CK#7450

Print Form

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) 2016 **PSEG** Agencies Notified Type Notification Street Address 4000 HADLEY ROAD × **EPA** Initial ASBESTOS CONTROL DEP Amended City, State, Zip Code LICENSING DOL Amendment # SOUTH PLAINFIELD, NJ 07068 Emergency (including Name of Contact DOH Telephone Number iustification) DCA Cancellation DWIGHT THOMAS Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) UNIVERSITY AVE. Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 17291 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) SWITCH Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** 0045 UNIQUE SYSTEMS OF AMERICA Street Address Street Address 64 BROAD STREET 396 WHITEHEAD AVE. City, State, Zip Code City, State, Zip Code MATAWAN, NJ 07747 SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. TOM GEIGER 732-290-2217 732-432-8350 01111 Start Date (10) Scheduled, Completion Date (11) Name of OSHA Monitor 9/20/16 9/2 Occupancy Status During Abatement (Check Only One) UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Mesesses aprinte SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED ⊵ncapsulate (i.e. thermal systems insulation, (Specify Custodial Staff? Remova In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 2RD 2 no PIPE INSULATION FlooR × Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste WASTE MANAGEMENT **GROWS NORTH** 1125 City, State Disposal Date City, State ELIZABETH, NJ TBD MORRISVILLE, PA Completed by Signature CAROL RAIMO OFFICE MGR

Date of Notification (1)			-	N:		ding Owner(O	•		7	1	V	1			
9 / 7	1	16		1	Mega La	ding Owner/Operato	r (2)								
			-		Ck #4469	nd Wall, Mega	Land Wall II	, Mega Land	III L	LC/	#160)9-2			
⊠ EPA ⊠ Init	Notificati ial	ion		St	reet Addres	SS		MEG	F	11 //	17 Tr	3 1			
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	endmen				ty, State, Zi			IIM				H			
DCA Em	ergency	(inclu	ding			ook, NJ 07763		IIII SEP	9	26	116	AND SERVICE			
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		-			Lisa Frant										
Name of Facility Where Abateme	nt is Tal	king DI	200 (2)	F	FACILITY	INFORMATION		ASBEST	OS C			_ &			
Commercial Property	int io Tar	ang Fi	ace (3)				Type of Facili	t y (4)	<u> </u>	31140	-				
Street Address							School (K-	12)							
1925 Route 35							Subchapte	r 8 (Other than K- private and comn	12)						
City (5)							homes, etc	c.)	rercial	build	ings,				
Wall							Square Feet	# of Floors		Blda	Age				
County (6)							2500	2		75					
Monmouth				Co	ounty Code	(7)(STATE USE ONLY)	Current Use (F	Prior if being demo	lished						
	0 "						Vacant	9 001110	oneu	1					
Name of Monitoring Firm Hired by	Building	g Owne	er (8)	ASC	M No.	Name of Abatem	ent Contractor (9	9)							
Environmental Connection Street Address	s, Inc.			Asbestos and Mold Services, Corp.											
				Street Address											
120 North Warren Street					3859 Sylon Boulevard										
City, State, Zip Code					City, State, Zip Code										
Trenton, NJ 08608					Hainesport, NJ 08036										
Project Manager for Monitoring Fire	n		Te	ephon	e No.	Telephone No.		License No.							
Reland Jones			6	09-39	2-4200	609-702-0400	E								
Start Date (10)	Sche	eduled	Compl	etion D	Date (11)	Name of OSHA M		00862							
9 / 21 / 16	_	9	/ _2	3 /	_16	EMSL Analyti									
Occupancy Status During Abateme	nt (Chec	ck only	one)			Street Address	cai, iiic.								
∑ Facility Closed Vacated During F	Entire Pa	eriod o	f Ahata	ment					8456						
I Abatement Performed Outside of	f Norma	I Facil	tu Han	- D	scribe	200 U.S. Rout									
Time of Abatement:AM-	P	M/	PM		_AM	City, State, Zip Co					1000				
cope of Work (Check all that apply						Cinnaminson	, NJ 08077								
] ≥3 sf or ≥3 lf		-				\boxtimes	ı Nec	nativo Program t	w · 1 ·						
2 ≥160 sf or ≥260 lf			enovat emolitic			Mini-Enclo	osure	gative Pressure E	null	BULK	E				
			omonige	21.1		☐ Glovebag	Procedure								
6 3			s Locat			E TON EXON	ipted () and No	n-Friable Procedu							
Location of Asbestos-Containing Material (A	01.0		Norma			Description of				patem	ent T	ype			
TO BE ABATED	CIVI)	Ma	ed Sole aintena	nce/	Asbes	stos Containing Mate	erial (ACM)	Amount	Removal	Re	En	E			
IN Facility		Cus	todial	Staff?	(I.e.	, thermal systems in surfacing, VAT, of	sulation,	(Specify	nov	Repair	cap	Enclosure			
(13)		V	(12)	T	-	other miscellaneon	us)	SF or LF)	<u>a</u>		Encapsulate	ure			
obby & Office		Yes	No	N/A							te				
atient Rooms & 2 nd Fl. Apt.					19.9%	aneling & Mastic		400 SF							
Floor Apartment					Underco	pating		5 SF & 3 SF							
					Floor Til	е		275 SF			П	П			
sement Mechanical Room				\boxtimes	Flue Pac	king		4 SF							
me of Registered Waste Hauler			N.	DEP V	Vaste		Name of Registe			Ш		Ш			
Carnevale Disposal				uler IE	No.	Waste	GROWS Lai								
v, State				17297		5 Disposal Date		iuiiii							
amilton, NJ				9/23/16	City, State										
mpleted By (Print or Type)	-				Morrisville,	PA 19067									
imberly A. Trumbetti	fice C	oordi	nata-		Signature		Dat		53 64						
41			Jorui	iator		14811			4-	7-2	ell	D			

