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

Name of Building Owner/Operator: The Prudential Insurance Company of America  
Name of Contact: Constance L. Paterek  

FACILITY INFORMATION  

Type of Facility: Commercial  

Location of Asbestos-Containing Material (ACM) TO BE ABATED: Mezzanine Health Care Center Area  

Location Normally Used Solely by Maintenance/Custodial Staff: Yes  

Description of Asbestos Containing Material (ACM): VAT/Mastic  

Amount: 2.800SF  

Abatement Type: Cancellation  

ASB-41 (R-06-08)  

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:126)

Date of Notification (1)
10-17-14

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Name of Building Owner/Operator (2)
The Prudential Insurance Company of America

Street Address
213 Washington Street

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Constance L. Paterek

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
751 Broad Street

County (6)
Essex

County Code (7)

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

Current Use (Prior if being demolished)
Commercial

Name of Monitoring Firm Hired by Building Owner (8)
N/A

Name of Abatement Contractor (9)
Pinnadie Environmental Corp.

Street Address
200 Broad Street

City, State, Zip Code
Carlstadt, NJ 07072

Start Date (10)
10-16-14

Scheduled Completion Date (11)
10-31-14

Occupancy Status During Abatement (Check Only One)
☒ 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 if
☐ ≥160 sf or ≥260 if
☒ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

Yes
No
N/A

Conference Center (Plaza Building)

X VAT/Mastic

350SF

X

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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

Abatement Type

Removal
Repair
Encapsulation
Endoscope

Other

OSHA Class

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Firable Procedure

Name of Registered Waste Hauler:
ATC, Inc. / JBT (50071)

NJDEP Waste Hauler ID No.
24310

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg, OH 44688

Comissioned by
Kevin Moriarty

Title
Project Manager

Signature

TBD

Date
10-17-14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14

Date of Notification (1): October 17, 2014

Agencies Notified:
- EPA
- DCA
- DOL
- DEP - No Longer REQUIRED
- DOH

Notification Type:
- ☑ Initial Notification
- ☑ Amended Notification #
- ☑ Emergency (including justification)
- ☑ Cancelled

Name of Building Owner/Occupant:
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address:
ENVIRONMENTAL HEALTH & SAFETY DEPT, 27 ROAD 1, BLDG 408S, LIVINGSTON CAMPUS
City, State, Zip Code: PISCATAWAY, NJ 08854

Name of Contractor:
MICHAEL SMITH, ENV.
HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
STANLEY BERGEN BUILDING, 65 BERGEN STREET, BLDG# 7252

Street Address:
RBHS NEWARK CAMPUS

City (5):
NEWARK RBHS

County (6):
ESSEX

County Code (7):
ASCM No.: 0098

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

Sq. Feet: N/A
# of Floors: 8
Bldg. Age: 60+ years

Current Use (prior if being demolished):
ACADEMIC

Name of Contractor (9):
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
268 MAIN STREET
City, State, Zip Code: BUTLER, NJ 07405

Telephone Number: 973-492-0477
License Number: 00840

Name of OSHA Monitor (1)
ENVIROVISION, INC.

Street Address:
20-21 WARGARROW ROAD
City, State, Zip Code: FAIRLAWN, NJ

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: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)

Scope of Work (Check all that apply):
- ☑ ≥ 3 sf or ≥ 3 Lf
- ☑ ≥ 160 sf or ≥ 260
- ☑ Renovation
- ☑ Demolition
- ☑ Full Containment with Negative Pressure
- ☑ Mini-Enclosure
- ☑ Glovebag Procedure
- ☑ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13):

- Rooms GB157, GB158, GB159
- Rooms GB157, GB159,

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):
- YES
- NO
- NA

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

- VAT
- BENCH TOPS

Amount (Specify SF or LF): 4500 SF
- 300 SF

Abatement Type:
- ☑ Removal
- ☑ Repair
- ☑ Sealing

Disposal Date: 11/10/14
City, State, Zip Code: 100 New Ford Mill Rd. Morrisville, Pa 19067
215-738-1700

Name of Registered Landfill:
G.R.O.W.S. North Landfill

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno ATC, Attn: Brian Kearney
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:36 and 12:12I)

Date of Modification (1)  
10/17/14

Agency Notified  
EPA
DEP
DOL
DESH
DOI
DOCA

Type of Notification  
C-Asbestos
D-Asbestos
D-Amended
Amendment to (specify):
Emergency (including justification)
C-Cancellation

Name of Building Owner/Operator (2)  
Mr. Martin Castiglione

30 Sturgis Rd

Kendal Park, N.J. 07606

Name of Contactor  
N. B. Skrzynski

Facility Information

Name of Facility Where Abatement is Taking Place (3)  
30 Sturgis Rd

City (5)  
South Brunswick

County (6)  
Middlesex

Name of Monitoring Firm Hired by Building Owner (9)  
Best Removal Inc

Name of Asbestos Contractor (8)  
Best Removal Inc

Street Address  
450 South River St

City State Zip Code  
Hackensack, N.J. 07601

Telephone No.  
201-329-7444

Name of CROA Monitor  
Omega Environmental

Street Address  
280 Euyler St

City State Zip Code  
S. Hackensack, N.J. 07606

Start Date (10)  
10/21/14

Scheduled Completion Date (11)  
10/23/14

Occupancy Status During Abatement (Check only one)
G Full Reach
G Partial Reach
G No Reach

4.128 Yards of Asbestos

Type of Abatement (Check All That Apply)
G Degeneration
G Demolition

Abatement Type

Location of Asbestos-Containing Material (ACM)  

Amount (Specify)  
SF or LF

Mandatory
Non-Mandatory

Abatement Comments  
FSP Containment with Negative Pressure

Location of Asbestos-Containing Material (ACM)  

Amount (Specify)  
SF or LF

Name of Registered Waste Handler  
Best Removal Inc

Name of Registered Landfill  
Minerva Enterprises, LLC

City State Zip Code  
Waynesburg, Oh. 44688

Date Disposal  
10/23/14

Completed By  
J. Maiorano

Page 1

Oct 17 2014 04:02PM NJ Asbestos Control 609.633.0664  
2/17/2014 15:38 2013297448

INT-31

Approved  
NJ Asbestos Control 609.633.0664

Page 84/84

RECEIVED

DOL - 10 DAY

10/23/2014

WASTE APPROVED

Page 1
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 10/12/2014  
Name of Building Owner / Operator (2) Ned Brann

Agencies Notified  
- [ ] EPA  
- [ ] DEP  
- [ ] DOL  
- [ ] DOH  
- [ ] DCA  
Type Notification  
- [ ] Initial  
- [ ] Amended  
- [ ] Emergency  
- [ ] Cancellation  
Street Address  
4 Park Avenue  
City, State & Zip Code  
Riverton, NJ  
Name of Contact  
Ned Brann  
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence
Street Address  
4 Park Ave
City  
Riverton  
County  
Burlington  
County Code  

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

Square Feet  
2000  
# of Floors  
2  
Bldg. Age  
100

Current Use (Prior to being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.

