CK#6555

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

ME CHANGE

Date of Notification (1)					Name of Building Owner/Operator (2) PSE&G Street Address 4000 HADLEY ROAD												
9/15/2015		59		PSE&	G				2	#15 S	FP 15						
Agencies Notified	Type Notification			Street A 4000 h	ddress HADLEY	' ROAI	D		L.	3 4		hir	1 4	: 2	l		
DEP × DOL	Amended Amendment		_		ite, Zip Co H PLAIN		D, NJ 0	7080		ď	LICE	V 1/6		r;Ul	23		
× DOH □ DCA	Emergency justification) Cancellation				f Contact R YASS	A					ephone N			*			
			FACILITY INFORMATION														
Name of Facility Where PSE & G	Abatement is Takir	g Place (3	3)						of Facility (4 School (K-1)								
Street Address 7932 TONNELLE A	AVE.							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							es,		
City (5) NORTH BERGEN								Squa N/A	re Feet	# of N/A	Floors		1 2.65	idg. A /A	Age		
County (6) HUDSON		County Code (7) (STATE USE ONLY)					ent Use (Prio		ng demo	lished)						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS					No.				tement Con			CA					
Street Address 64 BROAD STREE		Street Address 396 WHITEHEAD AVE.															
City, State, Zip Code MATAWAN, NJ 07		City, State, Zip Code SOUTH RIVER, NJ 08882															
Project Manager for Mor		Telepho	ne No. 92-2217		Teleph	none N 432-8	0.		License 01111								
Start Date (10) 9/29/2015			Date (11)		Name	of OSI	HA Monitor	SOF	F-E / DRV SUZGO-								
Occupancy Status Durin	30090000	1			01505.4000465	Addres				0/1				_			
Facility Closed/Vac	(T) (T)	350	550	ement					EHEAD A	VE.							
Abatement Perform Other – Describe:	ned Outside of Norr			City, State, Zip Code SOUTH RIVER, NJ 08882													
Scope of Work (Check A	All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		le	Locati						Exempted	// / /	3 11011 1 1	Table !			ement		
Location	n of	1	Normal	ly		De	scription	of				_	_	Ту	ре		
Asbestos-Containing TO BE AB			d Sole intenar				taining N systems				mount Specify		77		En	ш	
In Faci	lity	Cus	todial 5 (12)	Staff?	(1.0.	surfa	cing, VA	T, or	adon,		or LF)		Remova	Repair	caps	Enclosure	
(13)		Yes	No	N/A		other r	niscellar	neous)					val	air	Encapsulate	sure	
OUTDO	ORS	163	X	IN/A	TF	RANSI	TE CO	NDUI	TS	20	00 LF	X					
					-												
VEOLIA				JDEP Wauler ID 306313	No.	of Wa appx			Name of I								
City, State FLANDERS, NJ				Disposal Date TBD					City, State		, MI			11110			
Completed by CAROL RAIMO		Title OFFI	CE /0	Signature				0	Date 9/15/2015				15				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name of Building Owner/Operator (2)													
9 / 14	4/	15	_		City	of Camo	den			2815 CED	10							
17.00	pe Notifica	tion			Street	Address					16 AM 1:	i 5						
Canal	Initial				PO	Box 9512	20											
A COST	Amended Amendme				City, S	tate, Zip C	ode			8 1	řen sing R	ŨI.						
☑ DOH ☐ DCA	Emergenc		udina		Can	nden, NJ	081	01		os t. i	LEHING	- 1						
(NJAC 5:23-8)	justificatio		uuiiig		Name	of Contact					Telephone Nur	nber						