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Date of Notification (1) 09/07/2016			of Building rt Jaulin	Owner/0	Operator	(2)		<u> </u>		U E	7	A CALLED TO SERVICE AND ADDRESS OF THE PARTY	
Agencies Notified Type Notification		Street A	Address					SEP	9 2	2016	L	川	
EPA Initial Amended	-		ate, Zip Co					- 1771			\bot	-	
Amendment #_ Emergency (including justification)	-		ord, NJ (07016			ASE	BESTO	S CON	ITRO	_ &		
DOH justification) Cancellation		Rober	t Jaulin						217	run It			
Name of Facility Where Abatement is Taking Place (3)	FAC	ILITY INF	ORMATI	ON	Tvp	e of Facility	(4)					-
Residence	*						School (K-	12)					
Street Address						×	Subchapte Other (i.e. etc.)	private 8	& commer	rcial bu			es,
City (5) Cranford, NJ 07016						120	2/0/00	2	f Floors	1	Bldg. i 80	Age	
County (6) Union County			Code (7) USE ONLY)			rent Use (Pr cant Resid		ng demol	ished)			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASC	ЛNo.				atement Co eral Cons						
Street Address					Street 1360		ess ton Ave, F	PMB S	uite 218	3			
City, State, Zip Code					16.500		Zip Code J 07012						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph 973-				License 00693	No.	1,50		
Start Date (10) Schedul 09/17/2016 09/18/2		Completion Date (11) Na					SHA Monitor eral Const		, Inc				
Occupancy Status During Abatement (Check Only Or	ne)				Street	Addre	ess				//V		
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe:	Abaten Hours	City, State, Zip Code											
Scope of Work (Check All That Apply)					Clifto	on, N	J 07012						
≥3 sf or ≥3 lf	Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Slovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Is	Locati	on			Louis	2 (4)	on-Exemple	u () and	1 14011-1 116	able Fit	Abat	ement	
Asbestos-Containing Material (ACM)	Normal d Sole	ly by	Ashes		scription		al (ACM)	٨٠	mount		1	/pe	
TO BE ABATED Ma	intenar todial S (12)			thermal surfac		s insu T, or	lation,	(S	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Yes	No	N/A	4174									te	10
Basement		X	Pi	pe /Elb	ow Ins	sulat	ion	12	20 LF	X			
Name of Registered Waste Hauler	l N	IDED IV	/aste	Cubic	Varde		Name of	Pegisto	red I and	SII			
Service Transport	Н	NJDEP Waste Hauler ID No. 20990 Cubic Yard of Waste					Minerva			uit.			
City, State New Castle, DE	Disposal Date City, State 09/18/2016 Waynesburg, PA												
Completed by Krutarth Jagad Title Proje	nager Signature Date 09/07/2016												

