CK 17904

D&S Proj. #: 15-323

ASB-41

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

D&3 F10j. #. <u>13-323</u>		(1 0100)	ant to more	0.00 4.14 12.120)							
						OFIL OFF	nn fils	n.	50		
Date of Notification (1)	Name	e of Building Owne	er/Operator (2)			1110 1 = 1	1.39	8.0	8.3		
0 9 / 1 5 / 1 5		SIDENCE							4.31		
Agencies Notified Type Notifica	tion Street	t Address				¿. I.	- p	11.	- K-15-		
	14	NORTH MAIN	STREET					111277			
Amendment #	: City,	State, Zip Code		4							
	, M.	ARLBORO, NJ	07746					-			- 2
DOH (including justification	Name	e of Contact				Telephone	Number				
DCA Cancellation		ARY VOORHE	ES			!					
		FACI	ILITY INFORMA	ATION							
N. 77 W. L. L.	to retter Stees	92 Miles 276 9		111011	Type	e of Facility (4	1)				_
Name of facility where abatement	is taking place ((3)			1 1 1 1 1 1 1		(K - 12)				
RESIDENCE					_	Subcha	pter 8 (Oth	ner th	an K-	12)	
Street Address						Other (cial		
14 NORTH MAIN STREET	•				Sai		Homes, etc		Bld	ig. Ag	е
City (5)	County (6)	T	County Code (7)	= 150				60 Y		
		(TS)		(State use only)	Cu	rrent Use (Pr	ior if being	dem	olishe	d)	
MARLBORO		MOUTH				ESIDENCE					_
Name of Monitoring Firm Hired by	/ Bldg. Owner (8	5)	ASCM No.	Name of Abater	nent Contra	actor (9)					
				D & S REST	ORATIO	N, INC.					
Street Address				Street Address							
				20 Californi City, State, Zip C	THE RESERVE AND PERSONS ASSESSED.	Alberta Williams	and the		THE REAL PROPERTY.		-
City, State, Zip Code											
Project Manager for Monitoring Fir	m	Phone Numb	ner .	Paterson, N Telephone Num			License N	lumb	er		_
Toject Manager for Monitoring Fil		Priorie (valid	761	973-345-8				169	CONT.		
Start Date (10)	Isohod Co	ompletion Date (1	1\	Name of OSHA	Monitor						
Start Date (10)	Scried. Co	Jilpietion Date (1	1)	D & S Rest	oration, I	nc.					
09-16-2015	09-21-20		Termina a Alfaha Wasi	Street Address							
Occupancy Status During Abatem Facility closed/vacated durin				20 Californi							_
Abatement performed outside				City, State, Zip C	Code						
Describe: NORMAL				Paterson, N	II 07503						
Scope of Work (check all that app						ontainment w	/negative r	oress	ure		
>3 sf or >3 lf	100 h					enclosure	gaare p		70.00		
	Demolition					bag procedu					
≥ 160 St or ≥260 II		ormally used solel	V		Non-l	Exempted (*)	and Non-fr	R	Proce	E	1550
Location of asbestos-containing	by maintenar	nce/custodial		on of asbestos-containi	ng l	Amount		e m	е	n	E n
material (acm) to be	staff(12)		- material		"9	(Specify S	For	0	p a	c a	С
abated in facility (13)	Yes	No N/A				LF)		v e	i	р	_
BASEMENT	X		PIPE INSU	LATION	3	33 1 ft		X			E
			1								
				11/2-10/2-10/2-10/2-10/2-10/2-10/2-10/2-							
Registered Waste Hauler		1 1000101 1-1	Cubic Yards of				COVER				
D & S RESTORATION, INC	13506	Disposal I	Date	TULLYTO' City, State	WN, RES	OURCE RI	ECOVER	I			THE REAL PROPERTY.
City, State PATERSON, NJ 07503			22-2015	TULLYTO	WN. PA						
Completed by (Print or Type)	Title		Signature	1 101	,		Date				
BOGDAN JOLDZIC	PRESIDEN	JT	13	of where		/	09-15-	2015	5		

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

State of New Jersey

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

0456-03			(1	Pur	suant	to NJA	C 8:60 and 5:16)		- 4			
Date of Notification (1)				1	Name o	f Building	Owner/Operator (2	2)					
9 /	22 /	15			NEW	ARK HO	USING AUTHO	RITY	nose of	5.00	5.17		* 1
Agencies Notified	Type Notifica	tion		-	Street A	Address			2015 SE	-25	F LE I	-	4+
⊠ EPA	☐ Initial						STREET		4				
☑ DOLWD	Amended			(ate, Zip C				1.1		. 4.11	U
☑ DHSS	_ Amendme	A CALL CONTRACTOR OF THE PERSON OF THE PERSO				ARK, N.							
DCA	☐ Emergeno justificatio		ng	-		of Contact			Telephone Num	hor			
(NJAC 5:23-8)	☐ Cancellati						OTTI BELOTTA	-					
					FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is T	aking Pla	ce (3))				Type of Facility (4	1)			30 C.	-
LINCOLN TOWER				6									
Street Address								Subchapter 8	(Other than K-12	2) vrcial bui	Idina		
69-99 LINCOLN ST	REET							homes, etc.)	vate and comme	e and commercial buildings			
City (5)					-	-		Square Feet	# of Floors	Bld	g. Ag	е	
NEWARK								>50,000	12	8	8		
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)			
ESSEX								*					
Name of Monitoring Fire		ing Owne	er (8)	P	ASCM N	10.	Name of Abatem						
LEWIS CONSULTI	NG GROUP						DELTA/BJDS	s, INC					
Street Address							Street Address						
2517 HIGHWAY 35	BLDG. P SU	JITE 202	2				1345 INDUST						-
City, State, Zip Code							City, State, Zip C						
MANASQUAN, NJ								TON, PA 18966	Titana Nia				
Project Manager for Mo			1	1000000	ohone N		Telephone No.		License No.				
ZACHARY D. LEW				-		6-2420	215 322-2900		00783			-	_
Start Date (10)		Scheduled					Name of OSHA						
10 /02		03			_ / _	16	CRITERION	LAB					
Occupancy Status Duri							Street Address						
☐ Facility Closed/Vaca						16 -	3370 PROGE						
☐ Abatement Performe Time of Abatement:						cribe	City, State, Zip C						
				18			BENSALEM,	PA 19020					
Scope of Work (Check	all that apply)						☐ Full Cor	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			Reno				☐ Mini-En	closure					
≥160 sf or ≥260 lf		Ц	Dem	olitio	n			ng Procedure empted (*) and Nor	n-Friable Proced	ure			
			Is L	ocati	ion					Ab	atem	ent T	уре
Location	n of	1.		rmal			Description			Z	R	ш	T
Asbestos-Containin		/1) 1	Jsed Maint		ely by nce/	Asbe	estos Containing M e., thermal systems	aterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Liiciosuia
TO BE A			usto	dial S	Staff?	(1.0	surfacing, VA7	Γ, or	SF or LF)	val	~	sula	001
(13		-		(12)	T		other miscellan	eous)				ate	
		Ye		No	N/A								-
PLEASE SEE ATTA	CHED			\boxtimes							Ш	Ш	L
				X						\boxtimes			
			1 1	\neg									
													Г
Name of Registered Waste Hauler NJDEP Waste						Monto	Cubic Yards of	Name of Regis	tered I andfill				
Name of Registered W SERVICE TRANS				1,000	IJDEP \ lauler II 2099 0	O No.	Waste Waste	MINERVA				1000	
City, State							Disposal Date	City, State	URG, OH 446	88			
made administration of the second section of the second se	58 PYLES LANE, NEW CASTLE, DE 19720							WATNESD					
Completed By (Print or		Title		_			Signature	- 7 /	, ,	Date (_/	7	
CHRISTINE DEL	VISCIO	PRO	JEC	TN	IGR		Musle	se DelVi	lise in	7/2	21	20	1 -

ASB-41 MAY 11

MO 22874492790

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

Date of Notification (1) 09/18/2015				Building Own					SEP	23 E.S	Ži	13			
Agencies Notified Type Notification			reet Ad 00 CL	dress EARBRO0	OK R	ROAD	, SL	JITE 275	2. 7			(UL			
EPA Initial DEP Amended DOL Amendment				e, Zip Code ORD, NE\	W Y	DRK 1	1052	23	0.00						
□ Emergency (□ justification) □ DCA □ Cancellation	including	1000		Contact N FINLEY					Teler	hone Num					
			FACIL	ITY INFORM	MATIO	N									
Name of Facility Where Abatement is Takin MACK CALI REALTY L.P.	g Place (3)						Тур	School (K-12 Subchapter 8)	than K-12					
Street Address 1 LAKE STREET							×	Other (i.e. prietc.)	ivate &	commercia	build			s,	
City (5) UPPER SADDBLE RIVER							10	uare Feet 00,00	5	Floors	45	dg. A	ge		
County (6) BERGEN				ode (7) SE ONLY)		_	222356	rrent Use (Prior ACANT	r if bein	g demolishe	ed)				
Name of Monitoring Firm Hired by Building ECMS, INC	Owner (8)		ASCM	No.				batement Cont JM ENVIRO			LUTI	ONS	S, LL	С	
Street Address 10 FILMONT DRIVE						Street Address 2717 LINWOOD ROAD									
City, State, Zip Code NEW YORK, NEW YORK 10956								, Zip Code NEW JERS	EY 07	7083					
Project Manager for Monitoring Firm MARC RUTSTEIN		22.5	elephon	e No. 8-0640		Teleph 908-		No. -2737		License No 01227).				
Start Date (10) 09/29/2015	Scheduled		letion E	Date (11)				SHA Monitor	_ INC						
Occupancy Status During Abatement (Chec	ck Only One)		100	1		Street	Add								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: VACANT. TO BE Di	nal Facility He	ours	ement urs City, State, Zip Coo						40 - FEB.						
Scope of Work (Check All That Apply)						NEW YORK, NEW YORK 10018									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovatio						Full Containme Mini-Enclosure Glovebag Proc	edure				dure		
						E	<u> </u>	Non-Exempted	(°) and	Non-Friadi	T	200	e ement	t	
Location of	Nor	cation mally	510		Doo	cription	n of						ре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		enanc lial Sta 12)	se/ aff?	(i.e. the	Conta ermal surfac	aining I	Mate ns ins AT, o		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A										2770		
1-5 VACANT			X		FLO	OR TI	ILES	3	100	0,000	X				
Name of Registered Waste Hauler TRISTATE		Ha	DEP W uler ID 551		Cubic of Was	Yards ste		Name of F		red Landfill					
City, State 1199 RANDALL AVENUE, BRON	, NEW YC	RK ·	10474		Dispos	sal Date	е	City, State		3G					
Completed by EMMANUEL CHIOBI Title OPERATIONS MANAGER Signature Operations of the control of t															

Do not use this form for asbestos licensure exempted activities.