] Cancellati	on			Joh	n Bond												
					FAC	CILITY IN	FOR	RMATION										
Name of Facility Where Abat	tement is T	aking l	Place	(3)					Т	ype of Facility	(4)							
FAIRVIEW ST RESIDE						1	School (K-12	*	21									
Street Address											3 (Other than K-1 rivate and comme		uildi	nas.				
805, 807, 809, 868, 869	9, 870, 872	2, 873	, 874	Res	idence	es				homes, etc.)								
City (5)									S	Square Feet	# of Floors	1	Bldg.	Age				
Camden										varies	varies		50+					
County (6)					Cour	ity Code (7)(STA	TE USE ONLY)	C	Current Use (Pr	or if being demol	ished)						
CAMDEN										HOUSING D	EEMED UNSA	FE						
Name of Monitoring Firm Hir	ed by Build	ing Ov	vner (8)	ASCM	No.	Nar	me of Abateme	ent	t Contractor (9)								
Health and Safety Ser	vices				117		С	ontrolled E	nv	rironmental S	Systems							
Street Address							Stre	eet Address										
PO Box 365							1	121 N. Bethl	lel	hem Pike - S	uite 60	60						
City, State, Zip Code		City, State, Zip Code																
Berlin, NJ 08009				S	pring House	e,	PA 19477											
Project Manager for Monitori	Tele	phone	No.	Tele	ephone No.			License No.										
Jim Proctor				С	609-8	39-2432	2	15 542 7000)		00847							
Start Date (10)	omple	tion Da	te (11)	Nar	me of OSHA M	/lor	nitor											
9 / 25 /	10)/	30	/ _	15	C	ES											
Occupancy Status During Ab	ne)			Stre	eet Address													
☐ Facility Closed/Vacated □	During Entir	e Peri	od of	Abate	ment		1	121 N Bethle	eh	nem Pike -Su	ite 60							
Abatement Performed Ou					Oity, Otate, Zip Code													
Time of Abatement: 7:00	JAM- <u>5:00</u> P	/IVI/	PN	1	_AM	Spring House, PA 19477												
Scope of Work (Check all that	at apply)	- // - *																
☐ >3 sf or >3 lf		1	□Re	novat	☐ Full Containment with Negative Pressure													
⊠ ≥160 sf or ≥260 lf			⊠ De					☐ Glovebag	g F	Procedure								
					Non-Exempted (*) and Non-Friable Procedure													
				Loca: Norma				5						nent T	уре			
Location of Asbestos-Containing Mat	terial (ACM	,			ely by	Asbe	stos	Description o Containing Ma		rial (ACM)	Amount	70	Kepair	En	En			
TO BE ABATE		´		intena	ince/ Staff?		., the	rmal systems	ins	sulation,	(Specify	Kemova	Jair	aps	Enclosure			
IN Facility (13)			Cusi	(12)	Otali!			urfacing, VAT, ner miscellane			SF or LF)	<u>a</u>		Encapsulate	Jre			
()			Yes	No	N/A		0.,			,				O				
SEE ATTACHED			П			SEE AT	TAC	HED			200 YD per re	s	1	П	П			
						0== / (.,		200		200 12 poi 10							
					-								1 -					
			Ц									L	1 L	ПП	Ш			
Name of Registered Waste H				198	IJDEP \ lauler II		Cub	oic Yards of		Name of Regis	stered Landfill							
Waste Management of		17273		1150000	00/residenc		GROWS											
City, State		-11001110500		Disp	posal Date		City, State											
Fairless Hills, PA			10/30/15 Tullytown PA															
Completed By (Print or Type)	Title						Signature	1 Date					i				
Patricia Visco		Of	fice I	Vlana	ger			Marti	uce posce a/14)						_			

