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

RECEIVED

Date of Notification (1) 11/17/14		Name of E PSEG	Building O	wner/Operator		1014 NOV 20 A	M 2:	:0		
Agencies Notified Type Notification		Street Add	dress adley Ro	pad						
EPA Initial Amended Amendment		City, State	e, Zip Cod	The second secon	£	o els for or Suboll &	JHT: ING	ì0L		*
Emergency (justification) DCA Cancellation	including	Name of Gio Ber				Telenhone No				
All of Early Advanced in Tokin	Dloop (2)	FACIL	ITY INFO	RMATION	Type of Facility	(4)				\dashv
Name of Facility Where Abatement is Takin Warren Point Substation	g Place (3)				School (K	2.2.7 (c) (d) 2.2.7 (c) (d)				
Street Address 5-45 Banta PL					Subchapte Other (i.e. etc.)	er 8 (Other than K-12 private & commerci	2) al buildi	ngs, l	nome	s,
City (5) Fair Lawn NJ 07410					Square Feet 270	# of Floors	63	dg. Ag	je	
County (6) Bergen	#	County C (STATE U	ode (7) SE ONLY)	200 market 100 market	Control Roo		ned)			
Name of Monitoring Firm Hired by Building n/a	Owner (8)	ASCM n/a	No.		of Abatement C S Environmen	ontractor (9) ntal Services Inc.				
Street Address n/a				0	Address Old Dock Rd.					
City, State, Zip Code n/a		3 %	9		State, Zip Code hank NY 1198	80				
Project Manager for Monitoring Firm		Telephon n/a	ie No.		hone No. -924-8111	License N 01136	lo.			
Start Date (10) 12/1/14	Scheduled 0 12/1/14	Completion D	Date (11)		e of OSHA Monito	or			ži.	
Occupancy Status During Abatement (Che	ck Only One)			1.00	t Address					
Facility Closed/Vacated During Entire	Period of Aba	tement			e as above			- 2-4-1	-	
Abatement Performed Outside of Norr Other – Describe:	nai Facility Ho	ours		5000	State, Zip Code ne as above					
Scope of Work (Check All That Apply)										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition			Mini-Enclos Glovebag P				a	
	T			L	Non-Exemp	ned () and Non-Fina		Abate		t
Location of	Nor	cation mally		Descriptio	n of			Ту	ре	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custod	Solely by enance/ ial Staff? 12)			Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes 1	No N/A							æ	
Control Room Floor		. X		Transite P	anels	80SF	x			
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					8					
Name of Registered Waste Hauler ETGI		NJDEP W Hauler ID S7107		Cubic Yards of Waste		of Registered Landfestoga	ill			17
City, State		3/ 10/		Disposal Date 12/3/14		State gantown, PA	-			
Flanders, NJ Completed by	Title			Signatu	ire ,		ate			
Michael J DiMaria	Project	Mgr		M	chal	IK Masi	1/17/	14		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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gencies Notified Type Notification		Street A	ddress	FREMA	W H.W	ESTOS CONTI	2018	
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DOH Justification) Cancellation		Name of	E15	A			0-70	88
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ame of Facility Where Abatement is Takin	o Place (3)				Type of Facility			
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a	eno or ~	3101110		3695	SPILUC		2825	7
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Facility Closed/Vacaled During Entire P Abatement Performed Outside of Norm Other - Describe: Cope of Work (Check all that apply) 3 51 or 33 if 5 160 51 or 260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Renor Demo	vation when also naily olely by nance/ odd is iff?	(i e	City, State, Ap	ontainment with A notosure bag Procedure ixempted (*) and it date and (ACM) is insulation.	Amount (Specify SF & LF)	9 Remov.i	atemen.
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Name of Registered Waste Hauler KIEMCO INC. City State MDPLE SINDE, N	Renor Domo Is Loo Nam Used S. Mainte Cust Sta (1) Yes	valion ation All All All All All All All A	Waste O No.	City, State, Top City, State, Top Put C Non-E County Containing to the main system surfacing, VA other myscottal Cubic Yards of Waste Disposal Dal	Code Code CHAD Containment with A noticevire bag Procedure exempted (') and i datenal (ACM) is insulation. If, or necks) Record City, State City, St	Registered Landfill A. C., M., Dall Dall	Removal X	alerre C. Lin appoints
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Check # 10453

State of New Jersey

Check # 10460

Check # 10455

Print Form C NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 20 2014 Agencies Notified Type Notification Street Address ASBESTOS CONTROL & EPA Initial LICENSING City, State, Zip Code DEP Amended Amendment # DOL Emergency (including Telephone Number Name of Contact DOH justification) Cancellation DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Addre Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 05+ 220 County Code (7) Current Use (Prior if being demolished) County (6) (STATE USE ONLY) Tesi dence ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Ace Insulation Co., Inc. Street Address Street Address 95 Montrose Road City, State, Zip Code City, State, Zip Code Colts Neck, N.J. 07722 Telephone No License No. Project Manager for Monitoring Firm Telephone No. 732-294-1757 00029 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 70m tom Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Full Containment with Negative Pressure Renovation Demolition Mini-Enclosure 7≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Remova Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) N/A Yes No 500 Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Ace Insulation Co., Inc. Chrins 12086 City, State Disposal Date City, State Colts Neck, New Jersey Easton,, PA Completed by Signature Date Bree McGuire Secretary Treasurer