CK 006134

D&S Proj. #: 2015-325

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

	TIX	lama of Bui	ding Oum	er/Operator (2)			TERE CED	1111 2	1.8 (3			
Date of Notification (1)				er/Operator (2)			2t 15 3 EP	10 I.	n J	36		
Agencies Notified Type Notificat	100	Keith Elia								727 []		
	11°	77.02941 + 5.004							i. Lan	. iUI	7	
DEP Amended	1	24 Dover lity, State, Z										
■ DOL #:	$-\parallel$		•	255								
☐ Emergency (including	I N	Toms Riv	MANAGEMENT OF THE PARTY OF THE	8/53	-		Telephone	a Niumbor			Magaza	
justification)												
DCA Cancellation		Keith Eli	as				1 -1 -11			_		
			FACI	LITY INFORM	MOITA	1						
Name of facility where abatement	s taking pla	ace (3)					Type of Facility (4	4) (K - 12)				
RESIDENTIAL HOME							☐ Subcha	apter 8 (O	ther th	nan K	-12)	
Street Address							Other (ercial		
24 Dover Street		Ta,						Homes, e # of Floor	_	BI	dg. A	.ge
City (5)	Cour	nty (6)				inty Code (7)				_		
Toms River, NJ 08753					(Sta	ite use only)	Current Use (Pr	ior if bein	g dem	olish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)	T	ASCM No.	_	Name of Abatement	t Contractor (9)		_		-	
						D & S RESTOR	ATION, INC.					
Street Address					=	Street Address			_			
			4			20 California A						
City, State, Zip Code						City, State, Zip Code						
					_	Paterson, NJ 0	7503					
Project Manager for Monitoring Firm	l.	Pho	one Numb	er		Telephone Number 973-345-8020	1	License	Numb	per		
						Name of OSHA Mor			1109		_	
Start Date (10)	Sched	I. Completio	n Date (11)		D & S Restorat						
9/28/15	10/14	4/15				Street Address			-			
Occupancy Status During Abatemen	F					20 California A	venue					
Facility closed/vacated during Abatement performed outside						City, State, Zip Code						
Describe: NORMAL H	OURS				-	Paterson, NJ 07	7503					
Scope of Work (check all that appl	y)						Full Containment w	/negative	press	ure		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovatio	n				lanes of the lanes	Mini-enclosure					
≥160 sf or ≥260 lf	Demolition	ı				Ä	Glovebag procedur Non-Exempted (*)		friable	proc	edure	3
Location of		n normally u							R	R	Е	E
asbestos-containing material (acm) to be	staff(12)	enance/cust	odial			sbestos-containing	Amount (Specific S)	F 0.5	e m	e p	n	.n
abated in facility (13)	Yes	No	N/A	material (ACM)		(Specify S	r 01	0	a	а	C
				Dina Insulat			2121:		e	r r	р	_
Basement		LX.		Pipe Insulat	1011		313 linear fe	et		片	H	H
									片	片	片	H
									片	片	片	片
									H	H	H	計
Registered Waste Hauler		EP Hauler II	11000	ubic Yards of V	Vaste							1-
D & S RESTORATION, INC. City, State	135		Disposal D	yards			, RESOURCE RE	COVER	Y			manager in a
PATERSON, NJ 07503			9/30			City, State TULLYTOWN	, PA					
Completed by (Print or Type)	Title			Signature)	010		Date				
BOGDAN JOLDZIC	PRESID	ENT			./	eles		9/15/2	015			

CK 08148

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)

Date of No	tification (uilding Ow	ner / Oper	ator (2)		3		-				
08/		2015				Atlantic Ci	The second second second				-	-			- F		
Agens's	Motified 1	Tune of N	4:51.00	tion		Street Add	ress ng Highwa	v		2015	CE:	0 ^					
Agencies	EPA	Type of No	Initia			NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS O	, Zip Code	у		10	511 7		e.		- 4	13	
	EL A		Amer				ing NJ 083	30		1					-	٠	
	DOH			ndment		Name of C	ontact			Telephon	e Nu	imber			117	+	
V	DOL				// justification	Bob Frame	Э		i		140			- C	ΠÜ	-	
	-		Canc	ellation		ACILITY INF	OPMATIO	N		-		93-15-15	-		orale fi	-	
					F/	-CILIT IN	JIMMINI				-21						
Name of F	acility Whe	re Abatem	ent is	Taking	Place (3)		Type of Fa	cility (4)									
Peermont	Substation	1						Cabaal (V	40)								
Street Add	droop							School (K	A CONTRACTOR OF THE PARTY OF TH	Other than K-12)							
262 60th S									, private &								
								bldgs., ho	mes, etc.)								
City (5)		County (6)			County Code	(7)	Square Fee	7.73	# Of Floor:	s	Bui	lding	Age				
Avalon	104	Cape May					3,0		being dem	oliebedl	-			25			
-	::"						Sub Station		being dem	olisileu)							
Name of M	Monitoring	Firm Hired	by BI	da. Owr	ner (8)	ASCM NO			Contractor	(9)	_						
		/ ບ	٠, ٥,	-9. •													
Vertex							THE RESERVE AND ADDRESS OF THE PARTY OF THE		g Group, Ir	nc.							
Street Add		110					Street Address										
THE RESERVE THE PERSON NAMED IN	00 Turner Industrial Way City, State, Zip Code						32 William	32 Williams Parkway									
	City, State, Zip Code Aston, PA 19014						City, State,										
	ston, PA 19014 roject Mngr. For Monitoring Firm Telephon						The state of the s										
Don Heim					610.558.8902		East Hano										
10.00	Start Date		Sche		oletetion Date (1	11)	Telephone	Number		License	Num	ber					
	/25	2015	-	09	/ 27 /	2015	973.77	2.3660				00	860				
Occupand	cy Status D	uring Abate	emen	t (Check	Only 1)		Name of O		tor		_						
✓					tire Period of				ng Group, li	nc.							
	Abatemen		_ 16		1		Street Add	Iress									
	Abatemen Hours - De		d Out	side of	Normal Facility		32 William	e Parkwas	,								
V		escribe:	FRI-	SUN.			City, State								_		
ت	30101 - De			AM-3:30	PM	·	East Hano										
Scope of	Work (Che	ck All That	Apply	/)						2 y							
	Demolitio			7	Renovation		Full Conta	inment wi	th Negative	Pressure	9						
lH	>3sf or >3			ŭ	Removation		Mini - Enc		recganive	. Tooduit							
	≥160 sf or						Glovebag										
						~	Non-Exem	pted (*) ar	nd Non-Fria	ble Proce	dure	9					
-	Location o	f	_	Is	T	Descript	ion of			Abateme	nt T	ype			-		
	estos Conta		Lo	cation	As	sbestos - C				R			E		E		
IV.	laterial (AC	M)		ormally		Material	(ACM)		Amount	E	R		N		N		
TO	O BE ABAT		■ 00	Used		le., thermal		4	(Specify SF or LF)	M	E		C		C		
	in Facility			Solely Main-	7,000,000,000	ulation, sur other misc		,	or LF)	l v	A		P		6		
1	(13)			nance/		outer misc	chaneous)			Å	î		s		S		
			Cu	stodial	1					L	R		U		U		
				aff (12)							+		上	_	R		
fat Eli				NO N/A	Transite Panel	le .			2380 SF	V	+	П	\vdash		+		
1st Floor			-		Caulk	15			100 LF	7	+	H	\vdash	H	+	H	
EXIGNO	Exterior			Jaun				100 21		1				T			
													I				
Name of Registered Waste Hauler NJDEP Waste C					Name of R												
JL Davis Waste Hauler ID No. Yar					Cape May	County La	andfill										
PO Box 524 16357 of W				Disposal	City. State				Tills-1		-	-					
City, State Ocean View NJ 08230 Date						2046 Kear											
Secari view no occor						Woodbine	NJ 08270										
Completed by (Print or Type) Title							Signature		1	1		Da	te				
Rich Semega Project Manager					ger			_	-	1 -		1		0.0	9/22/15		
					1								_				

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

2000	1 111101 0111
OPEN	-
NOTIFICA	Tion"

Date of Notification (1)		Name o	f Building Owner	/Operator	(2)	5-14 #:						
Agencies Notified Type Notificat	ion	Street A	Address HADLEY ROA	AD	2015 SEP 23	AK 3: 44						
DEP Amender X DOL Amendm		SOUT	ate, Zip Code H PLAINFIEL	.D, NJ 0	7080	. GO						
DOH justificati DCA Cancella	on)	Jo	f Contact	AROT	TE	Telephone Nu		¥	0,	ē		
Name of Facility Where Abatement is Ta PSE&G — Dole Mus Street Address	aking Place (3) Su & STA		LITY INFORMA	TION	Type of Facility (School (K-1	•	2)					
120 Route	22				Other (i.e. p	private & commerc	ial bui	Bldg. Age				
H:LLSIDE					Square Feet	# of Floors	- 14	Bldg. A	lge / Δ			
County (6)		County	Code (7) USE ONLY)			or if being demolis		10	1/1			
Name of Monitoring Firm Hired by Buildi ENVIRONMENTAL TACTICS	ng Owner (8)	ASCN 0045	Л No.		ne of Abatement Contractor (9)							
Street Address 64 BROAD STREET		0045)	Street	QUE SYSTEMS Address		Α					
City, State, Zip Code					WHITEHEAD A	AVE.						
MATAWAN, NJ 07747 Project Manager for Monitoring Firm	-	T=:		SOU	State, Zip Code UTH RIVER, NJ 08882							
TOM GEIGER			Telephone No. Telephone No. License No. 732-292-2217 732-432-8350 01111									
Start Date (10) 10/5/15	Scheduled C	ompletion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA										
Occupancy Status During Abatement (C	heck Only One)	- , ,	7.9	Street	Address							
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe: AUT DOO	omal Facility Ho	ement urs		City, S	WHITEHEAD A tate, Zip Code TH RIVER, NJ							
Scope of Work (Check All That Apply)				1000	111111VLIX, 1NO	00002						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		vation olition		×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	is Loc				14011-EXEMPLE	() and Non-Fna	ole Pro	Abate	ement			
Location of Asbestos-Containing Material (ACM)	Norm Used So	olely by		escription	of laterial (ACM)	Amount		Ту	pe			
TO BE ABATED In Facility (13)	Mainter Custodia (12	I Staff? 2)	(i.e. therma		insulation, T, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
ou TDoors	Yes No	1373	P:ps	S	1-T'a	9 15	1		te			
			1.78	Sam,	45/16	200 LF						
Name of Registered Waste Hauler		NIDEDI	lasta la :									
WASTE MANAGEMENT		NJDEP W Hauler ID 1125				Registered Landfil S NORTH						
City, State ELIZABETH, NJ		1/1	x (Sosal Date	City, State	SVILLE, PA							
Completed by CAROL RAIMO	Title OFFICE	MGR.		7 /3 D Signature	1	Account the second seco	ate /	9/	1			

OPEN	111111111111111111111111111111111111111
- / -	
NOTIFICA	lion"