OK 9435

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

			-			-					-					
Date of Notification (1)	-14-16	5	1	lame of	Pau TS9Rnas											
Agencies Notified Typ	e Notification		5	street A	ddress			702 - A-0	~							
□ EPA 🗶	Initial			v o si	/	06	Eas	sta Don	ly DRI	ve	(7.14)	11 0				
DEP DOL	Amended Amendment #			City, Sta	te, Zip Code		Egg Harbon NJ 08087									
	Emergency (in	cluding	- N	lame of	Contact		99 1	IMENON	Telephone i		<u>127</u>	-				
DOH DCA	justification) Cancellation		e	Pa	ul Te	GARI	enas /									
No. of Coults 185 on Abres	Takia I	Diago (2)		FACI	LITY INFOR	MATIC		ype of Facility (A) -		0		-			
Name of Facility Where Abate		1/204		(Deno)		School (K-1								
Street Address	7117 0	well i	3	_	- ,			Subchapter	8 (Other than k		_1=					
10 We	10 West Shrewsbury Drive									ercial bui	Idings	, home	es,			
City (5)											3ldĝ. /	Age	_			
County (6) County Code (7)								urrent Use (Pri	or if being demo	olished)		10+	_			
() Cean					USE ONLY)				Family		0/1	175				
Name of Monitoring Firm Hire	d by Building Ov	vner (8)		ASCN	No.			Abatement Cor	ntractor (9)							
EPE Ce	Jue le	1163			MA		Street Ad		chaole	916	9	Ir	16			
Street Address Bo	ax 33	57					P.C		337							
City, State, Zip Code	1	7.4	-	20	537		City, State	e, Zip Code	1 11	TA	0	7 2	2			
New Eq.	pt.	NO	-	90	333		Telephon		N 10	<u> </u>	0	33	2			
Project Manager for Monitori	gr-im		1 1	elepho	ne No. 7 58- 32	265	Name and the second	58-336	Licens	O.	39	4	/			
Start Date (10)	- S	Schedule			Date (11)		Name of	OSHA Monitor	1			-				
4-94	15	9-	30	1-13	5				hnologie	s I	nc					
Occupancy Status During Aba	atement (Check	Only One	≘)		(A)		P.O. Box 337									
Facility Closed/Vacated Abatement Performed C						-	City, State, Zip Code									
☐ Other – Describe:				ta -		-	New Egypt NJ 08533									
Scope of Work (Check All The	at Apply)							-0(1								
≥3 sf or ≥3 lf			enovat emolitic				 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure 									
≥160 sf or ≥260 lf			SIHOIIU	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
7/1								Non-Exemple	d (*) and Non-F	nable Pi		emen	t			
Location of		150	Location ormally			Des	scription of			_	Т	уре				
Asbestos-Containing Mate			Soleh ntenan			s Conta	aining Mate	erial (ACM)	Amount (Specify	71		En	m			
TO BE ABATEI	2	C 400	odial S		(i.e. tr		systems in sing, VAT,		SF or LF)	Remova	Repair	Encapsulate	Enclosure			
(13)			(12)		'	other m	niscellaneo	ous)		val	air	ulate	sure			
		Yes	No	N/A			<u> </u>			_	-	-				
Extenion Wal	15			×	Sidi	ng	Shi	19les	1200 5	-		-	-			
Interior Fle	ons		×		Floo	مرن	Tiles	J .	6005	FX	-					
										-	-	-				
			1	IDED I	foots 1	Cubic `	Vorde	Nome of	Registered Lan	dfill			L			
Name of Registered Waste H	1		51123	JDEP Wauler ID	100000000000000000000000000000000000000	of Was	ste	Common Co	San are		,		AiC			
	nologies	,		170	00	Di	12	City, Sta	te Manag	iene	to	E	V.			
City, State	~T . V	VJ.	. \		15		sal Date 30 1 5		u'syille	PA						
Completed by	,	Title					ignature	>C1		Date	17	10	_			
Steve Schenk	er	Pre	sidh	nt			Sleep	e) Och	she		-14	-10	2			