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

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

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gencies Notified Type Notification	C	2818 J	VOINS					
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DOL K Emergency (including		MEST	00,00		Telephone Number	LICE	กรากเ	12
DOH justification)	Name	e of Contact	Mis					
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ame of Facility Where Abatement is Taking Place (3)	li			School (K-12)				
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county (6):	US	SEONLY)		Home	And the second second			7
lame of Monitoring Firm Hired by Building Owner	ASC	ME No.	Name of Abate	ment Contractor (9)	iei Inc.			-
lame of Monitoring Plan Filed by			Street Address				- 1	
Street Address			P.O. B	0x 915				4
Second Se			City. State, Zip	Code	27 7784			-
City, State, Zip Code			BriUV	1/01 0				-
16 Parine Finn	elepho	ne No.	Telephone No.	9-7499	License No.	76		_
Project Manager for Monitoring Firm			Name of OSH					
Start Date (10) Scheduled Com	pletion	Date (11)	Name or Core	- Stronger				_
11101111	<u>-1</u>		Street Address	s	-		40	
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Occupancy Status During Abeliance Period of Abel Facility Closed/Vacated During Entire Period of Abel Abatement Performed Outside of Normal Facility H	ours		City, State, Zi	p Code				
Other - Describe:			1					
Scope of Work (Check all that apply)				Containment with N Enclosure	egative Pressure			
□ 3 ef or >3 lf	ovation ofition	ı			Non-Friable Procedu	re		
≥160 sf or ≥260 lf	-		Non	-Exempled () card	I	AL	alement Type	
Isla	cation maily	-	E	-		-	1302	
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Name of Registered Weste Hauler Shigh Industries Inc.	H	LIDEP Waste bailer D No. 21602		4	GROW	<u>S:</u>		<u>†</u>
Name of Registered Waste Hauler Shuh Industries Inc. City, State	H	leader ID No.	of Waste	City, State	GROW	<u>S:</u>		土
City. State. Ut. 195	H	leader ID No.	of Waste	City, State	GROW!	S. UM	114	土

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Do not use this form for ashestos licensure exempted activities.

& Emergency &

State of New Jersey NOTIF

ICATION OF ASBESTOS ABATEMENT	
ursuant to NJAC 8:60 and 12:120)	RCK-4502

Date of Notification (1) 11/18/14			1	Name of Stephe	Building on & Ma	Owner/0	Operator ous Priv	(2)	ome	• 9						
Agencies Notified	Type Notific	ation		Street Ad 2011 F	ddress Penna			20,19	ome 1/01/20	PĦ	11:59	}	1			
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DOH DCA	Emerg justific		10.55	Name of Stephe	Contact				LICER	Tele	phone N	Numbe	er			
				FACIL	ITY INFO	DRMAT	ION									
Name of Facility Where Stephen & Mary G								-	of Facility (4) School (K-12)							
Street Address 2011 Penna								X	Subchapter 8 Other (i.e. pri etc.)				ouild	ings,	home	es,
City (5) Ship Bottom NJ 08	8008								e Feet	# of	Floors		0.533	dg. A 5+	ge	
County (6) Ocean				County C	ode (7) SE ONLY			Curre	nt Use (Prior e	if bei	ng demo	lished)			
Name of Monitoring Fir N/A	m Hired by Bui	ilding Owner (8)		ASCM	l No.			of Abar aco Ir	tement Contr	actor	(9)	•				
Street Address			102409					Addres								
City, State, Zip Code							City, S	tate, Zi	p Code n NJ 0809	11				***************************************		21
Project Manager for Mo	onitoring Firm		T	Telephor	ne No.	7	Teleph	none No 753-9).		License					
Start Date (10) 11/19/14		Schedule		pletion [Date (11)			of OSH	IA Monitor							
Occupancy Status Duri	ng Abatement		<u> </u>					Addres	· ·				D1600		27 <u>455</u> 71	
Facility Closed/Va Abatement Perfor	cated During E	Entire Period of A	batem						p Code							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,	□ R	enovat emoliti		§.		×	Mir Glo	Containmer i-Enclosure vebag Proce	dure	11				9	
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City, State Elm NJ							sal Date		City, State Morrisvill	le PA	1906	 7			5071.03	
Completed by		Title					Signature					Date	-			
Anthony T Perna		Presid	dent	to .	200		C			-		11/1		4		

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Print Form

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

2014 NOV 20 PH 11:58

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11/10/14				Corporation	on		1350	110	S COM	3	7		
Agencies Notified	Type Notification		1	Address River Rd			Čt.	110	F140414.	٠			
EPA DEP DOL	Initial Amended Amendmen	·# \		tate, Zip Codewater, NJ									
<u>IX</u>	Emergency			of Contact	07000			Tele	ephone Nun	nber	-	-	
DOH DCA	justification) Cancellation			Marin0				1,500					
I DUA	Carloellation			CILITY INFOR	RMATION							- 1	
Name of Facility When	e Abatement is Takir	ng Place (3)	170	ALLETT HE OF		Туре	of Facility (4)					
Hess Corporation							School (K-1	2)					
Street Address	- 5.1						Subchapter Other (i.e. p	8 (Otherivate &	er than K-12 & commerci	2) al build	ings,	home	es,
238 West Fort Le	e Ka						etc.) ire Feet	T # of	f Floors	BI	dg. A	ne.	_
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••ooo Verizon LTE 11:06 AM C 7 % 1 7 **Thread** 2 of 2 Hess Bogota Asbestos Unit Unit cost Qty (rev) Ext Cost Item cost Dispatch Tile & Building mastic 1000 sf Dispatch Window caulking Building 100 If Dispatch Roof Building Flashing 25 sf Loading Transite 865 sf Rack **Panels** Loading 250 sf Roof Tar Rack Pipe Tank Field Insulation 650 If Pipe Tank Field Fittings 10 sf Lift Rental











City, State

Montclair, NJ 07042

Completed By (Print or Type)

Constantine Vivian

Disposal Date
12-4-14

Morrisville, PA 19067

Signature

Date
11-13-14