Date of Notification (1)			f Building	Owner/O	perator (2	2)	75							
7/22/15		PSEG Street Address 2815 SEF 20 MM 3-44												
Agencies Notified Type Notification EPA Initial			ddress HADLEY	/ ROAL		000 20 8	T 0.	الله الله						
DEP Amended Amendment	¥		ate, Zip Co H PLAIN		A NI 07	000	1. 1.1	VUL .	::					
Emergency (i			f Contact	NEIELL), NJ 07	000	1							
DOH justification) Cancellation				MAA	11 00		Tele	phone Num	ber	-				
Sancenation			H 10			6	00	·		·	- , .			
Name of Facility Where Abatement is Taking	Place (3)	PAC	LII I IINT	JAWATI		Type of Facility (4)			-				
PSE&G - MH 5	A				Ì	School (K-1	2)							
Street Address	1	,			Ī	Subchapter	8 (Othe	er than K-12)					
Route 22-OFF	CENT	RAL	AVO	5.	[[Other (i.e. p	rivate 8	commercia	l build	lings,	home	s,		
0.13 (0)					1	Square Feet	# of	Floors	В	ldg. A	ge			
H, LLSIDE						NIA		NIA		W	1A			
County (6)			Code (7) USE ONLY	1		Current Use (Pric			ed)					
Name of Monitoring Firm Hired by Building C	JWD95 (8)	ASC			Name of Abatement Contractor (9)									
ENVIRONMENTAL TACTICS	owner (6)	0045				JE SYSTEMS								
Street Address 64 BROAD STREET					Street A	ddress HITEHEAD A	\\/E							
City, State, Zip Code														
MATAWAN, NJ 07747 Project Manager for Monitoring Firm		Talanka	M-	2										
TOM GEIGER			Telephone No. Telephone No. License No. 732-292-2217 732-432-8350 01111											
Start Date (10) 10/5/15	Scheduled C		A CONTRACTOR OF THE PARTY OF TH			Name of OSHA Monitor								
Occupancy Status During Abatement (Check	(Only One)	3//	3 / / 5 UNIQUE SYSTEMS OF AMERICA											
Facility Closed/Vacated During Entire P	8 8	000 11/1 17771 17 17 17												
Abatement Performed Outside of Norm	al Facility Ho	urs												
Other - Describe: BUIDOR	2				SOUT	0888	2							
Scope of Work (Check All That Apply)														
× ≥3 sf or ≥3 lf	Part of the last o	vation				Full Containment with Negative Pressure								
≥160 sf or ≥260 lf	Dem	olition			H	Mini-Enclosure Glovebag Procedure								
	_				×	Non-Exempted		d Non-Friabl	e Prod	cedure	9			
Ø.	Is Loc	ation									ment			
Location of	Nom Used So				scription o					Ту	pe			
Asbestos-Containing Material (ACM) TO BE ABATED	Mainter	nance/				iterial (ACM) insulation,		mount specify	77		Ē	т		
In Facility (13)	Custodia (1)			surfa	cing, VAT	, or		or LF)	Remova	Repair	caps	Enclosure		
(13)	1,6	1		otner n	niscellane	ous)			oval	air	Encapsulate	sure		
	Yes N		0		_						D			
OUTDOORS			P: P	6	SOMA	sTic	20	OLF	X					
		-	-											
Name of Registered Waste Hauler		NJDEP V	Vaste	Cubic	Yards	Name of	Registe	red Landfill				_		
WASTE MANAGEMENT	Hauler ID		of Was	ste	GROW									
City, State ELIZABETH, NJ	State					City, State								
Completed by	Title					MORRI	SVILL							
CAROL RAIMO	Title OFFICE MGR.					Maina 9/22/15								

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

11 OPEN NOTIFICATION"

Date of Notification (1)			Name of PSEG	f Building	Owner/C	Operator ((2)								
Agencies Notified Type Notification	n	1	Street A 4000 h	ddress	/ ROAL		2015 62	D 20	12 G 4	į,					
DEP Amended Amendme				ate, Zip Co		D, NJ 07	Zi v s			į					
DOH justification		1	Name of	f Contact				Tel	ephone Nun	nber					
	-			H 10			18	ا ما زر	, , , ,	- 1	\vee	- 4			
Name of Facility Where Abatement is Take	ing Place (3	5)	1701	Lill Hel	OLVIRIW I I	ON	Type of Facility	(4)							
Street Address 1303 Ah B	P - A		27	-			School (K-Subchapte Other (i.e.	r 8 (Oth	er than K-12 & commercia	l)	dinas	home	ae		
City (5)	ROA	0	2/	,			etc.)	-(40)		Bldg. Age					
HILLS: DE	=						Square Feet	100	Floors	В	ldg. A	ge / ^			
County (6)				Code (7)		-	Current Use (Pr		ng demolish	ed)	N	11			
Name of Manifesing Fire Hind by D. Hall	0 (0)			USE ONLY	,			N	IA						
Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS	g Owner (8)		ASCN 0045			Name of UNIQ	of Abatement Co UE SYSTEM	ontractor IS OF	(9) AMERIC <i>A</i>	RICA					
Street Address 64 BROAD STREET							Address VHITEHEAD	AVE.							
City, State, Zip Code MATAWAN, NJ 07747							ate, Zip Code ΓΗ RIVER, Ν	1 0888							
Project Manager for Monitoring Firm TOM GEIGER			Telephone No. Telephone No. License No. 732-292-2217 732-432-8350 01111							No.					
Start Date (10)	Schedule	ed Con	ompletion Date (11) Name of OSHA Monitor												
10/5//5 Occupancy Status During Abatement (Ch	18	/3	3//5 UNIQUE SYSTEMS OF AMERICA												
Facility Closed/Vacated During Entire	- 15	76	Street Address												
Abatement Performed Outside of No Other – Describe: <u>BUTDOO</u>	rmal Facility	Hours	ent				ate, Zip Code								
	~>		SOUTH RIVER, NJ 08882												
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova emoliti					Full Containn Mini-Enclosu	nent with	ith Negative Pressure						
	_					×	Glovebag Pro	cedure		102211					
	le le	Location	0.5				Non-Exempte	ed (*) an	d Non-Friab	T		e ement	_		
Location of	1	Jormall	У		Des	scription	of					pe			
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Solel intenar	ice/	Asbes	tos Cont	aining Ma	aterial (ACM) insulation.	1000	mount	_		Щ	П		
In Facility (13)	Cust	odial S (12)	staff?	(1.0.	surfac	cing, VAT	, or		Specify or LF)	Removal	Repair	caps	Enclosure		
(10)	Yes	No	N/A		othern	niscellane	eous)			oval	air	Encapsulate	sure		
OUTDOORS		×	1,027	D		_	T'			1					
OUTDOORS		\sim		4.0	5 (Somp	stic	0.0	OLF	X					
						7									
Name of Registered Waste Hauler		LN	JDEP W	lasto	Cubic	Vessle									
WASTE MANAGEMENT	Ž	H	auler ID 125		of Was		GROW		red Landfill RTH -						
City, State ELIZABETH, NJ			0.000			sal Date	City, Sta		E DA						
Completed by	Title	-				B D ignature	MORK	, VILL	.E, PA	Α.		,			
CAROL RAIMO	OFFI	CE M	GR.		6	ar	eldas	mi	9	12	2//	5			

CK # 6579

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

OPEN	
,	T. 311
NOTIFICA	110N"

Date of Notification (1)			100		Building (Owner/C	Operator ((2)								
7/22/1	5		F	PSEG					***							
Agencies Notified '	Type Notification X Initial		11	treet Ad 1000 F	ddress HADLEY	ROA	D	4	218 55	2 w	A 3 4	<u>.</u>				
□ DEP	Amended				te, Zip Co				1 -			10				
X DOL	Amendment # Emergency (in		. S	SOUTI	H PLAIN	FIELD	O, NJ 07	7080	ð			L				
ĭ DOH	justification)	icidaling			Contact					Tele	phone Num	ber				
DCA	Cancellation				HN			TE		5:				- 80	. 1	
Name of Facility Where	Ahatement is Taking	Place (3)		FACI	LITY INFO	RMAT	ION	Time	f Facility //	,						
PSE&G -	NH 2	1						Towns 1	of Facility (4							
Street Address		/7							chool (K-12 ubchapter		er than K-12)				
1387-1	499 Lou	NER	D	1				× O	ther (i.e. pr	ivate 8	commercia	mmercial buildings, hor				
UITY (5)		UCK		ء بي				Square	tc.) e Feet	# of	Floors	ГВ	ldg. A	ae		
ELiz	4 BETH							- N	NIA		NIA			/A		
County (6)					Code (7)			Curren			ng demolish	ed)		///		
	ON		(3		JSE ONLY)		- N/A									
Name of Monitoring Firm ENVIRONMENTAL		wner (8)		ASCN 0045				me of Abatement Contractor (9) NIQUE SYSTEMS OF AMERICA								
Street Address								Street Address								
64 BROAD STREE	T	81	396 WHITEHEAD AVE.													
City, State, Zip Code MATAWAN, NJ 07			City, State, Zip Code SOUTH RIVER, NJ 08882							2						
Project Manager for Mon TOM GEIGER	nitoring Firm		Telephone No. Telephone No. License No. 732-292-2217 732-432-8350 01111).					
Start Date (10) 10/5//			Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA									20.73				
Occupancy Status Durin	a Abatement (Check	Only One)	5	Street Address												
	ated During Entire P		stement 396 WHITEHEAD AVE.												1	
Abatement Perform	ned Outside of Norma	al Facility H	ours	SILL				tate, Zip								
Other - Describe:		>					12.00		VER, NJ	0888	2					
Scope of Work (Check A	All That Apply)															
× ≥3 sf or ≥3 lf			ovati	3000				Full	Containme	nt with	Negative P	ressui	re			
≥160 sf or ≥260 lf		Der	nolitic	on			-		-Enclosure rebag Proc							
							x	 100,000,000 	-		d Non-Friabl	e Pro	cedur	9		
		H	catio											ment		
Location Containing		Nor Used S	mally Solely	53375			scription						1 9	pe		
Asbestos-Containing TO BE AB	ATED	Maint	enand	ce/			taining M I systems			3000	mount pecify	_Z	_	Enc	ш	
In Faci	*	Custod (nai St 12)	an?		surfa	cing, VA	T, or			or LF)	Remova	Repair	aps	Enclosure	
(10)		Yes	No I	NI/A		Other	mscenan	eous)				val	¥.	Encapsulate	sure	
				N/A	6					-				LU .		
0 uT Doo	RS		X		P. p.	<u>s</u> ,	Som	ASTI	c	20	OLF	X				
N																
Name of Registered Wa			35506	DEP W		Cubic of Wa	Yards ste			an Tanas	red Landfill					
WASTE MANAGEM	IENI		111		11	7 577123	¥ 15	-	GROWS	S NOI	RTH					
City, State ELIZABETH, NJ			-			Dispo	sal Date		City, State		E D^					
Completed by		Title					BD		MORRIS	OVILL						
CAROL RAIMO	ЕМО	GR.			Signatare		dae	ni.	Da	9/2	9/	15				