Name of Abatement Contractor (9)
ALPHA ENVIRONMENTAL

Street Address  
PO Box 8297  
City, State & Zip Code  
Trenton, NJ

Name of OSHA Monitor
EMSL Analytical

Street Address  
107 Haddon Avenue  
City, State & Zip Code  
Westmont, NJ 08108

Project Manager for Monitoring Firm
Telephone Number  
215-295-1004  
License Number  
01222

Scheduled Start Date (10) 10/22/2014  
Scheduled Completion Date (11) 10/24/2014

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Hours – 7am to 3pm

Describe:

Scope of Work (Check all that apply)
- [ ] ≥3 sf or ≥3 if  
- [ ] ≥180 sf or ≥260 if  
- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glove Bag Procedures  
- [ ] Non-Exempted and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance or Custodial Staff?
- [ ] 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  
- [ ] Duct Insulation  
- [ ] 50lf

Name of Registered Waste Hauler
ALPHA ENVIRONMENTAL
NJ/DEP Waste Hauler ID No. 0033330

Name of Registered Landfill
Grows Landfill

City, State  
Trenton

Disposal Date  
Various

Name  
Rod Richardson

Title  
PM

Signature  
Rod Richardson

Date  
10/12/2014
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
October 21, 2014

Name of Building Owner / Operator (2)
Bank of America

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Amendment #____
☐ Cancellation

Street Address
135 Jefferson Avenue

City, State & Zip Code
Elizabeth, NJ 07201

Name of Contact
Dino Napoli

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bank of America

Street Address
135 Jefferson Avenue

City (5)
Elizabeth, NJ 07201

County (6)
USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Testing Consultants, LLC

ASCM No.

Type of Facility (4)
☒ Other (i.e., private & commercial buildings, home, etc.)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)

Square Feet
20,000

# of Floors
2

Bldg. Age
49

Current Use (Prior if being demolished)
Bank

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Telephone Number
856-482-1311

License Number
00817

Name of OSHA Monitor
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours
☐ Other – Describe:

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥ 50 lf
☐ ≥160 sf or ≥260 lf

Renovation
Demolition

Full Containment with Negative Pressure
Mini-Enclosures
Glovebag Procedure
Non-Exempted\*) and Non-Friable Procedure

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

IN Facility

Yes No N/A

Boiler Room

Pipe Fittings

Amount (Specify SF or LF)
17 LF

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

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

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Synatech, Inc.

NJDEP Waste Hauler ID No.
27420

Cubic Yards of Waste
1

Disposal Date
December 2, 2014

Name of Registered Landfill
Grows Landfill

City, State
Morrisville, PA

Completed By
Diane Aloia

Title
Executive Administrator

Signature
Date
October 21, 2014

*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) October 21, 2014

Name of Building Owner / Operator (2)
Bank of America

Agencies Notified Type Notification
EPA Initial
DEP
DOL Amended
DOH Amendment #
DCA Cancellation

Street Address
129 Hardenburgh Avenue

City, State & Zip Code
Demarest, NJ 07627

Name of Contact
Dino Nappi

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bank of America

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

Square Feet 6,000
Number of Floors 2
Building Age 60

Current Use (Prior to if being demolished)
Other

Bank

Name of Monitoring Firm Hired by Building Owner (8)
New York Environmental & Material Testing

ASCN No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

License Number 00217

Name of OSHA Monitor
Synatech, Inc.

Project Manager for Monitoring Firm
Stephen O'Doherty

Telephone Number 916-944-9500

Telephone Number 609-296-2410

Scheduled Start Date (10)
November 8, 2014
Scheduled Completion Date (11)
December 18, 2014

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Hours
Other – Describe:
Facility Occupied During Abatement

Scope of Work (Check all that apply)

Renovation
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 or Custodial Staff (12)
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

Main Banking Center
Plaster Ceiling Veneer
2,600 SF
X

Main Banking Center
Ceiling Joint Compound
300 SF
X

2nd Floor Lavatories
Joint Compound
150 SF
X

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 27429

Name of Registered Landfill
Synatech, Inc.
Grows Landfill

City, State
Little Egg Harbor, NJ 08087
City, State
Morrisville, PA

Completed By
Diane Aloi

Title Executive Administrator
Signature
Date October 21, 2014

*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)

Name of Building Owner/Operator (2):
NATIONAL RESTORATION AND FACILITY SERVICES INC.

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

Street Address:
1001 LOWER LANDING ROAD, SUITE 804-806
City, State, Zip Code:
BLACKWOOD, NJ 08012

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

Name of Abatement Contractor (9):
AAA LEAD PROFESSIONALS

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

Name of OSHA Monitor:
AAA LEAD PROFESSIONALS

Scope of Work (Check All That Apply):
- Renovation
- Demolition

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

Name of Registered Waste Hauler:
NEWARK CARTING

Name of Registered Landfill:
IESI

Completed by:
JOSEPH PERLSTEIN

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

Date of Notification (1)
04/01/14

Name of Building Owner/Operator (2)
SHLOMO HOROWITZ

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
19 HOPE TERRACE
City, State, Zip Code
LAKEWOOD, NJ 08701
Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

Square Feet
1200
# of Floors
1
Bldg. Age

Current Use (Prior to being demolished)
HOME

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT
City, State, Zip Code
LAKEWOOD, NJ 08701
Project Manager for Monitoring Firm

