenue</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>	Telephone No. <b>215-365-5810</b>	Telephone No. <b>718-605-6256</b>	License No. <b>00774</b>						
Start Date (10) <b>05 / 15 / 17</b>	Scheduled Completion Date (11) <b>12 / 31 / 17</b>	Name of OSHA Monitor <b>Testor Tech</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM <b>5:00 PM - 1:30 AM</b>		Street Address <b>10 59 Jackson Avenue</b> City, State, Zip Code <b>LIC NY 11101</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor, Office 11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile	375 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>					
City, State <b>Hackettstown, NJ</b>		Disposal Date <b>05/20/17</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Ralph Barnhardt</b>	Title <b>Project Manager</b>		Signature 			Date <b>05-01-2017</b>			

CK # 7967 + CONTROL ROOM

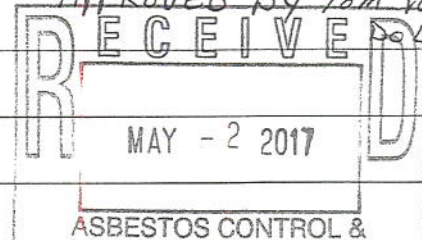
CK # 8086 - GARAGE AREA

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

Print Form

"OPEN NOTIFICATION"

APPROVED By Tom Voorn



Date of Notification (1) <b>5/1/2017</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>JOHN BRADLEY</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE+G</b>		Type of Facility (4)							
Street Address <b>13 EISENHOWER PARKWAY</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>ROSELAND</b>		Square Feet <b>APPX 8500</b>	# of Floors <b>3</b>						
County (6) <b>ESSEX</b>		Bldg. Age <b>83 YRS</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>SWITCH STATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	License No. <b>01111</b>						
Start Date (10) <b>5/15/2017</b>	Scheduled Completion Date (11) <b>6/30/2017</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>necessary operators only</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>CONTROL ROOM</b>		<input checked="" type="checkbox"/>		<b>TRANSITE FLOOR PANELS</b>	<b>260 SF</b>	<input checked="" type="checkbox"/>			
<b>" "</b>		<input checked="" type="checkbox"/>		<b>ACM WIRE SOCK</b>	<b>250 LF</b>	<input checked="" type="checkbox"/>			
<b>" "</b>		<input checked="" type="checkbox"/>		<b>TRANSITE PANELS</b>	<b>400 SF</b>	<input checked="" type="checkbox"/>			
<b>GARAGE AREA</b>		<input checked="" type="checkbox"/>		<b>TRANSITE PANELS</b>	<b>800 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>APPX 30</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>			Disposal Date <b>TBD</b>	City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MANAGER</b>	Signature <i>Carol Raimo</i>			Date <b>5/1/2017</b>			