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

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OPEN	
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Date of Notification (1)	15			Name of PSEG	Building	Owner/C	perator	(2)	4012						
Agencies Notified	Type Notification			Street A	ddress HADLEY	' ROAI			ZE (3)]	20	to Co	i, i,			
DEP DOL	Initial Amended Amendment	¥	-	City, Sta	te, Zip Co	de		7080	A	N. 4		1			
ĭ DOH	Emergency (i			Name of	Contact					Telep	hone Num				
DCA	Cancellation				H 10 LITY INFO			TE		بن ب		e 11	~	10	
Name of Facility Where PSE&G — M Street Address 1331	Abatement is Taking H 2	A						X (of Facility (4 School (K-12 Subchapter 8 Other (i.e. pr etc.)	2) 8 (Other ivate &	commercia	build			es,
City (5) E(; Z	-ABET							Squa	re Feet N/A		Floors N/A	В	ldg. A	ge / ^	
County (6)	ion	//		County (Code (7) JSE ONLY	ı		Curre	nt Use (Prio			ed)	N	/ Ft	
Name of Monitoring Firm ENVIRONMENTAL	n Hired by Building C	Owner (8)		ASCN 0045					tement Cont						
Street Address 64 BROAD STREE	T			1			Street	Addres			IVIERTION	1.77			
City, State, Zip Code MATAWAN, NJ 07	747						City, S	tate, Z	ip Code IVER, NJ						
Project Manager for Mor TOM GEIGER	nitoring Firm		- 10	Telephoi	ne No. 32-2217		Teleph	none N 432-8	0.		License No		_	THE STATE OF	
Start Date (10)	_	Scheduled	d Com				Name	of OSI	HA Monitor						
Occupancy Status Durin				///	/3		Street	Addres	SS		MERIOA				
Facility Closed/Vac Abatement Perform Other – Describe:	rated During Entire Properties of Normal Aut Dao R	al Facility I	oatem Hours	ent			City, S	tate, Z	EHEAD A						
Scope of Work (Check A	•						SOL	IHR	IVER, NJ	08882	<u>'</u>				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	enova emoliti					Mir Glo	l Containme ni-Enclosure ovebag Proce n-Exempted	edure					
		ls L	.ocati	on			_	1 110	II-LXempted	() and	INUII-F HAUI		Abate	ment	
Location Asbestos-Containing			ormall Sole		Achon	De tos Con	scription		(4 CM)				Ту	pe	
TO BE AB In Faci (13)	ATED lity	Custo	itenar idial S (12)	EXICTE:		thermal surfa		s insula T, or		(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_	1	ate	ro'
OuTDoo	RS	-	\times		P:p	6 .	Som	AST	10	20	OLF	×			
Name of Registered Wa	ste Hauler		M	JDEP W	/aste	Cubic	Yards		Name of F	Parista	ed Landen				
WASTE MANAGEN			H	auler ID 125		of Wa		5	GROWS						
City, State ELIZABETH, NJ							sal Date		City, State MORRIS		E, PA				
Completed by CAROL RAIMO		Title OFFIC	CE M	IGR.		Signature Date							9/	1	

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

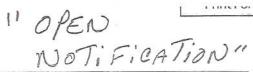
- 1	1 111101 01111
OPEN	
NOTIFICA	Tian"

Date of Notification (1)			Building Owner/0	Operator	(2)					
9/22/15		PSEG				2015 SEP 23	E 1.	~ .		
Agencies Notified ' Type Notification EPA Initial		Street Ad 4000 H	idress IADLEY ROA	D			est t	يا ال	S	
DEP Amended DOL Amendment			te, Zip Code H PLAINFIEL[D, NJ 0	7080	e LIC	171	110	Ĺ.	
DOH justification) Cancellation	including	Name of		11 0		Telephone Nu	mber			
Cancellation			HO MA		16	1-60-0	27	U	27	1
Name of Facility Where Abatement is Taking	g Place (3)	PACIL	III I INFORMAT	ION	Type of Facility	(4)				
PSE&G - MH /	A			,	School (K-	12)				
Street Address	11.		۰			r 8 (Other than K-1) private & commerc		dinas.	home	es.
923-929 FRE/IN	UG HAU	ysen	AVE		etc.)					,,,
NEWARK	, ,	r			Square Feet N/A	# of Floors		ldg. A	ge / a	
County (6)		County C				ior if being demolis	hed)	N	1/7	
ESSEX		(STATE L	ISE ONLY)			NIA				
Name of Monitoring Firm Hired by Building (ENVIRONMENTAL TACTICS	Owner (8)	0045			of Abatement Co UE SYSTEM	ntractor (9) S OF AMERIC	A			
Street Address 64 BROAD STREET					Address VHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747				City, S	tate, Zip Code TH RIVER, N	7 - 200 -				-7
Project Manager for Monitoring Firm TOM GEIGER		Telephor	ne No. 12-2217	Teleph	one No. 132-8350	License N	lo.			
Start Date (10)	Scheduled Co	220 20000000000000000000000000000000000		1	of OSHA Monitor	75.00.000				
10/5/15	12/	31/	15			S OF AMERIC	A			*
Occupancy Status During Abatement (Chec	S (9)				Address VHITEHEAD	AVE				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	nal Facility Hou	ement Irs			tate, Zip Code	AVE.				
Other - Describe: BUTDOR	.2.				TH RIVER, N	J 08882				
Scope of Work (Check All That Apply)	2000									
≥3 sf or ≥3 if ≥160 sf or ≥260 if	X Renov				Full Containm Mini-Enclosur Glovebag Pro		Pressu	re		
	1			X		d (*) and Non-Frial	ole Pro			
	Is Loca Norm	707717171710							ement	
Location of Asbestos-Containing Material (ACM)	Used So	lely by	Asbestos Con	escription	5.T.C	Amount				
TO BE ABATED In Facility	Mainten Custodia		(i.e. therma		insulation,	(Specify SF or LF)	Rer	Re	Encapsulate	Enc
(13)	(12	2)		miscellar		SF 01 LF)	Remova	Repair	psula	Enclosure
	Yes No	N/A					-		ate	(O)
<u>auTDoors</u>	×		Pips.	Som	ASTic	200 LF	X			
Name of Davids 1997										
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP W Hauler ID 1125			200200000000000000000000000000000000000	Registered Landfi S NORTH	I			
City, State ELIZABETH, NJ			Dispo	sal Date	City, Sta	te ISVILLE, PA				
Completed by	Title			Signatore	,		ate		,	
CAROL RAIMO	OFFICE	MGR.				G.M.	ate /	91	15	

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

2000	<u>L</u>	THIRT OHN
OPEN		
NOTIFICA	110	DN"

Date of Notification (1)				of Building O	wner/O	perator (2)							
9/22/1	5		PSEC	3			2015 SEP 23 AM 3.45							
Agencies Notified	Type Notification			Address HADLEY	ROAL)	10 min O 45							
DEP DOL	Amended Amendment #			ate, Zip Cod TH PLAINI), NJ 07	7080							
DOH DCA	Emergency (ir justification) Cancellation	ncluding		of Contact	MAA	0 0			phone Num	ber	9			
<u> </u>	Cancellation			H NO			16	107			9	- /		
Name of Facility Where	Abatement is Taking	Place (3)	FAC	ILIT INFO	RIVIATR		Type of Facility ((4)						
PSE&G - M Street Address	H 11	//		. 1./			School (K-1 Subchapter X Other (i.e. p	12) 8 (Othe	er than K-12) I build	dinas.	home	es.	
City (5)	RELing	Huy.	SEN	HV	L .		etc.)						,	
NEU	VARK	// /					Square Feet \mathcal{O}/\mathcal{A}		Floors N/A		ldg. A	ge /A		
County (6)	SEX			Code (7) USE ONLY)			Current Use (Pri	or if beir	ng demolish	ed)		, , ,		
Name of Monitoring Firm ENVIRONMENTAL	Hired by Building O	wner (8)	ASC 004	M No.			of Abatement Cor	ntractor						
Street Address 64 BROAD STREE						Street A	Address		WILL TO					
City, State, Zip Code							VHITEHEAD A	AVE.						
MATAWAN, NJ 077 Project Manager for Mon			Telepho	one No		SOUT	H RIVER, N.	J 0888	2 License No					
TOM GEIGER		21 11 12	732-2	92-2217		732-4	32-8350		01111					
Start Date (10) 10/5//	5	Scheduled C	ompletion 3//	Date (11)			of OSHA Monitor UE SYSTEM		MERICA					
Occupancy Status During	g Abatement (Check		- / /			Street A	ddress						-	
Facility Closed/Vac	ated During Entire Pe	eriod of Abat	ement			396 W	/HITEHEAD /	AVE.						
Abatement Perform Other – Describe:	ed Outside of Norma BUTDOR	I Facility Hor	urs		_ [ate, Zip Code TH RIVER, N.	J 0888:	2					
Scope of Work (Check A	II That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			vation olition				Full Containm Mini-Enclosure Glovebag Pro	e cedure						
				T		x	Non-Exempte	d (*) and	Non-Friabl					
		Is Loc Norm									Abate Tv	ment pe		
Location Asbestos-Containing		Used So		Ashasto		scription o	of aterial (ACM)	۸۰	mount					
TO BE AB, In Facil (13)	ATED	Mainter Custodia (12	al Staff?	(i.e. t	hermal surfac		insulation, , or	(S	pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
_		Yes N	o N/A									fe		
8 uTDOO	RS	>	<	P: pe	£ 5	SomA	stic	20	OLF	X				
Name of Registered Was	ete Hauler		NJDEP V	Masta	Cubic	Varda	Name	Desiste						
WASTE MANAGEM			Hauler III	No.	of Was	ste	- GROW		red Landfill RTH					
City, State ELIZABETH, NJ					1100	sal Date	City, Stat		E. PA		1000-000			
Completed by		Title				ignatare	- /	*	Dat	e /2		/		
CAROL RAIMO		OFFICE	E MGR.			ak	eldas	mi	0 19	12	9/	15		