Telephone No.
732-668-9078
License No.
1200

Start Date (10)
10/30/14
Scheduled Completion Date (11)
11/2/14
Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describes:

Scope of Work (Check All That Apply)
☐ < 30 ft or < 30 if
☒ > 160 ft or > 260 ft
☐ Renovation
☒ 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? (12)
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

Name of Registered Waste Hauler
NEWARK CARTING
NJDEP Waste Hauler ID No.
04503

Cubic Yards of Waste
7
Name of Registered Landfill
IESI

Disposal Date
11/02/14
City, State
BETHELHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER
Signature
Date
10/20/14

ASB-41 (R-06-06)

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Date of Notification (1)**
04/01/14

**Name of Building Owner/Operator (2)**
DORREN McMAN

**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

**Type Notification**
- [x] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
33 MAPLE AVENUE

**City, State, Zip Code**
KEANSBURG, NJ 07734

**Name of Contact**

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**

**Type of Facility (4)**
- [ ] School (K-12)
- [x] Subchapter 8 (Other than K-12)
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**
1500

**# of Floors**
2

**Bldg. Age**

**Current Use (Prior if being demolished)**
HOME

**Name of Monitoring Firm Hired by Building Owner (5)**

**ASCM No.**

**Name of Abatement Contractor (9)**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

**Project Manager for Monitoring Firm**

**Telephone No.**
732-668-9078

**License No.**
1200

**Start Date (10)**
10/24/14

**Scheduled Completion Date (11)**
10/27/14

**Occupancy Status During Abatement (Check Only One)**
- [x] Full Containment with Negative Pressure
- [ ] Mini-Endoscopy
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Fireable Procedure

**Scope of Work (Check All That Apply)**
- [ ] 23 sf or 23 if
- [x] 160 sf or 280 sf
- [x] Renovation
- [x] Demolition

**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

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

**Amount (Specify SF or LF)**
200 SF

**Abatement Type**
- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

**Name of Registered Waste Hauler**
NEWARK CARTING

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
IESI

**City, State**
LAKEWOOD, NJ 08701

**Disposal Date**
10/27/14

**City, State**
BETHLEHEM PA

**Completed by**
JOSEPH PERLSTEIN
**Title**
OWNER

**Date**
10/20/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:64 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04/01/14</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>CRAIG JONES</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>1503 SAINT LOUIS AVENUE</th>
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</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>POINT PLEASANT BEACH, NJ</td>
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<tr>
<td>Name of Contact</td>
<td>Telephone Numbers</td>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>1503 SAINT LOUIS AVENUE</th>
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<tbody>
<tr>
<td>City (6)</td>
<td>POINT PLEASANT BEACH</td>
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<tr>
<td>County (6)</td>
<td>OCEAN COUNTY</td>
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<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>AAA LEAD PROFESSIONALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>6 WHITE DOVE COURT</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-668-9078</td>
</tr>
<tr>
<td>License No.</td>
<td>1200</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>AAA LEAD PROFESSIONALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>6 WHITE DOVE COURT</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
</tbody>
</table>

Start Date (10) | 10/22/14
Scheduled Completion Date (11) | 10/22/14

Occupancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: ________________________________

Scope of Work (Check All That Apply)

- 23 sf or 23 if
- 2160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (12)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BATHROOM</td>
<td>No</td>
</tr>
<tr>
<td>DRYWALL</td>
<td>400 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler NEWARK CARTING
City, State NEWARK, NJ
Disposal Date 10/22/14
Name of Registered Landfill IESI
City, State BETHLEHEM PA

Completed by JOSEPH PERLSTEIN Title OWNER
Signature
Date 10/20/14

* 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)**

**Name of Building Owner/Operator (2)**

- **Agency Notified**
  - [ ] EPA
  - [ ] DEP
  - [ ] DOL
  - [ ] DOH
  - [x] DCA

- **Initial**
- **Amended**
- **Amendment #1**
- **Emergency (including justification)**
- **Cancellation**

**Street Address**

- **City, State, Zip Code**
- **Wood Ridge, NJ 07016**

- **Name of Contractor**
- **Eric Plauchis**

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - **285 Marlboro Ave**
  - **Wood Ridge, NJ 07075**

- **County Code (7) (STATE USE ONLY)**
  - **Bergen**

- **ASCM No.**

- **Name of Abatement Contractor (3)**
  - **Brick Industries Inc.**

- **Street Address**
  - **Po. Box 915**

- **City, State, Zip Code**
  - **Brick, NJ 08723**

- **Telephone No.**
  - **732-899-7494**

- **License No.**
  - **01196**

- **Type of Facility (4)**
  - [ ] School (K-12)
  - [ ] Subchapter 8 (Other than K-12)
  - [ ] Other (i.e., private commercial buildings, homes, etc.)

- **Square Feet**
  - 1600

- **# of Floors**
  - 1

- **Bldg. Age**
  - 50

- **Current Use (Prior if being demolished)**

- **Start Date (10)**
  - 10/13/14

- **Scheduled Completion Date (11)**
  - 11/13/14

- **Occupancy Status During Abatement (Check only one)**
  - [ ] 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 ft or ≥ 3 lb
  - [ ] ≥ 160 lb or ≥ 260 lb
  - [ ] Demolition
  - [ ] Renovation

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

- **Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**
  - [ ] 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)**
  - 100 LF

- **Abatement Type**
  - [ ] Full Containment with Negative Pressure
  - [ ] Mini-Enclosure
  - [ ] Glovebag Procedure
  - [ ] Non-Exempted (*) and Non-Frisable Procedure

- **Name of Registered Waste Hauler**
  - **Brick Industries Inc.**

- **NJDEP Waste Hauler ID No.**
  - 2162

- **Cubic Yards of Waste**
  - 4

- **Name of Registered Landfill**
  - **G.R.O.W.S.**

- **City, State**
  - **Brick, NJ**

- **Disposal Date**
  - 11/14/114

- **Completed by**
  - [ ] Title **President**

- **Signature**

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

Date of Notification (1)  
10/15/14

Name of Building Owner / Operator (2)  
Verizon Communications

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification  
☒ Initial  
☐ Amended R#1-10/17/14  
☐ Emergency  
☐ Cancellation

Street Address  
15 east Montgomery Place

City, State & Zip Code  
Pittsburgh, PA 15212

Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Verizon New Brunswick CO

Street Address  
18 Paterson Street

City (5)  
New Brunswick

County (6)  
Middlesex

County Code (7)  

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

Square Feet  
236521

# of Floors  
10

Bldg. Age  
79

Current Use (Prior if being demolished)

Telephone Communications

Name of Abatement Contractor (9)  
Bristol Environmental, Inc.