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

Amendment Check 9434

D	ate of Notification (1)	5 Na	ame of	Building O	wner/Op	erator (2)	+5	7	-nc				
A	gencies Notified Type Notification	St	reet Ad	idress		\circ	F-11	11 -	<i></i>	4 1			
001	DEP Amended	1	Ny, Stat	e, Zip Cod	<u>.</u>	DOX	<u> </u>	086	30				
7	DOL Amendment #_ Emergency (inc justification) DCA Cancellation	luding No	ame of	Contact	och	5/1 /	00	Telephone N	lumber	2815	٠. ٢	-	
	-			LETY INFO	RMATIO					-0		•	
	ame of Facility Where Abatement is Taking F	Catho	lic	Chi	rect		of Facility (School (K-1 Subchapter	2) 8 (Other than K	12)	16 AI			
-	626 Olden Al	JE 30	7		ŗ	/ "	Other (i.e. petc.) re Feet	# of Floors	5-	ings,		s,	
	Renton N	T 08		Ode (7)				or if being demol	9	18	+	-	
	ounty (6) Mercer	(S	TATEU	ISE ONLY)		- Fo	Rmen	Nun's	Resid	ken	ce		
N	arne of Monitoring Firm Hired by Building Ow	rner (8)	ASCM	NO.		Name of Aba	TE	thoole	gies	,	In	١٤	
S	Ro. Box 33	57				Street Addre	Box	337	<u> </u>	:8			
C	ity, State, Zip Code New Equat	NJ C	80	533	5	City, State, Z	Equ	st No	50	85	3	3	
Р	roject Manager for Month ril gy Firm	6	elephor 09	758-3	365 6	Telephone N	3-336		No.	19	4		
S	tart Date (10)	Nov .	30	Date (11) 201		Name of OS EP		hnologie	s I	nc			
	occupancy Status During Abatement (Check) Facility Closed/Vacated During Entire Pe		ent			Street Addre	ss Bor	337					
	Abatement Performed Outside of Normal Other – Describe:	Facility Hours		1	_	City, State, Z	ip Code Egypt	ALT	083	53	3		
S	cope of Work (Check All That Apply)						JIP.		000				
2	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition				Mi Gi	ni-Enclosur				<u>.</u>		
-		Is Location				Ja IN	n-Exemple	. Jana reon .	Abatement				
	Location of Asbestos-Containing Material (ACM) TO BE ABATED	Normally Used Solely Maintenand Custodial St	by ce/		os Conta thermal s	cription of ining Materia systems insuling, VAT, or		Amount (Specify SF or LF)	Remova	Ty Repair	e Encapsulate	Enclosure	
	In Facility (13)	(12)	NVA			scellaneous)			oval	air	sulate	sure	
ŀ	0	Yes No	N/A	Pina	Tax	inlation	1	250 L	FX				
-	Basement Panapet Roof	X	_	Tan	- 110 +	ashins	,	100 LF	= 1×				
-	1st floor inside wall	X		Pio	e D	sulation	isn	2501	FX				
-	2nd floor inside wall	×		Pipe	I	10000	200	250 LI Registered Land	= 1				
N	EPC Technologies	Ha	DEP Wuler ID	No.	Cubic Y of Wast			te Manag		601	e f	P/A	
C	City, State	V5	10		Disposa	al Date	City, Sta	te visuille	PA				
0	New Egypt / Completed by Schenker	Title Preside	nt			gnature	Sel	h	Date 9	-/	1-1	15	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Data of Nationalian (d)				1.0	. D			3000 1 5	12:						
Date of Notification (1)	14 /	15		100000000000000000000000000000000000000	e of Buildin ty of Cam	g Owner/Operator (
							2015 S	FD /-							
Agencies Notified EPA	Type Notification	ation			t Address			FD 15 AT 1:	i E						
□ DOLWD	☐ Amended	4			Box 951		Mary Comments								
☑ DOH	Amendm			100	State, Zip		41107								
☐ DCA	☐ Emergen		ng		mden, N.										
(NJAC 5:23-8)	justificati			(S. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	e of Contac	ot	Telephone Number								
	☐ Cancellat	tion		Jo	hn Bond										
				NFORMATION											
Name of Facility Where			ce (3)				Type of Facility								
JEFFERSON ST RI	ESIDENCES						School (K-12								
Street Address						10		3 (Other than K-12) rivate and commerc		uildin	as.				
920, 918, 958, 966	Residences						homes, etc.)				90,				
City (5)						Square Feet	# of Floors	В	ldg. A	ge					
Camden							varies	varies		50+					
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ned)						
CAMDEN							HOUSING D	EEMED UNSAF	E						
Name of Monitoring Firm	Hired by Build	ding Owne	r (8)	ASCN	No.	Name of Abateme	ent Contractor (9)								
Health and Safety	Services			117		Controlled E	nvironmental S	Systems							
Street Address						Street Address									
PO Box 365						1121 N. Beth	lehem Pike - S	uite 60							
City, State, Zip Code					City, State, Zip Code										
Berlin, NJ 08009					Spring House, PA 19477										
Project Manager for Mon	itoring Firm		Te	iephone	No.	Telephone No.		License No.							
Jim Proctor				C 609-8	39-2432	215 542 7000		00847							
Start Date (10)	3	Scheduled	Comp	letion Da	ate (11)	Name of OSHA M	lonitor								
9 / 25 /	15	10	/ _3	30/	15	CES		*							
Occupancy Status During	g Abatement (Check only	one)			Street Address					-				
☐ Facility Closed/Vacate				ement		1121 N Bethle	ehem Pike -Su	ite 60							
☐ Abatement Performed					scribe	City, State, Zip Co	ode		-						
Time of Abatement: 7	7:00AM- <u>5:00</u> F	PM/F	PM	AM		Spring House, PA 19477									
Scope of Work (Check a	Il that apply)														
D > 2 -4> 2 14							ainment with Neg	ative Pressure							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		acres .	Renova Demoli			☐ Mini-Enc	aclosure ag Procedure								
	2		Zomon				xempted (*) and Non-Friable Procedure								
			ls Loc						Ab	atem	ent Type				
Location		13	Norm	ally lelv bv		Description o			R	D	П	m			
Asbestos-Containing TO BE ABA			lainter			estos Containing Ma e., thermal systems i		Amount (Specify	Removal	Repair	nca	nclo			
IN Facil		Cı		Staff?	1 (1.0	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure			
(13)		-	(12	1	-	other miscellane	ous)				ate	n n			
		Yes	s No	N/A								-			
SEE ATTACHED					SEE AT	TACHED		200 YD per res	\boxtimes						
											П				
			\Box					***************************************				\vdash			
			-							ᆜ	ш				
Name of Registered Was				NJDEP Hauler I		Cubic Yards of Waste	Name of Regis	tered Landfill							
Waste Managemen	t of NJ			1727		200/residenc	GROWS								
City, State						Disposal Date	City, State								
Fairless Hills, PA						10/30/15 Tullytown PA									
Completed By (Print or T	ype)	Title				Signature	01	Date	e,	,					
Patricia Visco		Office	Man	ager		Potus	yallon.	00 91	14	/15	_				