Date of Notification (1)	. ~		Nam PSI		ilding Ov	vner/Op	perator (2)							
Agencies Notified	Type Notification			et Addre	222				2115 C	-0.00	711				
☐ EPA			400	0 HAI	DLEY F)		C 0 10 ()	-! C.U	41.3	45			
DEP × DOL	Amended Amendment #				Zip Code		, NJ 07	7080	Y			100			
_	Emergency (including justification)	cluding		e of Co			<u></u>				hone Num	ber			-
Ď DOH DCA	Cancellation			OH	'N	MA	RoT	TE		OV	. C.	9.1	9	, ,	
None of Facility Miles	Abatament in Taking I	Dlane (2)	F	ACILIT	Y INFOR	MATIC	NC	Type o	f Facility (4	\					
Name of Facility Where		Place (3)						_	chool (K-12						
Street Address	117 10							T S	ubchapter	8 (Other	than K-12				
406-42	O FRELI	NCH	U 1/5	EN	AV	1 E.			ther (i.e. pr tc.)	rivate &	commercia	l buildi	ngs, i	nome	S,
0.0)	20 7091 51		1					Square	-		Floors		ig. Ag	,	
NEU	DARK		10		1 - (7)			Curren	N/A	s if hain	N / A g demolish	24/	W	A	
County (6)	sex			nty Cod	e (7) ONLY)			Curren	it Use (Pric			eu)			
Name of Monitoring Firm		vner (8)	A	SCM N	0.		Name	of Abate	ement Con						\neg
ENVIRONMENTAL			00	045			UNIC	OUE S	YSTEMS	SOFA	MERICA	١.			
Street Address 64 BROAD STREE	ΞT						100000000000000000000000000000000000000	Address NHITE	s EHEAD <i>A</i>	VE.					
City, State, Zip Code MATAWAN, NJ 07	747							tate, Zip	Code VER, NJ	08882	2				
Project Manager for Mo				phone			Teleph	one No			License N	0.			
TOM GEIGER Start Date (10)		Scheduled C		2-292-				432-83	A Monitor		01111				
10/5/1	5	12/	31	0	5		0.00 CO 12000			OF A	MERICA	٨			
Occupancy Status Durin	ng Abatement (Check	Only One)						Address	s EHEAD <i>A</i>	\\/E					
Facility Closed/Vac	cated During Entire Pe	eriod of Aba	tement				2000	tate, Zir		TVL.					
Abatement Perform Other – Describe:	BUTDOORS	\$				_			VER, N.	0888	2				
Scope of Work (Check	All That Apply)											-2020			
× ≥3 sf or ≥3 lf			ovation				F				Negative F	ressur	е		
2160 sf or ≥260 lf		☐ Dem	olition					Glo	i-Enclosure vebag Pro	cedure					
		1					×	1 Nor	n-Exempted	d (*) and	Non-Friab	1		e ment	
	20	0.00	cation mally					_						pe	
Location Asbestos-Containin		Used S	olely b	-	Asbesto		scription taining N		(ACM)	A	mount			ш	
TO BE Al	BATED	Custod	nance al Staf	200	(i.e. t		l system		tion,		pecify or LF)	Remova	Repair	ncap	Enclo
(13		(1	(2)				miscella					loval	oair	Encapsulate	Enclosure
		Yes N	10 01	N/A										To To	
8 uT Do	ORS	>	<		P: pe	5 ,	Som	AST	10	20	OLF	X			
				-								-			
Name of Registered W	aste Hauler		0.000	EP Was			Yards		Name of	Registe	red Landfil	1			
WASTE MANAGE			Hauler ID No. of Wa				s ⁻	GROW	S NO	RTH					
City, State ELIZABETH, NJ			Dispo			sal Date	_	City, Sta MORR		E, PA					
Completed by		Title				Signatar		2	*	D	ate /		/		
CAROL RAIMO		OFFICE	E MG	R.		6	(A)	tel	Vac	me	a) .	1/2	2/	15	•

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

- 1	rimer onn
OPEN	
NOTIFICA	Tion"

Date of Notification (1)			Building C	wner/C	wner/Operator (2)									
7/22/15		PSEG					90	·						
Agencies Notified ' Type Notification EPA Maintail Initial Maintail Maintail		Street Ad 4000 H	aress ADLEY	ROAL)			u - i	23	10.7	Ç. (:5		
DEP Amended Amendment #	ŧ		e, Zip Coo I PLAIN), NJ 07	7080		7. 2. 1.1						
Emergency (ii	ncluding	Name of	nert entrett		20.00			Tele	phone	Numb	per	-		
DOH justification) DCA Cancellation		Jo	HN	MI	1807	TF.		86		C			- 20	
			ITY INFO		ON									
Name of Facility Where Abatement is Taking PSE&G — M LL 12	Place (3)					Type of	f Facility (4	1)						
Street Address							chool (K-1: ubchapter		ar than l	(-12)				
221-235 FRELIA	NgHu	15EN	A	VE		× O	ther (i.e. p c.)					ings,	home	s,
City (5)	/	/				Square		1000-10	Floors		BI	dg. A	ge	
NEWARK							NA		NI			W	A	
County (6) FSSEX		County C (STATE U	ode (7) SE ONLY)			Curren	t Use (Pric	or if bein	ng demi	olishe	ed)			
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	Owner (8)	ASCM 0045	No.				ement Con	tractor	(9)	ICA				
Street Address					Street A	Address	3						-	
64 BROAD STREET							HEAD A	AVE.						
City, State, Zip Code MATAWAN, NJ 07747					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tate, Zip TH RI\	Code VER, NJ	0888	2					
Project Manager for Monitoring Firm TOM GEIGER		Telephor 732-29	ne No. 2-2217			one No. 132-83			Licens 0111		*			
Start Date (10) 10/5/15	Scheduled C		Date (11)				A Monitor YSTEMS	SOF	AMER	IICA				
Occupancy Status During Abatement (Check			-			Address								
Facility Closed/Vacated During Entire F	Period of Abate	ement					HEAD A	AVE.						
Abatement Performed Outside of Norm Other – Describe: <u>BUTDOR</u>	al Facility Hou S	urs				tate, Zip TH RI	Code VER, NJ	0888	32					
Scope of Work (Check All That Apply)							•							
≥3 sf or ≥3 if	× Reno	vation				Full	Containme	ent with	Negati	ive Pr	essur	re		
≥160 sf or ≥260 if	Demo	olition				C 21.00	-Enclosure rebag Prod	700						
					×		-Exempted		d Non-F	riable	e Prod	cedur	е	
	Is Loc		J.										ement pe	ř
Location of	Norm Used So		Asbas		escription Itaining M		(100)	^	mount			.,		
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Mainter Custodia	FATE STATE OF THE		therma	l systems	s insulat		(8	Specify		Re	D	Enca	Enc
In Facility (13)	(12	2000			acing, VA miscellan			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes N	o N/A			i)t						<u>a</u>		ate	6
OUTDOORS		<	P: p	E .	Som,	AST I	ic	20	006	-F	×			
			1											
Name of Registered Waste Hauler		NJDEP W	l /aste	Cubic	c Yards		Name of	Registe	ered La	ndfill		1		1
WASTE MANAGEMENT		Hauler ID 1125		of Wa		5	GROW							
City, State ELIZABETH, NJ	1				osal Date	1	City, Stat		LE, PA	4				
Completed by	Title			-	Signatare	9	201	0		Da	e /	2000	/	
CAROL RAIMO	OFFICE	CE MGR.			Signature Date				2/	15	•			

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

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NOTIFICA	110N"

Date of Notification (1)		100000		Building O	wner/C	perator ((2)								
Agencies Notified Type Notification			SEG reet Ad	draga				2010							
EPA Initial		4	000 H	ADLEY)). (: <u>:</u>					
DEP Amended Amendment	#			e, Zip Cod I PLAINI), NJ 07	7080								
Emergency (justification)	including			Contact					Telephone Nu	mber					
DCA Justification		-	Jo 1	40	MA	1207	27TE 8 00, 0071								
				ITY INFO				= 7.							
Name of Facility Where Abatement is Taking	g Place (3)							Facility (4							
Street Address				-				hool (K-12 bchapter	2) 8 (Other than K-1	2)					
	Hin	c _	4)	ΔI			× Otl	her (i.e. pı	rivate & commerc	ial build	lings,	home	s,		
City (5) 19 FRELING	muy	SE	/	TIVE)		Square		# of Floors	В	ldg. A	ge			
NEWARK								NIA	NIA		N	/A			
County (6)	- N			ode (7) SE ONLY)			Current	Use (Pric	or if being demolis	hed)					
Name of Monitoring Firm Hired by Building	Owner (8)	1	ASCM	No	(Harrison Co.)	Name	of Abate	ment Con	tractor (9)						
ENVIRONMENTAL TACTICS	ovinci (o)		0045	140.					OF AMERIC	Α					
Street Address 64 BROAD STREET							Address NHITE	HEAD A	VE						
City, State, Zip Code						City, S	tate, Zip	Code							
MATAWAN, NJ 07747								/ER, NJ							
Project Manager for Monitoring Firm TOM GEIGER			elephor 32-29	ie No. 2-2217			one No. 432-83		License I	NO.					
Start Date (10) 10/5//5	Scheduled / 2-/		,	Date (11)		4		Monitor STEMS	S OF AMERIC	A					
Occupancy Status During Abatement (Chec			/ / /	9			Address		*						
Facility Closed/Vacated During Entire			ent			396 \	WHITE	HEAD A	AVE.				7		
Abatement Performed Outside of Normal Other – Describe: <u>BUTDOOR</u>	nal Facility H	lours			-2.50	100000000000000000000000000000000000000	tate, Zip ITH RI\	Code /ER, NJ	08882		to				
Scope of Work (Check All That Apply)								5 2 1 27 Se 10 Se 11 Se 1							
× ≥3 sf or ≥3 if	X Rei	novati	on						ent with Negative	Pressu	re				
≥160 sf or ≥260 if	Der	molitic	n			-	- 100 to	Enclosure ebag Prod							
						×			d (*) and Non-Fria	ble Pro	cedur	е			
	44 55000	ocatio	99									emeni /pe			
Location of	No Used	rmally Solely		0-1		escription		0.000	A		T .,	İ			
Asbestos-Containing Material (ACM) TO BE ABATED	Maint	tenan	ce/		therma	ntaining N al system	s insulati		Amount (Specify	Re	l z	Enc	En		
In Facility (13)	Custo	aiai Si (12)	.aus			acing, VA miscellar			SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(10)	Yes	No	N/A		Othor	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u>a</u>	-	late	II.6		
OUTDOORS		×		P: 0	6	Som	ACT;	C.	200 LF	X					
				1		-57.	73-37-								
	-									+	-				
Name of Registered Waste Hauler		N.	IDEP W	/aste	100000000000000000000000000000000000000	c Yards		Name of	Registered Landi	ill					
WASTE MANAGEMENT		100000	auler ID 25	No.	of W		5	GROW	'S NORTH						
City, State ELIZABETH, NJ					Dispo	osal Date		City, Stat	ie ISVILLE, PA						
Completed by	Title					TB1 Signatar		-/-		Date	,	/			
CAROL RAIMO	OFFIC	EM	GR.			1	400	das	ma	Pate	21	15			

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

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OPEN	-
NOTIFIC	ATION"