Street Address  
1123 Beaver Street

City, State & Zip Code  
Bristol, PA 19007

Name of OSHA Monitor  
Bristol Environmental Inc.

Project Manager for Monitoring Firm  
Mark Jenkins

Telephone Number  
215-365-5810

ASCM No.  

License Number  
(215)788-6040  
00509

Occupancy Status During Abatement (Check only one)  
☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Hours -- 7am to 3pm  
Describe:  5:00 PM - 1:30 AM

☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)  
☒ ≥ 9 sf or ≥ 1sf  
☒ ≥ 160 sf ≥ 250 sf

☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure

☐ Mini-Enclosure  
☐ Glove Bag Procedures  
☐ 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 or Custodial Staff? (12)  
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  
☐ Material Removal  
☐ Material Repair  
☐ Material Encapsulate  
☐ Enclose

First Floor

6th floor Mechanical Room

5th floor Mechanical Room

3rd floor Mechanical Room

1st floor Mechanical Room

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

Name of Registered Waste Hauler

Service Transport Inc.

NJDEP Waste Hauler ID No.  
20990

Cubic Yards of Waste  
2

Name of Registered Landfill  
Minerva Landfill

City, State  
Waynesburg, Ohio

Completed By (Print or Type)  
Patrick T. Decaro

Title  
Project Manager

Signature  

Date  
10/17/14

PD 14101
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/15/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Verizon Communications</td>
</tr>
<tr>
<td>Street Address</td>
<td>15 East Montgomery Place</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Pittsburgh, PA 15212</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Anthony Porta</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Verizon New Brunswick CO |
| Street Address | 18 Paterson Street |
| City (5) | New Brunswick |
| County (6) | Middlesex |
| County Code (7) |  |
| Name of Monitoring Firm Hired by Building Owner (8) | USA Environmental inc |
| Street Address | 8436 Enterprise Avenue |
| City, State & Zip Code | Philadelphia pa 19153 |
| Project Manager for Monitoring Firm | Mark Jenkins |
| Telephone Number | 215-365-5810 |
| Scheduled Start Date (10) | 10/28/14 |
| Scheduled Completion Date (11) | 10/30/14 |

### Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
  - Describe: 5:00 PM - 1:30 AM
- Facility Occupied During Abatement

### Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥160 sf ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

## ABATEMENT HOUSES

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

<table>
<thead>
<tr>
<th>First Floor</th>
<th>6th Floor Mechanical Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tile &amp; Mastic Fittings</td>
<td></td>
</tr>
</tbody>
</table>

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

| Amount (Specify SF or LF) |  |
|---------------------------|  |
| Full Containment with Negative Pressure |  |

### Name of Registered Landfill

<table>
<thead>
<tr>
<th>Minerva Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
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</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Service Transport Inc.</th>
<th>NDEP Waste Hauler ID No.</th>
<th>20990</th>
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</table>

### Disposal Date

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waynesburg, Ohio</td>
<td>10/15/14</td>
</tr>
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### Title

<table>
<thead>
<tr>
<th>Project Manager</th>
</tr>
</thead>
</table>

### Signature

<table>
<thead>
<tr>
<th>Patrick T. Decaro</th>
</tr>
</thead>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
10/20/2014

Name of Building Owner/Operator (2)
Paterson Public Schools

Street Address
90 Delaware Ave.

City, State, Zip Code
Paterson, NJ 07503

Name of Contact
Muyiwa Onigbogi

AGENCIES NOTIFIED

☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA

Type Notification
initial
Amended
Amendment #
Emergency (including justification)
Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
John F. Kennedy High School

Street Address
61-127 Preakness Avenue

City (5)
Paterson

County (6)
Passaic

Name of Monitoring Firm Hired by Building Owner (8)
TTI Environmental Inc.

ASCM No.
0003

Name of Abatement Contractor (9)
Bako Construction & Restoration, Inc

Street Address
265A Route 46 Suite 3D

City, State, Zip Code
Totowa, NJ 07512

License No.
0666

Project Manager for Monitoring Firm
Tim Popp

Telephone No.
856-840-8800

Name of OSHA Monitor
Bako Construction & Restoration, Inc

Start Date (10)
10/31/2014

Scheduled Completion Date (11)
11/02/2014

Scope of Work (Check All That Apply)

☒ ≥ 3 sf or ≥ 3 If
☒ ≥ 150 sf or ≥ 260 If

Location of Asbestos-Containing Material (ACM)
Room 346

Description of Asbestos-Containing Material (ACM)
Table Tops

Amount (Specify SF or LF)
280 SF

Ablation Type

☒ Endurance
☒ Encapsulate
☒ Repair
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Is Location Normally Used Solely by Maintenance/ Custodial Staff?
No

Location of Asbestos-Containing Material (ACM)
In Facility

Location Normally Used Solely by Maintenance/ Custodial Staff?
Yes

Amount (Specify SF or LF)
280 SF

Endurance

Encapsulate

Repair

Full Containment with Negative Pressure

Non-Exempted (*) and Non-Friable Procedure

G.R.O.W.S

Name of Registered Landfill

Completed by
Dammir Valjevac

Title
Project Manager

Name of Registered Waste Hauler
Bako Construction & Restoration, Inc

Waste Hauler ID No.
20889

Disposal Date
TBD

City, State
Totowa, NJ

Cubic Yards of Waste
TBD

G.R.O.W.S

Name of Registered Landfill

Signature

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator (2)**

P.S.E.G.

