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

Date of Notification (1):
11-5-15

Name of Building Owner/Operator (2):
PSEG Transmission Company

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

Type Notification:
- Initial
- [X] Amended
- [X] Amendment # 1
- Emergency (including justification)
- Cancellation

Street Address:
4000 Hadley Road

City, State, Zip Code:
South Plainfield, New Jersey 07080

Name of Contact:
Steven Burrows

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Bayway Switching Station

Street Address:
602 Trenton Avenue

City (5):
Elizabeth NJ 07202

County (8):
County Code (7)
(State Use Only)

Current Use (Prior if being demolished):
Not in use

Name of Monitoring Firm Hired by Building Owner (8):
PSEG Utility Operation

ASCN No.

Name of Abatement Contractor (9):
Gramercy Group Inc.

Street Address:
3000 Burns Avenue

City, State, Zip Code:
Wantagh NY 11793

Project Manager for Monitoring Firm:
Douglas McGarrity

Start Date (10):
11-11-15

Scheduled Completion Date (11):
12-31-15

Name of OSHA Monitor:
Gramercy Group Inc.

Occupancy Status During Abatement (Check Only One):
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Facility scheduled for demolition. No occupancy

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

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

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

[ ] Yes
[ ] No
[ ] N/A

[ ] Yes
[ ] No
[ ] N/A

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

Amount (Specify SF or LF)

Abatement Type:
[ ] Removal
[ ] Repair
[ ] Encapsulate
[ ] Endorse

Exterior Wall in between bricks

Waterproofing membrane

9,500 sf

X

Name of Registered Waste Hauler:
Waste Management Services

NJDEP Waste Hauler ID No.:
17273

Cubic Yards of Waste:
700

Name of Registered Landfill:
Grows North Landfill

Disposal Date:
12-31-15

City, State:
Morrisville PA, 19067

Completed by:
Robert Lewin

Title:
Environmental Coordinator

Signature

Date:
11-6-15

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

Date of Notification (1)
November 6, 2015

Name of Building Owner/Operator (2)
Mill One

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

Type Notification
- Initial
- Amended
- Amendment #4
- Emergency (including justification)
- Cancellation

Street Address
1 Johnston Avenue

City, State, Zip Code
Hamilton Township, NJ 08609

Name of Contact
Mr. John Barr

Telephone Number
3L

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Isles Facility

Street Address
1 N Johnston Street

City (5)
Trenton

County (6)
Mercer

County Code (7)
100,000+

Square Feet
100,000+

# of Floors
3

Bldg. Age
80+

Current Use (Prior if being demolished)
Admin / Commercial

Name of Monitoring Firm Hired by Building Owner (8)
Vertex

ASCM No.

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
700 Turner Way

City, State, Zip Code
Aston, PA 19014

Project Manager for Monitoring Firm
Dave Turcotte

Telephone No.
610-558-8902

Telephone No.
484-872-8884

License No.
01161

Start Date (10)
11/30/15

Scheduled Completion Date (11)
12/31/15

Name of OSHA Monitor
EMSL

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

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

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

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Glaze and Caulk

Amount (Specify SF or LF)
150 SF

Abatement Type

End Cap

Endorsement

Endorsement

Name of Registered Waste Hauler
Waste Management

NJ/DEP Waste Hauler #

Cubic Yards of Waste
6

Name of Registered Landfill
GROWS

City, State
Trenton, NJ

Diposal Date
TBD

City, State
Morrisville, PA

Completed by
Jack Bally

Title
Sr. Project Manager

Signature

Date
11/6/15

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**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:20)