Date of Notification (1)		Name of PSEG	Building O	wner/Op	erator (A CONTRACTOR OF THE STATE OF TH								
Agencies Notified Type Notification		Street A				2015 SEP 2	13 EK	3:45						
☐ EPA ☒ Initial		4000 F	HADLEY	ROAD		1		4.79.4						
DEP Amended			te, Zip Cod			2000								
X DOL Amendment #			H PLAINF	FIELD,	NJ 07	080		1.2						
DOH justification)		The state of the state of the state of	Contact	MAA	A =		l Telen	hone Niim	hor					
DCA Cancellation			H10			16	1000	ワーは						
Name of Facility Where Abatement is Taking	Place (3)	1 ACI	LITT HAT OF	NIVIA I 10		Type of Facility (4)							
PSE&G - M H 15			69			School (K-1	2)							
Street Address		11	^	1		Subchapter Other (i.e. p				lings	home	.0		
747 MARTINLU	THER	Kin	19 B	IND		etc.)				7.5		.5,		
City (5)			/			Square Feet	# of F		В	ldg. A				
County (6)		County	Code (7)			N/A Current Use (Pri	- Library	U/A	-d)	N	A			
F.SSEX			USE ONLY)			ourient occ (i ii	N I	A	Juj					
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	I No.			f Abatement Cor	ntractor (9	9)						
ENVIRONMENTAL TACTICS		0045			UNIQ	UE SYSTEM	SOFA	MERICA						
Street Address 64 BROAD STREET					Street A		^ / C							
City, State, Zip Code				-	100000000000000000000000000000000000000	/HITEHEAD /	AVE.							
MATAWAN, NJ 07747						H RIVER, N	08882							
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	пе No. 92-2217	- 1	Telepho 732-4	one No. 32-8350	1 5	License No 01111),					
	Scheduled C					f OSHA Monitor		NIEDIO A						
10/5//5 Occupancy Status During Abatement-(Check	12/	31/	15			QUE SYSTEMS OF AMERICA								
	17.0				Street A 396 W	aaress /HITEHEAD/	AVE.							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	I Facility Hou	ement irs		-		ate, Zip Code								
Other - Describe: BUTDOR	>			-		TH RIVER, N.	J 08882							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf		vation				Full Containm		Negative P	essu	re				
\[\geq ≥160 \text{ sf or ≥260 lf}	Demo	olition				Mini-Enclosur Glovebag Pro								
	I				×	Non-Exempte	d (*) and	Non-Friabl						
	Is Loc Norm										ement pe			
Location of Asbestos-Containing Material (ACM)	Used So	lely by	Ashesto		cription	of aterial (ACM)	Am	ount						
TO BE ABATED	Mainter Custodia			hermal s	systems	insulation,	(Sp	ecify	Re	R	Enca	Enc		
In Facility (13)	(12			other mi	ng, VAT		SF	or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes No	N/A							<u>a</u>	-	late	Гe		
OUTDOORS	×		P. De	<u>a</u> <	3 00 1	stic	20	OLF	X					
			1.70		OWIP	13/10	0.0	0 -1	/1					
				-										
Name of Registered Waste Hauler		NJDEP V	Vaste	Cubic Y	'ards	Name of	Register	ed Landfill						
WASTE MANAGEMENT		Hauler ID	No.	of Wast	te		'S NOR							
City, State		1125		Appy Disposa		City, Sta		and the second						
ELIZABETH, NJ				At	BD		te ISVILLE	E, PA						
Completed by	Title				gnatare		,		e, /		/			
CAROL RAIMO	MGR.		2	Signature Date 1/22/15										

CK # 6589

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

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OPEN	
NOTIFICA	Tianl
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Date of Notification (1)		Name of Building Owner/Operator (2) PSEG Street Address 4000 HADLEY ROAD														
	pe Notification			treet Ad	dress				LEI	2 CEL	23 63	0. >	-			
□ EPA 🔯] Initial				ADLEY)		4.1.		1	€1+ E	5			
DEP T	Amended				e, Zip Coc) NIIO.	7000		8		-	7			
Ĭ DOL	Amendment #_ Emergency (in				PLAIN Contact	FIELL), NJ U	7000		5511	The state of the s	ib or	£.			
DOH DCA	justification) Cancellation		1		40	MA	10.7	TE		C	phone Nun	ibei	9	10	e.	
					ITY INFO			10			-		~			
Name of Facility Where Aba	itement is Taking I	Place (3)						Туре	of Facility (4	4)						
PSE&G - M +	1 16								School (K-1		er than K-12))				
08-16		ourt	- ,	ST	-			×	Other (i.e. p		commercia		ings,	home	s,	
City (5)	54 CC	JURI	•	21	1	-			etc.) e Feet	# of	Floors	BI	dg. A	ge	-	
NEW	ARK							•	NIA		NIA		N			
County (6)	SEX			County C	ode (7) SE ONLY)			Curre	nt Use (Prid		ng demolish	ied)				
Name of Monitoring Firm Hi		vner (8)	1	ASCM	No	-	Name	of Abat	tement Cor	U	(9)					
ENVIRONMENTAL TA		(0)		0045							AMERICA	A				
Street Address								Addres	27							
64 BROAD STREET									EHEAD A	AVE.						
City, State, Zip Code MATAWAN, NJ 07747							SOU	TH R	p Code IVER, NJ	0888	2					
Project Manager for Monitor TOM GEIGER	androan Permitti ili atti ili						 COUNTRY 	none No 432-8			License N 01111	0.				
Start Date (10) 10/5/15	Start Date (10) Schedu							of OSHA Monitor QUE SYSTEMS OF AMERICA								
Occupancy Status During A		/2/ Only One)	0	1 / /			Street	Addres	SS							
Facility Closed/Vacate				ent					EHEAD A	AVE.						
Abatement Performed Other – Describe:	Outside of Norma	Facility H	ours						ip Code IVER, No	1 0888	2					
Scope of Work (Check All T							300	11111	IV LIX, INC	0000						
× ≥3 sf or ≥3 lf		X Rer	ovat	ion] Ful	! Containm	ent with	Negative F	Pressui	re			
2160 sf or ≥260 lf		_	noliti				-	Mir	ni-Enclosure	е						
							×		vebag Pro n-Exempte		d Non-Friat	le Pro	cedur	е		
		VIDEOUS	catio	73.745.9										ment pe		
Location of		No.	mall: Solel:		0-1		escription		(A CNA)				1 9			
Asbestos-Containing March 10 BE ABAT		Maint Custoo		074000000000000000000000000000000000000		therma	ntaining N Il system	s insula			mount Specify	Re	D D	Enca	En	
In Facility (13)			12)	tait!			acing, VA miscellar			SF	or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								<u>m</u>		late	re	
a T a o							OUF	X								
0 UT DOOR	\triangle		1.0	٠ _ خ	Som	ASI	1 (-	- Ci (000	13						
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	1/									+		1				
Name of Registered Waste	Hauler		N.	JDEP W	/aste	Cubic	c Yards		Name of	Registe	ered Landfil	1			1	
WASTE MANAGEMEN	1725	auler ID 125	No.	of Wa	aste - / S	S	GROW									
City, State ELIZABETH, NJ				1 O.	TB D	÷	City, Sta MORR		LE, PA							
Completed by	ompleted by Title					tle Signature Date /										
CAROL RAIMO OFFICE MGR.						4	(1)	ralaina 9/22/15							•	

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

OPEN	
NOTIFICA	ATION"

Date of Notification (1)				Building ()wner/O	perator (2										
Agencies Notified	Type Notification		PSEG	1			2015 S	-12 23 		Da	- 4		_			
EPA	x Initial		Street Ad 4000 F	iaress IADLEY	ROAL)	20		ar or ë	ù						
DEP × DOL	Amended Amendment #			te, Zip Co H PLAIN		D. NJ 07	080		110	1						
	Emergency (in justification)	cluding	Name of			-,		Teleph	none Num	рег			_			
DOH DCA	Cancellation		-	HN	MA	12077	TE	1000	-	0.1	9	-				
Name of Facility Where	Abatanatia Taliaa	DI (0)		LITY INFO		ON										
PSE&G — M	Abatement is Taking	V. /2	-			١,	Type of Facility	40040								
Street Address	11 /	- 10	9 999					er 8 (Other i								
82 (0	rurt	STR	EE	7			Other (i.e. etc.)	private & c	ommercia	build	ings,	home	s,			
City (5)							Square Feet	# of FI		BI	dg. A	ge				
County (6)	DARK		County	Codo /7\			N/A		1/A		N	A	_			
	SEX		County C (STATE U	JSE ONLY)			Current Use (P		A	ea)						
Name of Monitoring Firm ENVIRONMENTAL	n Hired by Building O	wner (8)	ASCN 0045				f Abatement C	ontractor (9)								
Street Address	- 11101100		00.0			Street A		710 01 711	VIET (10) (-			
64 BROAD STREE	T					396 V	/HITEHEAD	AVE.								
City, State, Zip Code MATAWAN, NJ 07							ate, Zip Code H RIVER, N	J 08882								
Project Manager for Mor TOM GEIGER	nitoring Firm		Telephor 732-29	ne No. 32-2217		Telepho 732-4	one No. 32-8350	1 1	icense No 01111							
Start Date (10)		Scheduled Co	- 1	Date (11)		1	of OSHA Monitor									
Occupancy Status Durin	ng Abatement (Check		0//	/ 🔾	<u> </u>	Street A										
Facility Closed/Vac	ated During Entire Pe	eriod of Abate	ement				/HITEHEAD	AVE.								
Abatement Perform Other – Describe:	ned Outside of Norma あれてもので	I Facility Hou	ırs				ate, Zip Code 「H RIVER, N	NJ 08882								
Scope of Work (Check A	All That Apply)								V							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		× Reno	vation				Full Contain Mini-Enclose		legative Pr	essur	е					
						×	Glovebag Pr	rocedure	lon Friehl	o Dros	and					
		Is Loc	oti o =			100	Non-Exempt	led (*) and r	von-Friabl		75. Y.	ment				
Locatio	n of	Norm	ally		De	escription	of				Ту	ре				
Asbestos-Containing TO BE AB		Used So Mainter					aterial (ACM) insulation,	5.55	ount ecify			Ε̈́	m			
In Faci	ility	Custodia (12		(1.6.	surfa	acing, VA	r, or		r LF)	Remova	Repair	caps	Enclosure			
(13))	,			other	miscellan	eous)			val	air	Encapsulate	sure			
	Yes No	2 100000	0.				1 0		-/							
<u> </u>	×		P: p	6 .	Som	ASTIC	200	OLF	×							
							-									
Name of Registered Wa	ste Hauler		NJDEP W	/aste	100000000000000000000000000000000000000	Yards	Name	of Registere	d Landfill							
WASTE MANAGEN		Hauler ID 1125	No.	of Wa	1 - 11											
City, State ELIZABETH, NJ					Dispo	sal Date	City, Si MOR	tate RISVILLE	E, PA							
Completed by		Title	N/00			Signatare	2	P	Da	0/2	201	/				
CAROL RAIMO		OFFICE	MGK.		6	-all	alla	ema) 7	120	2//	15				