**Name of Facility Where Abatement is Taking Place (3)**

PSG - G - MH 27

**Name of Abatement Contractor (9)**

UNIQUE SYSTEMS OF AMERICA

**Location of Asbestos-Containing Material (ACM)**

TO BE ABATED

OUTDOORS

**Name of Registered Waste Hauler**

WASTE MANAGEMENT

**Name of Contact**

JOHN KILLIAN

**Telephone Number**

N/A

---

**Date of Notification (1)**

10/22/14

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

ENVIRONMENTAL TACTICS

**ASCM No.**

0045

**Street Address**

4000 HADLEY ROAD

SOUTH PLAINFIELD, NJ 07080

**City (5)**

RIDGEFIELD

**County (6)**

BERGEN

**Square Foot**

N/A

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

Facility Closed/Vacated During Entire Period of Abatement

**End Date**

11/21/14

**Start Date**

10/21/14

**License No.**

01111

**Project Manager for Monitoring Firm**

TOM GEIGER

**Telephone No.**

732-292-2217

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

Renovation

Demolition

**Type of Facility (4)**

X Other (i.e. private & commercial buildings, homes, etc.)

**Telephone No.**

732-432-3350

**Street Address**

64 BROAD STREET

MATAWAN, NJ 07747

**City, State, Zip Code**

MATAWAN, NJ 07747

**County Code (7)**

N/A

**Current Use (Prior if being demolished)**

N/A

---

**Type of Asbestos-Containing Material (ACM)**

ACM Pipe - Thermal Insulation, Surfaceing, VAT, or other miscellaneous

**Amount (Specify SF or LF)**

N/A

**End Date**

11/21/14

---

**Name of Contact**

JOHN KILLIAN

**Telephone Number**

N/A

---

**Name of Registered Waste Hauler**

WASTE MANAGEMENT

**Telephone No.**

N/A

**Street Address**

4000 HADLEY ROAD

SOUTH PLAINFIELD, NJ 07080

**City, State, Zip Code**

SOUTH PLAINFIELD, NJ 07080

**Name of Manufacturer/Supplier of Refrigeration/Freezing Equipment**

N/A

**Project Manager for Monitoring Firm**

TOM GEIGER

**Telephone No.**

732-292-2217

---

**Name of Registered Landfill**

GROWS NORTH

**City, State**

MORRISVILLE, PA

**Disposal Date**

TBD

**Waste Hauler ID No.**

1125

**City, State**

ELIZABETH, NJ

**Complied by**

CAROL RAIMO

**Title**

OFFICE MGR.

**Signature**

CAROL RAIMO

**Date**

10/22/14

---

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:129)

Date of Notification (1): 10/22/14

Name of Building Owner/Operator (2): P.S.E.G.

Name of Contact: JOHN KILLIAN

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): P.S.E.G. MH 26

Street Address: 1194 EDGEWATER AVE.

City (5): RIDGEFIELD

County (6): BERGEN

Name of Monitoring Firm Hired by Building Owner (8): ASCN No. 0045

Name of Abatement Contractor (9): UNIQUE SYSTEMS OF AMERICA

Type of Facility (4):

School (K-12)

Subchapter B (Other than K-12)

Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: N/A

# of Floors: N/A

Bldg. Age: N/A

Current Use (Prior to being demolished): N/A

Name of OSHA Monitor: UNIQUE SYSTEMS OF AMERICA

Street Address: 396 WHITEHEAD AVE.

City, State, Zip Code: SOUTH RIVER, NJ 08882

Scope of Work (Check All That Apply):

- 2,318 sf or 23 ft
- 1600 sf or 250 ft

Renovation

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 (10):

OUTDOORS

ACM PIPE SPRAYATIC DCLF

Name of Registered Waste Hauler:

WASTE MANAGEMENT

NUDEP Waste Hauler ID No.: 1125

Cubic Yards of Waste:

Disposal Date: TBD

Name of Registered Landfill:

GROWS NORTH

City, State:

ELIZABETH, NJ

MORRISVILLE, PA

Completed by: CAROL RAIMO

Title: OFFICE MGR.

Signature: CAROL RAIMO

Date: 10/22/14

Print Form

ASB-41 (R-08-08)

* Do not use this form for asbestos licensure exempted activities.
### Date of Notification (1)
10/22/14

### Name of Building Owner/Operator (2)
P.S.E.G.

### Street Address
4000 HADLEY ROAD

### City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

### Name of Contact
John Killian

### Agency Notified
- [x] EPA
- [ ] DEP
- [ ] COL
- [x] DOH
- [x] DCA
- [ ] Initial
- [ ] Amended
- [ ] Amendment #
- [x] Emergency (including justification)
- [ ] Cancellation

### Name of Facility Where Abatement is Taking Place (3)
P.S.E.G. - MH 24
107 BERGEN TURNPIKE
RIDGEFIELD PARK

### County (8)
BERGEN

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

### Square Feet
N/A

### Current Use (Check if being demolished)
N/A

### Name of Monitoring Firm Hired by Building Owner (8)
ENVIROMENTAL TACTICS

### ASCM No.
0045

### Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

### Street Address
64 BROAD STREET

### City, State, Zip Code
MATAWAN, NJ 07747

### Telephone No.
732-292-2217

### License No.
01111

### Start Date (10)
11/1/14

### Scheduling Completion Date (11)
3/31/14

### Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA

### Street Address
396 WHITEHEAD AVE.

### City, State, Zip Code
SOUTH RIVER, NJ 08882

### Scope of Work (Check All That Apply)
- [x] 23 sf or 23 sq
- [x] 160 sf or 200 sf

### Is Location Normally Used Solely by Maintenance/Custodial Staff?
- [x] Yes
- [ ] No
- [x] N/A

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

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

### Name of Registered Waste Hauler
WASTE MANAGEMENT

### NJDEP Waste Hauler ID No.
1125

### Cubic Yards of Waste
442

### Name of Registered Landfill
GROWS NORTH

### City, State
MORRISVILLE, PA

### Completed by
CAROL RAIMO

### Title
OFFICE MGR.

### Signature
Carol Raimo

### Date
10/22/14

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
Pursuant to NJAC 8:20-12:120

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/22/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>P.S.E.G.</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Killian</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>PSE &amp; G MH 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>92 WINANT AVE.</td>
</tr>
<tr>
<td>City (5)</td>
<td>LITTLE FERRY</td>
</tr>
<tr>
<td>County (6)</td>
<td>BERGEN</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No. 0045</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>UNIQUE SYSTEMS OF AMERICA</td>
</tr>
<tr>
<td>Environmental Tactics</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>TOM GEIGER</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-292-2217</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>11/11/14</td>
</tr>
<tr>
<td>Completed Date (11)</td>
<td>12/31/14</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td>OUTDOORS</td>
</tr>
</tbody>
</table>