CK 006130

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2015-320	_	(Pursi	uant to NJA0	8:60	and 12:120)							68			
Date of Notification (1)	Name	of Building Owr	ner/Operator (2)			CU ::								
0 9 /1 10 /1 15	WOI WOI	F STERLIN	G									\mathcal{E}			
Agencies Notified Type Notification		Address						_							
☐ EPA ☐ Initial ☐ Amended	57 R	AYMOND A	AVENUE												
Amendment #:	City, St	ate, Zip Code													
DOL Emergency	nutl	ey, nj 07110													
DOH (including justification)	Name o	f Contact					Telephone	Number							
DCA Cancellation	WC	LF STERLIN	NG												
		FAC	CILITY INFORM	IOITAI	1										
Name of facility where abatement is	taking place (3)				Туре	of Facility (4)								
WOLF STERLING					School (K - 12) Subchapter 8 (Other than K-12)										
Street Address						Other (Private/Commercial									
57 RAYMOND AVENUE		Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age													
City (5)	County (6)			Cou	inty Code (7)	Joqua		0111001			3	J-			
S. Secretary	DOODY				ite use only)	Curre	Current Use (Prior if being demolished)								
nutley Name of Monitoring Firm Hired by B	ESSEX		ASCM No.	L.,	Name of Abatement	Contract	tor (9)								
Traine of mornioring than the day b	nag. Owner (o)	ASCIVI NO.		D & S RESTORA											
Street Address		-	Street Address	THON	, INC.										
		20 California Av	/e.	+											
City, State, Zip Code				_	City, State, Zip Code										
	_	Paterson, NJ 07	503	•	9.2										
Project Manager for Monitoring Firm	oer		Telephone Number 973-345-8020			_icense	Numb l 169	er							
Ota-t Data (40)									107						
Start Date (10)		pletion Date (1	1)		D & S Restoration, Inc.										
09/22/15	10/14/15				Street Address										
Occupancy Status During Abatement Facility closed/vacated during 6					20 California Avenue										
Abatement performed outside of Describe:	of normal facility				City, State, Zip Code										
Other-Describe: NORMAL HO					Paterson, NJ 07	503									
Scope of Work (check all that apply)							tainment w/n	egative	press	ure					
	Renovation					Mini-enc Gloveba	osure g procedure								
≥160 sf or ≥260 lf	Demolition				The state of the s		empted (*) ar	nd Non-f							
Location of asbestos-containing	Is location norm by maintenance						Amount		R e	R e	E n	E			
material (acm) to be	staff(12)		- Descripti material		sbestos-containing		(Specify SF	or	m o	p a	c a	n c			
abated in facility (13)	Yes N	o N/A					LF)		v e	i	р	L			
BASEMENT			PIPE INSU	JLAT:	ION .	152	l ft		×						
										ᆜ		H			
			1						붜	井	븜	片			
Registered Waste Hauler	NJDEP Ha	uler ID# C	Cubic Yards of	Waste	Name of Registered	Landfill			Ш	<u> </u>	Ш				
D & S RESTORATION, INC.	13506		2 yds.		TULLYTOWN,		JRCE REC	OVER	Y			no mention (Title			
City, State PATERSON, NJ 07503		Disposal I 09/23/1			City, State TULLYTOWN,	DA									
	Title		Signature		Date										
BOGDAN JOLDZIC						09/10/	2015								
ASB-41	Do not use this	form for asbest	os licensure ex	empte	d activities.										