CK # 6587

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

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Date of Notification (1)	rem			lame of	Building (Owner/C	Operator (2	2)	2550							
Agencies Notified	Type Notification		S	treet Ad	ldress				4010	1-24	S Pag	,				
П ЕРА	Initial		4	1000 H	ADLEY	ROA	D				11.1	. 45				
DEP	Amended				e, Zip Co						Ety	37.4		3123 -		
⊠ DOL	Amendment # Emergency (in				a one-months	IFIELD	D, NJ 07	080			1. 1. 6					
X DOH	justification)	oldding			Contact	1A A				Tele	phone Nun	nber				
☐ DCA	Cancellation						AR077	18		ات ن		1			4	
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFO	RMAT		Type of	f Facility (4	-)						
50500	WARK		n H	4	TAT	2 K			chool (K-12						- 1	
Street Address	.400000	2011		_~	1 177 1 1	0 1 -		St	ubchapter	8 (Othe	r than K-12					
420	UNIVE	FR S.	:7	V	AV.	E	I		ther (i.e. pr c.)	rivate &	commercia	al build	lings,	home	s,	
City (5)	40.10	5 - 57	,	<i>T</i>	///			Square		# of	Floors	В	dg. A	ge		
NEU	WARK								NIA		NIA		N	IA		
County (6)				County C	ode (7)			Curren	t Use (Prio	r if bein	g demolish	ed)				
	SSEX		1							N	A					
Name of Monitoring Firm ENVIRONMENTAL		wner (8)		ASCM 0045	No.				ment Con YSTEMS		9) MERICA	4				
Street Address							Street A									
64 BROAD STREE	ET								HEAD A	VE.						
City, State, Zip Code MATAWAN, NJ 07	747						City, Sta		VER, NJ	08882	2					
Project Manager for Mor TOM GEIGER	nitoring Firm		24 36	elephor 732-29	ne No. 2-2217		Telepho 732-4				License N 01111	0.				
Start Date (10)		Scheduled	1	,					A Monitor	OF (MEDICA					
10/5/1		12/	3	1/1	15			IQUE SYSTEMS OF AMERICA								
Occupancy Status Durin		- W					Street A		; EHEAD A	VF						
	cated During Entire Penned Outside of Norma			ent			City, Sta									
Other – Describe:	BUT DOOR	2					1 TO THE RESERVE OF THE PARTY O		VER, NJ	0888	2					
Scope of Work (Check A	All That Apply)													-		
× ≥3 sf or ≥3 lf		× Rer	novat	ion				Full	Containme	ent with	Negative F	ressu	re			
≥160 sf or ≥260 lf		processor .	molitic					Mini	-Enclosure	ł						
							×		ebag Prod Exempted		l Non-Friab	le Pro	cedur	е		
		Is Lo	ocatio	n.									Abate	ment		
Locatio	n of	No	rmally	y		De	escription	of					Ту	pe		
Asbestos-Containing	g Material (ACM)	Used Maint		* C.		tos Cor	ntaining M	aterial (nount	_		m	_	
TO BE AE		Custo	dial S	The state of the s	(i.e.		al systems acing, VAT		ion,		pecify or LF)	Remova	Repair	cap	inclo	
(13))	((12)				miscellan				513-8% W	ova	pair	Encapsulate	Enclosure	
	Yes	No	N/A										te	, to		
8 uT Doc		X	i i	P:p	6	Som	ASTI	c	20	OLF	X					
Name of Registered Wa			17.88	JDEP Wauler ID		Cubic of Wa	c Yards				red Landfil					
WASTE MANAGEMENT					.10.	400	× 15	-	GROW	S NO	RTH					
City, State ELIZABETH, NJ						98.	osal Date		City, State		E, PA					
Completed by					Signatare		/	,		ate_ /		/				
CAROL RAIMO	EM	GR.		4	Lak	2	Jac	mi	na 9/22/15							

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

NOTIFICATION"

Data of Nationalis (d)							10	, 0 ,	., .	-/.					
Date of Notification (1)		PSEG	Building	Owner/C	perator (1999	5000 AC								
Agencies Notified Type Notification EPA		Street A 4000 h	ddress HADLEY	ROAL)		CTP 45	17.174	J- 45						
DEP Amended Amendments	Account to the second		ite, Zip Co H PLAIN		D, NJ 0	7080	50								
Emergency (injustification) DCA Emergency (injustification) Cancellation	including		f Contact	1/1/	10 0	70		Tele	phone Nun	nber					
Garice Hation			H 10			10		ا - ن		UT.	U	07	/		
Name of Facility Where Abatement is Taking	Place (3)	1701	LIII IIVI	ZINIMA II	ON	Туре	of Facility (4	1)				-			
PSE&G -							School (K-12	2)							
Street Address	- 1						Subchapter	8 (Othe	er than K-12	2)					
370-408 F	RELIA	Ja Hu	IVSEN	AV	E.		Other (i.e. pretc.)	rvate &	commercia	al Duik	dings,	home	es,		
City (5)	•		7	•		Squar	e Feet	# of	Floors	E	ildg. A	ge			
NEWARK							NIA		NIA		N	1A			
County (6)			Code (7) USE ONLY)		Curre	nt Use (Prio	r if beir	ng demolish	ed)					
LSSEX	(0)							N	LA						
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	Owner (8)	0045					tement Con SYSTEMS			4					
Street Address 64 BROAD STREET					Street 396 V		ss EHEAD A	VE.							
City, State, Zip Code							ip Code		70						
MATAWAN, NJ 07747 Project Manager for Monitoring Firm		Telepho	пе Ио		SOU		IVER, NJ	0888	License N	0					
TOM GEIGER		732-29	92-2217		100	432-8			01111	0.					
Start Date (10) 10/5/15	Scheduled C		Date (11)		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA										
Occupancy Status During Abatement (Check		- / /			Street	et Address									
Facility Closed/Vacated During Entire F	eriod of Abate	ement			396 V	MHITI	EHEAD A	VE.							
Abatement Performed Outside of Norm Other – Describe: <u>BUTDOR</u>	al Facility Hou	ırs					p Code								
					SOU	THR	IVER, NJ	0888	2						
Scope of Work (Check All That Apply)					-	1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Reno				NAME:		l Containme		Negative P	ressu	re				
	L Demo	HLIOH					i-Enclosure vebag Proc								
	T				×	Nor	n-Exempted	(*) and	Non-Friab	le Pro	cedur	e			
	Is Loc											ement	t		
Location of	Norm Used So				scription				*2000011-0104	-	1	I			
Asbestos-Containing Material (ACM) TO BE ABATED	Mainter	ance/			taining M systems				nount pecify	R	_	E	Ш		
In Facility	Custodia (12		,	surfa	cing, VA	T, or			or LF)	Remova	Repair	aps	Enclosure		
(13)				otherr	niscellan	leous)				val	air	Encapsulate	sure		
	Yes No	N/A										Œ			
OUTDOORS	\perp		P: 0	6	Som,	AST	ic	20	OLF	X					
			1												
										-	-				
Name of Registered Waste Hauler	1 1	NJDEP W	l /aste	Cubic	Yards		Name of F	Registe	red Landfill						
WASTE MANAGEMENT		Hauler ID		of Wa	ste	_	GROWS	. 51							
City, State		1125		ADA											
ELIZABETH, NJ				ام العالم الحالم	sal Date		City, State								
Completed by	Title						201	P	Da	te /		/			
CAROL RAIMO							Signature Date 1/201/15								

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Date of Notification (1) 09/21/15			Name of Building Owner/Operator (2) BROOKSTONE MANAGEMENT 2015 SEP 23 AM 12: 64															
Agencies Notified	Type Notification			Street Ad 1970 S	ddress WARTH	MOR	E AVE	NU	E	-		13	11					
DEP DOL	Amended Amendment		_	City, Sta	te, Zip Coo VOOD, I	de			6 L	11.		12	w kee					
× DOH DCA	Emergency (justification) Cancellation	including		Name of CLAIR	Contact E HEHE	MAN				Tele	phone I	Numh	er 					
_				FACIL	ITY INFO	RMATI	ON				- 100							
Name of Facility Where Street Address 20 MANLEY TERR	*	Place (3)						Ty	School (K-12 Subchapter 8 Other (i.e. pri etc.)) 3 (Othe			build	ings,	home	es,		
City (5) MAPLEWOOD, NJ									uare Feet 00	# of 2	Floors		BI	dg. A	ge			
County (6) ESSEX COUNTY				County C	Code (7) ISE ONLY)		_	87335	rrent Use (Prior DME	if beir	ng demo	olishe	1)		33			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.		100000000000000000000000000000000000000		batement Contr AD PROFES		A. 10 A.							
Street Address							Street 6 Wh		ress E DOVE CO	URT								
City, State, Zip Code					31100				, Zip Code OOD, NJ 08	701								
Project Manager for Mor	nitoring Firm			Telephor	ne No.	- 1 P	Telepl	none			Licens 1200	e No.						
Start Date (10) 10/09/15		Schedule 10/09/1		ompletion Date (11) Name of OSHA Monitor AAA LEAD PROFESSIONA							NALS	LS						
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street											
Facility Closed/Vac Abatement Perform									E DOVE CO	URT								
Other – Describe:							LAK	ΕW	OOD, NJ 08	701								
Scope of Work (Check A	II That Apply)							-										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit	370.3500			>	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		ls	Locat	ion										Abate	ement			
Location			orma				scription				Andrew Commission	ŀ	-	1 9	pe			
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Mai	ntena	2) of				s ins	sulation,	(8	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure		
INTER	OP.	165	INU	N/A		DIDE I	NSUL	٨Τ١	ON	7	0 LF	-	X					
INTER	OK					11 - 1	INSUL/	~ I I	ON		O LI		Λ					
Name of Registered Wa	ste Hauler			JDEP W	/aste	Cubic	Yards		Name of R	leaiste	red I an	ndfill						
NEWARK CARTING			Hauler ID No. of Waste 04509 IESI				2,10-2											
City, State NEWARK, NJ						Dispo 10/09	sal Date 9/15	9	City, State BETHLE		1 PA							
Completed by JOSEPH PERLSTE	IN	Title OWN	ER				Signatur	е	Date 09/21/15									