**Disclaimer:**
- Do not use this form for asbestos license exempted activities.

**Scope of Work (Check All That Apply)**
- 403 sf to 2033 sf
- 2040 sf or greater
- Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (C) and Non-Friable Procedure

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

**Description of Asbestos-Containing Material (ACM)**
- ACM PIPING SOMATIC DOLFC

**Amount (Specify SF or LF)**
- N/A

**Waste Management**
- Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. 1125 |
- Disposal Date | TBD |
- City, State | ELIZABETH, NJ |

**Completion Info**
- Completed by: CAROL RAIMO
- Title: OFFICE MGR.
- Signature: [Signature]
- Date: 10/23/14
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Date of Notification (1):** 10/22/14

**Name of Building Owner/Operator (2):** P.S.E.G.

**Street Address:** 4000 HADLEY ROAD

**City, State, Zip Code:** SOUTH PLAINFIELD, NJ 07080

**Name of Contact:** JOHN KILLIAN

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** PSE-G - MH 54

**Street Address:** 580 N MIDLAND AVE.

**City (5):** SADDLE BROOK

**County (6):** BERGEN

**Name of Monitoring Firm Hired by Building Owner (8):** ENVIRONMENTAL TACTICS

**ASCM No.:** 0045

**Name of Abatement Contractor (9):** UNIQUE SYSTEMS OF AMERICA

**Street Address:** 396 WHITEHEAD AVE.

**City, State, Zip Code:** SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm:** TOM GEIGER

**Telephone No.:** 732-252-2217

**Start Date (10):** 11/11/14

**Scheduled Completion Date (11):** 12/31/14

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Other - Describe:** OUTDOORS

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

- [X] ≥3 sf or ≥3 If
- [ ] ≥160 sf or ≥260 If

**Description of Asbestos-Containing Material (ACM):**

- LOCATION OF
- ACM PIPE: Somastic oCL

**Abatement Type:**

- [X] Outdoors

**Name of Registered Waste Hauler:**

**NJDEP Waste Hauler ID No.:** 1125

**Disposal Date:** TBD

**City, State:** MORRISVILLE, PA

**Completed by:** CAROL RAIMO

**Title:** OFFICE MGR.

**Signature:** Carol Raimo

**Date:** 10/23/14

*Do not use this form for asbestos license exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:28)

Date of Notification (1) 10/22/14

Name of Building Owner/Operator (2) P.S.E.G.

Agencies Notified Type Notification
☐ EPA ☒ Initial
☐ DEP Amendment #
☐ DOL Emergency (including notification)
☐ DOH Cancellation
☐ DGA

Street Address 4000 HADLEY ROAD
City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080

Name of Contact: JOHN KILLIAN FACILITY INFORMATION

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

Square Feet # of Floors Blgd. Age
N/A N/A N/A

Current Use (Prior if being demolished) N/A

Name of Facility Where Abatement is Taking Place (3) P.S.E.G.

Street Address 146 RT 46
City (5) SADDLE BROOK

Name of Environmental Tactics Firm ASCM No. 0045
Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA

County Code (7) (STATE USE ONLY) BEBERG

Name of Resident/Property Owner (10) N/A

Project Manager for Monitoring Firm Telephone No. 732-292-2217
Name of CSHA Monitor UNIQUE SYSTEMS OF AMERICA

Street Address 396 WHITEHEAD AVE.
City, State, Zip Code SOUTH RIVER, NJ 08882

License No. 01111

Start Date (10) 11/11/14
Scheduled Completion Date (11) 12/31/14

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other — Describes: OUTDOORS

Scope of Work (Check All That Apply)
☐ e23 sf or e23 ft
☐ e160 sf or e260 ft
☐ Renovation
☐ 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 (12)

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, VRT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler WASTE MANAGEMENT

NJDEP Waste Hauler ID No. 1125

Cubic Yards of Waste APP 3

Name of Registered Landfill GROWS NORTH

City, State ELIZABETH, NJ

Disposal Data TBD

City, State MORRISVILLE, PA

Completed by CAROL RAIMO

Title OFFICE MGR.

Signature

Data 10/22/14

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:90 and 12:20)

**State of New Jersey**

**Date of Notification (1):** 10/22/14

**Name of Building Owner/Operator (2):** P.S.E.G.

**Agencies Notified:**
- [ ] EPA
- [ ] DEP
- [X] COL
- [X] DOH
- [X] DCA

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

**Name of Contact:** John Killian

**Street Address:** 4000 HADLEY ROAD

**City, State, Zip Code:** SOUTH PLAINFIELD, NJ 07080

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3):** PSEG - MH 62

**Street Address:** 17-01 NEVINS RD

**City:** FAIR LAWN

**County:** BERGEN

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**Current Use (Prior to being demolished)**

**Name of Monitoring Firm Hired by Building Owner (8):** ENVIRONMENTAL TACTICS

**ASCM No.:** 0045

**Name of Abatement Contractor (9):** UNIQUE SYSTEMS OF AMERICA

**Street Address:** 396 WHITEHEAD AVE.

**City, State, Zip Code:** SOUTH RIVER, NJ 08882

**Telephone No.:** 732-328-2217

**License No.:** 01111

**Name of OSHA Monitor:** UNIQUE SYSTEMS OF AMERICA

**Street Address:** 396 WHITEHEAD AVE.

**City, State, Zip Code:** SOUTH RIVER, NJ 08882

**Start Date (10):** 11/1/14

**Scheduled Completion Date (11):** 12/31/14

**Occupancy Status During Abatement (Check Only One):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [X] Other - Describe: outdoors

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

**Abatement Type:**

- [ ] Removal
- [ ] Repaint
- [ ] Encapsulate
- [ ] Envelope

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. materials containing asbestos, surfacing, etc.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor</td>
<td>[X]</td>
<td>ACM Pipe Samstage 6,0 LF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** WASTE MANAGEMENT