<table>
<thead>
<tr>
<th>Date of Notification (1):</th>
<th>11/03/15</th>
<th>Name of Building Owner/Operator (2):</th>
<th>NAVAL WEAPONS STATION-EARLE</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>(X) EPA</td>
<td>Initial Notification</td>
<td>Street Address:</td>
<td>201 STATE HIGHWAY 34 SOUTH</td>
</tr>
<tr>
<td>(X) DEP</td>
<td>Amendment Notification</td>
<td>City, State, Zip Code:</td>
<td>COLTS NECK, NEW JERSEY 07722</td>
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<tr>
<td>(X) DOL</td>
<td>Emergency Notification</td>
<td>Name of Contact:</td>
<td>ADEWALE ADEOGUN</td>
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<tr>
<td>(X) DOH</td>
<td>Cancellation</td>
<td>Telephone Num:</td>
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</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3):** BUILDING C-3 CORRIDOR & VESTIBULE
- **Street Address:** 201 STATE HIGHWAY 34 SOUTH
- **City & State (5):** COLTS NECK, NJ
- **County (6):** MONMOUTH
- **County Code (7):** NA (STATE USE ONLY)
- **Square Feet:** NA
- **# of Floors:** 1
- **Bldg. Age:** NA

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

### Current Use (Prior if being demolished):
- VACANT

### Occupancy Status During Abatement (Check only one):
- (X) Facility Closed/vacated During Entire Period of Abatement
- ( ) Abatement Performed Outside of Normal Facility Hours
- ( ) Other – Describe:  

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORRIDOR &amp; VESTIBULE X</td>
<td>FLOOR TILES, GLUE DOTS, WALLS, AND CEILING</td>
<td>4,000 SF</td>
<td>X</td>
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</tbody>
</table>

### Name of Registered Waste Hauler:
- **NEWARK CARTING, INC.**
- **NJDEP Waste Hauler ID No.:** 18693

### Cubic Yards of Waste:
- **Name of Registered landfill:** IESI

### City, State:
- **PO BOX 5670, NEWARK NJ 07105**
- **Disposal Date:** 12/20/15
- **City, State:** BETHLEHEM, PA 18015

### Completed By:
- **MIKE ALTADOUKA**
- **Title:** PRESIDENT
- **Signature:**
- **Date:** 11/03/15
**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJSA 5:80 and 12:120)

**Date of Notice: 10/13/2015**

**Name of Building Owner/Operator:**

<table>
<thead>
<tr>
<th>EPA</th>
<th>DSR</th>
<th>DOL</th>
<th>DQA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:**

161 6th Street

**City, State, Zip Code:**

Cresskill, NJ 07626

**Name of Contact:**

Greg Doench

**Type of Facility:**

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

**Location of Facility Where Abatement Is Taking Place:**

**Name:**

- [ ] House
- [ ] Commercial Building
- [ ] Other (specify)

**Street:**

161 6th Street

**City:**

Cresskill

**County:**

Bergen

**Name of Monitoring Firm/Agent of Building Owner:**

- [ ] Other (specify)

**ASCM No.:**

**Name of Abatement Contractor:**

A. M. Mac Contracting Inc.

**Street Address:**

185 Vreeland Avenue

**City, State, Zip Code:**

Midland Park, NJ 07432

**Project Manager for Monitoring Firm:**

**Telephone No.:**

320-262-6841

**License No.:**

001666

**Start Date (10):**

10/1/2015

**Scheduled Completion Date (11):**

10/21/2015

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

- [X] Vacated
- [ ] Occupied
- [ ] Evacuated
- [ ] Other (specify)

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

- [ ] Asbestos-containing Material (ACM) TO BE ASBESTOSIZED
- [x] Asbestos-containing Material (ACM) TO BE REMOVED

**Location of Asbestos-Containing Material (ACM) TO BE ASBESTOSIZED/REMOVED IN Facility:**

- [ ] Building Interior
- [x] Building Exterior

**Location of Asbestos-Containing Material (ACM) TO BE ASBESTOSIZED/REMOVED Normally Used Solely by Maintenance Custodial Staff?:**

- [ ] Yes
- [x] No
- [ ] N/A (Specify)

**Location of Asbestos-Containing Material (ACM) TO BE ASBESTOSIZED/REMOVED NT Normally Used Solely by Maintenance Custodial Staff:**

- [ ] Building Interior
- [x] Building Exterior

**Name of Registered Waste Hauler:**

Newark Carting, Inc.

**Waste Hauler ID No.:**

04509

**Disposal Date:**

10/16/2015

**Name of Registered Landfill:**

Grand Central Sanitary Landfill

**City, State:**

Pan Aryl, PA 08072

**Completed by:**

R. McDonald

**Title:**

President

**Signature:**

10/16/15

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