

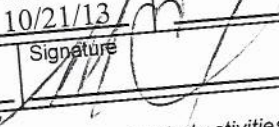
STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 1520

Date of Notification (1) 10 / 01 / 13		Name of Building Owner / Operator (2) PSE&G							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Street Address 80 PARK PLAZA City, State, Zip Code NEWARK, NJ 07101 Name of Contact DAWN NEVILLE Telephone Number OS CONTROL CENSING							
Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		2013 OCT -2 PM 1:29							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SUSQUEHANNA - ROSELAND PROJECT		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 bldgs., homes, etc.)							
Street Address SEE ATTACHED		Square Feet N/A							
City (5)		County (6)	County Code (7)						
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLANTIC ENVIRONMENTAL		ASCM NO							
Street Address 2 EAST BLACKWELL ST		Name of Abatement Contractor (9) LVI Demolition Services Inc.							
City, State, Zip Code DOVER, NJ		Street Address 32 Williams Parkway							
Project Mngr. For Monitoring Firm BOB SHERIFF		City, State, Zip Code East Hanover, NJ 07936							
Telephone Number 973-366-4660		Telephone Number 973-772-3660							
Sched. Start Date (10) 10 / 05 / 13		Sched. Completion Date (11) 12 / 01 / 13							
Name of OSHA Monitor LVI Demolition Services Inc.		License Number 00860							
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 5:00PM		Street Address 32 Williams Parkway							
		City, State, Zip Code East Hanover, NJ 07936							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3sf or >3lf <input type="checkbox"/> >160 sf or >260 lf									
<input checked="" type="checkbox"/> Renovation <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			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TAR/MASTIC	85SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEE ATTACHED	<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 OWNER		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill OWNER					
City, State		Disposal Date	City, State						
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER		Signature <i>Steven Stiles</i>			Date 10/01/13		

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

2013 OCT -2 PM 1:20

Date of Notification (1) <u>9/30/13</u>		Name of Building Owner/Operator (2) <u>Educational Testing Services</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address <u>Rosedale Road</u>	
Type Notification <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 <u>Princeton, NJ 08541</u>	
		Name of Contact <u>John Bailey</u>	Telephone Number <u>-</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>ETS - Facilities Building</u>		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 <u>Rosedale Road</u>		Square Feet <u>10000</u>	# of Floors <u>2</u>
City (5) <u>Princeton</u>		Bldg. Age <u>50</u>	Current Use (Prior if being demolished) <u>Facilities Building</u>
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>10/11/13</u>		Name of OSHA Monitor <u>MECS</u>	
Scheduled Completion Date (11) <u>10/20/13</u>		Street Address <u>PO Box 341</u>	
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 <input type="checkbox"/> Other - Describe: <u>Weekends Only</u>		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input 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 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)
		Yes No N/A	Amount (Specify SF or LF)
<u>Maintenance Shop</u>		<input checked="" type="checkbox"/>	<u>Asbestos fittings</u> 20 fittings
<u>Maintenance Shop</u>			<u>Tank Insulation</u> 120 sf
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>4 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/21/13</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	City, State <u>Tullytown, PA</u>
		Signature 	Date <u>9/30/13</u>

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

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

D&S Proj. #: 2013-358

2013 OCT -2 PM 1:28

CK # 005131
 Date of Notification (1)
 10/19/12 16/11/13

Agencies Notified

EPA
 DEP
 DOL
 DOH
 DCA

Type Notification

Initial
 Amended
 Amendment #: _____
 Emergency (including justification)
 Cancellation

Name of Building Owner/Operator (2)
 RON & JUDY PLECAS

Street Address
 241 GROVE STREET

City, State, Zip Code
 MONTCLAIR, NJ 07042

Name of Contact
 RON & JUDY PLECAS

Telephone Number

OS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
 RON & JUDY PLECAS

Street Address
 241 GROVE STREET

City (5)
 MONTCLAIR

County (6)
 ESSEX

County Code (7) (State use only)

Type of Facility (4)

School (K - 12)
 Subchapter 8 (Other than K-12)
 Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
 10/07/13

Sched. Completion Date (11)
 10/22/13

Occupancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.
 Abatement performed outside of normal facility hours-
 Describe: _____
 Other-Describe: NORMAL HOURS

Name of Abatement Contractor (9)
 D & S RESTORATION, INC.

Street Address
 20 California Ave.

City, State, Zip Code
 Paterson, NJ 07503

Telephone Number
 973-345-8020

License Number
 01169

Name of OSHA Monitor
 D & S Restoration, Inc.

Street Address
 20 California Avenue

City, State, Zip Code
 Paterson, NJ 07503

Scope of Work (check all that apply)

>3 sf or >3 lf Renovation
 ≥160 sf or ≥260 lf Demolition

Full Containment w/negative pressure
 Mini-enclosure
 Glovebag procedure
 Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	N	E
	Yes	No	N/A						
BASEMENT 5 LOCATIONS		X		PIPE INSULATION	<3 L FT	X			
CRAWL SPACE #1		X		PIPE INSULATION	41 L FT	X			
CRAWL SPACE #2		X		PIPE INSULATION	5 L FT	X			

Registered Waste Hauler
 D & S RESTORATION, INC.

NJDEP Hauler ID#
 13506

Cubic Yards of Waste
 1 YD

Name of Registered Landfill
 TULLYTOWN, RESOURCE RECOVERY

City, State
 PATERSON, NJ 07503

Disposal Date
 10/08/13

City, State
 TULLYTOWN, PA

Completed by (Print or Type)

Title
 PRESIDENT

Signature

Date
 09/26/13 2013