**NUDEP Waste Hauler ID No.:** 1125

**Cubic Yards of Waste:** Appx 2

**Name of Registered Landfill:** GROWS NORTH

**City, State:** ELIZABETH, NJ

**Disposal Date:** TBD

**City, State:** MORRISVILLE, PA

**Completed by:** CAROL RAIMO

**Title:** OFFICE MGR.

**Signature:** Carole Rea

**Date:** 10/23/14

*Do not use this form for asbestos license exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:123)

**Date of Notification (1)**
10/22/14

**Name of Building Owner/Operator (2)**
P.E.S.G.

**Street Address**
4000 HADLEY ROAD

**City, State, Zip Code**
SOUTH PLAINFIELD, NJ, 07080

**Name of Contact**
JOHN KILLIAN

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
PSE & G MH 60A

**Street Address**
17-01 NEVINS RD.

**City (5)**
FAIR LAWN

**County (6)**
BERGEN

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIRONMENTAL TACTICS

**ASCM No.**
0045

**Name of Abatement Contractor (9)**
UNIQUE SYSTEMS OF AMERICA

**Street Address**
396 WHITEHEAD AVE.

**City, State, Zip Code**
SOUTH RIVER, NJ 08882

**License No.**
01111

**Scope of Work (Check All That Apply)**
- 
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Abatement Type**
- Removal
- Encapsulate
- Dredge

**Location of Asbestos-Containing Material (ACM)**

- **TO BE ABATED**
- in Facility

**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)

**Amount (Specific SF or LF)**

- X

**Name of Registered Waste Hauler**
WASTE MANAGEMENT

**NJDEP Waste Hauler ID No.**
1125

**Cubic Yards of Waste**

- A

**Name of Registered Landfill**
GROWS NORTH

**City, State**
ELIZABETH, NJ

**Disposal Date**
10/31/14

**Completed by**
CAROL RAIMO

**Tills**
OFFICE MGR.

**Signature**

**Date**
10/22/14

---

*Do not use this form for asbestos licensure exempted activities.*
PSE&G - MH 61
17-01 NEVINS RD
FAIR LAWN
BERGEN

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Street Address
64 BROAD STREET
MATAWAN, NJ 07747

Project Manager for Monitoring Firm
TOM GEIGER

Telephone No.
732-292-2217

Start Date (10)
11/11/14

Scheduled Completion Date (11)
3/1/15

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

Scopes of Work (Check All That Apply)
≥3 sf or ≥3 if
≥160 sf or ≥280 if
Renovation
Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (15)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes
No
N/A

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

Name of Registered Waste Hauler
WASTE MANAGEMENT

City, State, Zip Code
ELIZABETH, NJ

Completed by
CAROL RAIMO

Title
OFFICE MGR.

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

*State of New Jersey*

**Pursuant to NJAC 8:60 and 12:120**

**Date of Notification (1)**
10/22/14

**Name of Building Owner/Operator (2)**
P.S.E.G.

**Street Address**
4000 HADLEY ROAD

**City, State, Zip Code**
SOUTH PLAINFIELD, NJ. 07080

**Name of Contact**
JOHN KILLIAN

**Type of Facility (4)**

<table>
<thead>
<tr>
<th>School (K-12)</th>
<th>Subchapter B (Other than K-12)</th>
<th>Other (i.e., private &amp; commercial buildings, homes, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

**Name of Facility Where Abatement is Taking Place (3)**
P.S.E.G. - MH 58

**Street Address**
10-10 20th STREET

**City (5)**
FAIR LAWN

**County (6)**
BERGEN

**County Code (7)**
N/A

**Type of Monitoring Firm Hired by Building Owner (8)**
ENVIRONMENTAL TACTICS

**ACSM No.**
0045

**Name of Abatement Contractor (9)**
UNIQUE SYSTEMS OF AMERICA

**Street Address**
396 WHITEHEAD AVE.

**City, State, Zip Code**
SOUTH RIVER, NJ. 08882

**Name of CSLHA Monitor**
UNIQUE SYSTEMS OF AMERICA

**Telephone No.**
732-292-2217

**License No.**
01111

**Start Date (10)**
11/11/14

**Scheduled Completion Date (11)**
12/31/14

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: **OUTDOORS**

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

- Asbestos拆除 or Asbestos Removal
- Renovation 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)**

- Yes
- No
- N/A

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

- Yes
- No
- N/A

**Description of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTDOORS</td>
<td>ACM PIPE Semastic 10 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
WASTE MANAGEMENT

**Waste Hauler ID No.**
1125

**Cubic Yards of Waste**
Approx 2

**Name of Registered Landfill**
GROWS NORTH

**City, State**
ELIZABETH, NJ

**Dispose Date**
TBD

**City, State**
MORRISVILLE, PA

**Completed by**
CAROL RAIMO

**Title**
OFFICE MGR.

**Signature**

**Date**
10/22/14

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:20)

**Date of Notification (1)**  
10/22/14

**Name of Building Owner/Operator (2)**  
P.S.E.G.

**Street Address**  
4000 HADLEY ROAD

**City, State, Zip Code**  
SOUTH PLAINFIELD, NJ 07080

**Name of Contact**  
JOHN KILLIAN

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
PSE+G - MH 57A

**Street Address**  
1-29 BANTA PLACE

**City (5)**  
FAIRLAWN

**County (6)**  
BERGEN

**Name of Monitoring Firm Hired by Building Owner (8)**  
ENVIRONMENTAL TACTICS

**ASCM No.**  
0045

**Name of Abatement Contractor (9)**  
UNIQUE SYSTEMS OF AMERICA

**Street Address**  
396 WHITEHEAD AVE.

**City, State, Zip Code**  
SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm**  
TOM GEOGER

**Telephone No.**  
732-252-2217

**Start Date (10)**  
11/1/14

**Scheduled Completion Date (11)**  
12/31/14

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

**Scope of Work (Check All That Apply)**  
× 23 sf or <30 ft  
× ≥160 sf or ≥280 ft

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**  
OUTDOORS

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**  
Yes  
No  
N/A

**Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, etc.)**  
ACM Pipe, Sash/Repointing, Rolf

**Amount (Specify SF or LF)**  

**Abatement Type**

**Name of Registered Waste Hauler**  
WASTE MANAGEMENT

**NJDEP Waste Hauler IC No.**  
1125

**Cubic Yards of Waste (14)**  
Approx 2

**Name of Registered Landfill**  
GROWS NORTH

**City, State**  
ELIZABETH, NJ

**Disposal Date**  
TBD

**Completed by**  
CAROL RAIMO

**Title**  
OFFICE MGR.

**Signature**  
Carol Raimo 10/22/14

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ABATEMENT
(Pursuant to NJAC 8:60 and 12:126)

Date of Notification (1)
10/22/14

Name of Building Owner/Operator (2)
P.S.E.G.