Date of Notification (1) 09/21/15				Building Ow CONSTR			(2)		2E1	SEP	73	750	· ^.		
Agencies Notified Type Notification	on		treet Add	dress ST COU	NTYL	INE R	OAD	j	4	50 50 d	32	1.44.11	16.	4	
EPA X Initial Amended Amendment				e, Zip Code OOD, N		01				* L/C			- K	JL.	
□ Emergence □ DOH justificatio □ DCA □ Cancellat		N	ame of 0	Contact					Tele	phone Ni	ımher				
_ BCA _ Balloonia			FACILI	ITY INFOR	MATIC	ON			-						
Name of Facility Where Abatement is Ta	king Place (3)						☐ S	of Facility (4) chool (K-12 ubchapter 8 other (i.e. pri) 3 (Othe	er than K-	12) cial bu	ıildir	igs, h	omes	š,
174 ARLINGTON City (5) LAKEWOOD, NJ							Square 1200	tc.) e Feet	# of	Floors		Bld	g. Ag	е	
County (6) OCEAN COUNTY	•		County C	ode (7) SE ONLY)			Currer	nt Use (Prior IE	r if bei	ng demoli	ished)				
Name of Monitoring Firm Hired by Buildi	ng Owner (8)		ASCM	No.				ement Cont					9	ocan	
Street Address							Addres	s OOVE CO	URT						
City, State, Zip Code							State, Zi EWOC	p Code DD, NJ 08	3701						
Project Manager for Monitoring Firm			Telephon	ne No.		10 TO	none No 668-9			License 1200	No.				
Start Date (10) - 10/08/15	Scheduled 10/11/15		pletion [Date (11)				A Monitor PROFE	SSIO	NALS					
Occupancy Status During Abatement (C	theck Only One	;)					Addres		ILIRT						
Facility Closed/Vacated During En Abatement Performed Outside of N Other – Describe:	ire Period of Al Iormal Facility	batem Hours	ent		_	6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701									
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						9		
	1-							LACINETO	. ()				Abate	ment	
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)) No. Used	Locati ormal d Sole ntenar odial S (12)	ly ly by nce/		os Con therma surfa	itaining Il systen acing, V	scription of taining Material (ACM) I systems insulation, icing, VAT, or miscellaneous)			Amount Specify F or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
EXTERIOR	163	110	13/7			SIDIN	 G		1:	500 SF		X			
EXTERIOR															
											-	S			
										+					
Name of Registered Waste Hauler NEWARK CARTING		H	NJDEP W Hauler ID	\$1000000000000000000000000000000000000	of Wa			Name of IESI	Regis	tered Lan	dfill	- 20			
City, State		0	4509		Dispo	RDS osal Dat 1/15	te	City, Stat		M PA					
NEWARK, NJ Completed by JOSEPH PERLSTEIN	/NER														

Date of Notification (1) 09/21/15			Building Owr		(2)		2215 SEP	29	F. 1.					
Agencies Notified Type Notification EPA Initial		Street A 496 E	^{ddress} AST COUN	ITYLINE F	ROAD	e [†]	1 - + - /		4.7	/K.;	QĻ			
DEP Amended Amendment #			ite, Zip Code WOOD, NJ	08701			\$ 1.1;			17	Dį.			
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	Name of	f Contact				Telephone	Number						
		FACI	LITY INFORM	MATION			1							
Name of Facility Where Abatement is Taking	Place (3)					of Facility (4)								
Street Address					S		(Other than I							
209 LINCOLN PLACE					e e	tc.)	vate & comm	ercial bu		Ĭ		s,		
City (5) LAKEWOOD, NJ					1200		# of Floors		Bld	g. Ag	je			
County (6) OCEAN COUNTY			Code (7) USE ONLY) _		Currer HON		if being demo	olished)						
Name of Monitoring Firm Hired by Building Ov	wner (8)	ASCN	M No.			ement Contr	ractor (9) SSIONALS							
Street Address			×		t Addres	s OOVE CO	URT							
City, State, Zip Code				City, S	State, Zi					***				
Project Manager for Monitoring Firm		Telepho	ne No.	Telep	hone No).	Licens 1200		<u> </u>					
Start Date (10)	Scheduled C	ompletion	Date (11)		-668-90 of OSH	A Monitor	1200		-			-		
10/08/15	10/11/15				\$2080NY/X		SSIONALS				at .			
Occupancy Status During Abatement (Check				(7)(7)(7)	treet Address S WHITE DOVE COURT									
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:				1700	State, Zi	p Code DD, NJ 08	701							
Scope of Work (Check All That Apply)				L/ ti		55, 140 00	101							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	vation			Min Glo	i-Enclosure vebag Proce					×			
	. 20 . 100 Av			E	- NOI	I-Exempled	() and Non-	nable i		-	ment	t		
Location of	Is Loc Norm			Descriptio	n of					Ту	ое			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	nance/ al Staff?	(i.e. the	Containing ermal systen surfacing, Va ther miscella	Material ns insula AT, or		Amount (Specify SF or LF)	Nelliova	Demove	Repair	Encapsulate	Enclosure		
	Yes N	o N/A									е			
EXTERIOR				SIDING	G		1500 SF	X	2					
	-							-						
Name of Registered Waste Hauler		NJDEP V Hauler ID		Cubic Yards of Waste		Land to the second the first	Registered Lar	ndfill						
NEWARK CARTING		04509	5	YARDS		IESI								
City, State NEWARK, NJ	•	Disposal Date City, State BETHLEHEM PA												
Completed by JOSEPH PERLSTEIN	Title OWNER	2	11	Signature Date 09/21/15										

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Date of Notification (1)					Building O				2815 950 00				
Date of Notification (1) Name of Building Owner/Operator (2) OP 13 20 15 Agencies Notified Type Notification Street Address 178. PASCAEK Rd													
Agencies Notified	Type Notification		4) Design	n 1	A CONTRACTOR OF THE PARTY OF TH	•		2	
EPA	[] Initial		-	ity Stat	e, Zip Cod	26	HEK	KQ		-	17.7	1	-
DEP DOL	Amended Amendment #						NT	. 076	42	14.7		4	
	Emergency (in			lame of		1-6	7	10	Telephone Numi	ber			
DOH DCA	justification) Cancellation			- C-+		10	CONS	steu ctic	2				-
			_ r		ITY INFO			51 000110	И				
Name of Facility Where	Abatement is Taking	Place (3)			- 5	2	1	Type of Facility ((4)				
PRIVATE								School (K-				9 2	1
Street Address								Subchapter Other (i.e.)	8 (Other than K-12) private & commercial	build	inas.	home	s,
68.E. Lib	erty Av	٠.					1.	etc.)					_
City (5)								Square Feet 2050	# of Floors		dg. A(.
Hillsda	le NJ.	07			1 0				_		7		
County (6)				County C	iode (/)		\'	N/A	or if being demolishe	eu)			
Berger)		_1	ASCM	No		Name	f Abatement Co	ntractor (9)				-
Name of Monitoring Firm	i Hired by Building O	arier (o)		AGCIN	140.	1			Y CONSTRUCT	ION	LLC.		- 1
Street Address							Street A						
Street Address								N ORDEN F	PL.				
City, State, Zip Code								ate, Zip Code					
only, outle, <u>ap</u> coul	ENSACK N.	J. 07601											
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.													
N/A		040 80	1					708 -4270	01135				
Start Date (10)					Date (11)			f OSHA Monitor					
09 15 20		09		201	15			1120 1	PROBE				
Occupancy Status Durin	g Abatement (Check	Only Oh	e) 1				Street A	- 6	Λ				
X Facility Closed/Vac	ated During Entire Pe	eriod of A	batem	ent			108	Liber	ty HUE.				
Abatement Perform Other – Describe:	ed Outside of Norma	I Facility	Hours			101	Ho	ate. Zip Code	n NJ.	181	7115	2	
							1-1-1-5	7.000	n 117.	/ 0-0	70		-
Scope of Work (Check A	ui (nar Appiy)						$\overline{}$	F. II O to i	and with Nametica D		~		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		50	enoval emoliti				×	Mini-Enclosur	nent with Negative Pr re	essui	Е		
E . 2100 01 01 2200 11		1231					A	Glovebag Pro	cedure d (*) and Non-Friabl	e Pro	-edun	2	
		Г			L×			Mol-Exemple	d () aim Noiri habi		Abate		
			Locatio					-			Ту	ре	
Location Asbestos-Containing		Use	d Sole	ly by	Asbest		scription taining M	or aterial (ACM)	Amount			m	_
TO BE AB	ATED	1507270	ntenar odial S		(i.e.			insulation,	(Specify	Rer	Z e	nca	incl
In Faci (13)) 003	(12)				cing, VAT		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		V	No	N/A						<u> </u>		ate	6
		Yes		NUA.	0	T	- OOD	THE	1777-27	X	-		
FIRST.	Floor	X				FLOOR	IILE	148SF.	_		_	_	
Root)	1	X		chir	nne	y Fl	ashing	9. St.	X			
							1 1	0					
	*												
Name of Registered Wa	ste Hauler	1 1		JDEP W	2.00 (C) (C) (C) (C)		Yards	Name o	Registered Landfill	-	-		
			H	auler ID	No.	of Wa	10.00	MINE	RVA ENTERPRI	SE II	VC		
TRI-STAT	E- 4520C	-IN	CL				isal Date	City, Sta	ate				
City, State	1714					TB			IESBURG, OHIO)			
BEON X5	111/4.	Title					Signature		Julio Da		-		
CARLOS ESQUIVE	L.	2	TY N	ANAG	SER	.	(Le Edmi	the houte		+		
		1					/	1 7	-//			-	

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Date of Notification (1) 9/21/15				Name of Building Owner/Operator (2) Locust Garden Apts. Street Address												
Agencies Notified	Type Notification	- 4	Street Address 26 Locust Drive													
× EPA × DEP × DOL	initial Amended Amendment	-	City, State, Zip Code Summit, New Jersey 07901													
× DOH DCA	Emergency (i justification) Cancellation	ncluding	- 1	Name of Contact Beatrice					Telephone Number							
		FACILITY INFORMATION														
Name of Facility Where Abatement is Taking Place (3) Locust Garden Apts								Type of Facility (4) School (K-12)								
Street Address 26 Locust Drive									Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Summit						Square Feet 5000			Floors	Bldg. Age 50+						
County (6) Union				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) appt buildings								
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.				Name of Abatement Contractor (9)								
								e Insulation Co., Inc.								
Street Address				17.50				reet Address 95 Montrose Road								
City, State, Zip Code								City, State, Zip Code Colts Neck, N.J. 07722								
Project Manager for Monitoring Firm				Telephone No.			Telephone No. License No. 732-294-1757 00029									
Start Date (10) Scheduled 0 9/30/15 12/30/15				ompletion Date (11)			Name of OSHA Monitor Mark Jovic									
Occupancy Status During Abatement (Check Only One)				Str				Street Address								
Facility Closed/Vacated During Entire Period of Abat				ement				Main st Suite A								
Abatement Performed Outside of Normal Facility Ho Other – Describe: 7am-7pm				ırs C				City, State, Zip Code Lincoln Park, New Jersey 07035								
Scope of Work (Check	All That Apply)						F	7								
≥3 sf or ≥3 lf						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
						Abatement										
Location of Use to See Location of Use Location of				0.00		De	escription				Туре					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			fustodial Staff? (i.e. ti				os Containing Material (ACM) hermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A		nin	0 001/0	ring			1000lf	x	-			
laundry/storage rooms			- 2000	X		pipe coveri			iiig		100011					
Name of Registered Waste Hauler			N	NJDEP Waste			Cubic Yards of Waste		Name of Registered Landfill Chrins							
Ace Insulation Co., Inc			Н	Hauler ID No.												
City, State Colts Neck, New Jersey				Dis			osal Date 80/15	\$4.000 mm m 1								
Completed by Title			tarv	ry Treasurer			Signatur	1	Date 9/21/15							
2.00 1.1000110						10	-			primare Enthbushees A						