Agencies Notified
☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA

Type of Notification
☑ Initial
☑ Amended
☑ Amendment #
☑ Emergency (Including Justification)

Street Address
4000 HADLEY ROAD

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

Name of Contact
JOHN KILLIAN

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE & G - MH 57

Street Address
5-18 BANTA PLACE

City (5)
FAIR LAWN

County (6)
BERGEN

County Code (7) (STATE USE ONLY) N/A

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS

ACSM No.
0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm
TOM GEIGER

Telephone No.
732-292-2217

License No.
01111

Start Date (10)
11/1/14

Scheduled Completion Date (11)
01/31/14

Occupy Status During Abatement (Check Only One)
☑ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours
☑ Other – Describe: OUTDOORS

Scope of Work (Check All That Apply)
☑ 23 sf or 23 if
☑ ≥160 sf or ≥280 if
☑ Renovation
☑ 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

Location
OUTDOORS

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes ☑
No ☐
N/A ☐

Description of Asbestos Containing Material (ACM)
 ACM Pipe Somatic ACF

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
WASTE MANAGEMENT

NJDEP Waste Hauler ID No.
1125

Cubic Yards of Waste

Disposal Date
TBD

Name of Registered Landfill
GROWS NORTH

City, State
ELIZABETH, NJ

Disposal Date

Name of Registered Landfill
GROWS NORTH

City, State
ELIZABETH, NJ

Completed by
CAROL RAIMO

Title
OFFICE MGR.

Signature
Carol Raimo 10/22/14

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Pursuant to NJAC 8:50 and 12:120**

---

**Date of Notification (1)**

10/22/14

**Name of Building Owner/Operator (2)**

P.S.E.G.

**Agencies Notified (3)**

- [ ] EPA
- [x] DEP
- [ ] DOH
- [ ] DOA
- [ ] COL

**Type Notification**

- [ ] Initial
- [ ] Amended
- [ ] Emergency (including notification)
- [ ] Cancellation

**Street Address**

4000 HADLEY ROAD

**City, State, Zip Code**

SOUTH PLAINFIELD, NJ, 07080

**Name of Contact**

JOHN KILLIAN

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (5)**

D.S.E.G. MH 56

**Street Address**

28-09 ROSALIE ST.

**City**

FAIR LAWN

**County**

BERGEN

**Square Feet**

N/A

**# of Floors**

N/A

**Bldg. Age**

N/A

**Type of Facility (4)**

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

**Current Use (Prior if being demolished)**

N/A

**Name of Monitoring Firm Hired by Building Owner (5)**

ENVIRONMENTAL TACTICS

**ASCM No.**

0045

**Name of Abatement Contractor (9)**

UNIQUE SYSTEMS OF AMERICA

**Street Address**

396 WHITEHEAD AVE.

**City, State, Zip Code**

SOUTH RIVER, NJ, 08882

**Telephone No.**

732-432-8350

**License No.**

01111

**Name of OSHA Monitor (12)**

UNIQUE SYSTEMS OF AMERICA

**Street Address**

396 WHITEHEAD AVE.

**City, State, Zip Code**

SOUTH RIVER, NJ, 08882

**Start Date (10)**

11/11/14

**Scheduled Completion Date (11)**

12/31/14

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: PUT DOORS

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

- [ ] ≥3 sf or ≥3 ft
- ≥150 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Priable Procedure

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

**In Facility (13)**

- [x] Outdoors
- [ ] ACM PIPE
- [ ] ACM MASTIC
- [x] SOLEF

**Name of Registered Waste Hauler (7)**

WASTE MANAGEMENT

**NJDEP Waste Hauler ID No.**

1125

**Cubic Yards of Waste**

N/A

**Name of Registered Landfill**

GROWS NORTH

**City, State**

MORRISVILLE, PA

**Disposal Date**

1/6/14

**Completed by**

CAROL RAIMO

**Title**

OFFICE MGR.

**Signature**

CAROL RAIMO

**Date**

10/22/14

---

*ASB-41 (R-08-08)*

* Do not use this form for asbestos license exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
10/22/14

**Name of Building Owner/Operator (2)**
P.S.E.G.

**Street Address**
4000 HADLEY ROAD

**City, State, Zip Code**
SOUTH PLAINFIELD, NJ 07080

**Telephone Number**

**Name of Contact**
JOHN KILLIAN

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
PSG-G - MAH 55

**Street Address**
O-51 WHITEHALL ST.

**City (5)**
FAIR LAWN

**County (6)**
BERGEN

**Square Foot**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIRONMENTAL TACTICS

**ASCM No.**
0045

**Name of Abatement Contractor (9)**
UNIQUE SYSTEMS OF AMERICA

**Street Address**
396 WHITEHEAD AVE.

**City, State, Zip Code**
SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm**
TOM GEIGER

**Telephone No.**
732-292-2217

**License No.**
01111

**Start Date (10)**
11/1/14

**Scheduled Completion Date (11)**
12/31/14

**Occupancy Status During Abatement (Check Only One)**
Facility Closed/Vacated During Entire Period of Abatement

**Other – Describe:**
Outdoor

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

- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**
Outdoors

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

- Yes
- No
- N/A

**Description of Asbestos Containing Material (ACM)**
ACM Pipe, Insulation, Decks, Floors

**Amount (Specify SF or LF)**
N/A

**Abatement Type**

**Name of Registered Waste Hauler**
WASTE MANAGEMENT

**NJDEP Waste Hauler ID No.**
1125

**Cubic Yards of Waste**

**Name of Registered Landfill**
GROWS NORTH

**City, State**
ELIZABETH, NJ

**Disposal Date**
TBD

**City, State**
MORRISVILLE, PA

**Completed by**
CAROL RAIMO

**Title**
OFFICE MGR.

**Signature**
Carol Reama 10/22/14

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