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Cle# 3089

Date of Notification (1)		Name	of Rui	Idina (Owner / Operator	r (2)		n n n	-12	Freedo	T			
9/6/16					inications		TEGE	, ∐ ₩	L	Π				
Agencies Notified Type Notification		Street	Addre	ess										
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□ DOL □ Amended		Name			15212	ļu.	bar.	Telepho	no Ni	umbe	21			
□ DOH □ Emergency □ DCA □ Cancellation		Alex				and the second	ASBESTO		IC IN	шати.	,			
			1.71				ASBESTO	NSING						
	DI	2000	CILITY	YINF	ORMATION	L(1)								
Name of Facility Where Abatement is Takin Verizon New Brunswick CO	ig Place (3	3)			Type of Facili									
Street Address						oter 8 (Other tha	an K-12)							
18 Paterson Street						e. private & con		ngs, hom	es, et	c.)				
10 7 41010011 011001					Square Feet	# of Flo		Bldg. Ag						
City (5) County (6	S) Co	ounty C	Code (7)	236521	1	10		79					
New Brunswick Middles	. \$2 \			SS\$0.	Current Use ((Prior if being d	emolished)	-						
					Telephone	Communicat	tions							
Name of Monitoring Firm Hired by Building	Owner (8))	ASC	M No.	o. Name of Abatement Contractor (9) Bristol Environmental, Inc.									
USA Environmental Inc.							nc.							
Street Address					Street Addres	2.70								
8436 Enterprise Avenue					1123 Beaver Street City, State & Zip Code									
City, State & Zip Code Philadelphia pa 19153					Bristol, PA									
Project Manager for Monitoring Firm	Teler	phone	Numb	er	Telephone Nu		License	Number						
Mark Jenkins		-365-5		•	(215)788-60		00509							
Scheduled Start Date (10) Scheduled	Completio	on Dat	e (11)		Name of OSH									
9/19/16		0/16			Bristol Environmental Inc.									
Occupancy Status During Abatement (Che	ck only one	e)	. . 100 a	ar.	Street Addres									
Facility Closed/Vacated During Ent					1123 Beaver Street City, State & Zip Code									
Abatement Performed Outside of N Describe: 5:00 PM -1:30 AM	ormal Ho	urs – /	am to	3pm	Bristol, PA 19007									
Facility Occupied During Abatemer	nt				Distoi, i A 10001									
Scope of Work (Check all that apply)														
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≥3 sf or ≥3 lf	\boxtimes		ovatio			Mini-En								
☐ ≥160 sf ≥260 lf		Den	nolition	1			ag Procedures		Drog	20411				
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Location of Asbestos-Containing		Locati mally U			Description Asbestos-Con		(Specify	7,00	itemic	>11L 1	ypc			
Material (ACM)		Solely b			Material (A		SF or LF)			m	m			
TO BE ABATED	Mair	ntenan	ce or		(i.e., thermal s		202	\\ em	Repair	cap	ncls			
in Facility	Cust	todial S	Staff?	i	nsulation, surfac			Remova	oair	Encapsulate	Enclsoure			
(13)	Yes	(12) No	N/A		or other miscella	aneous)		_		ate	(D)			
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Name of Registered Waste Hauler		NJ	DEP V	Vaste	te Cubic Yards Name of Registered Landfill									
		На	uler ID											
Service Transport Inc.		20990			Minerva Landfill									
City, State		C			Disposal Date City, State									
New Castle, DE					Waynesburg, Ohio									
Completed By (Print or Type)		Title S			Signature	1 19e/o.	1 /2	Date	16					
Patrick T. Decaro			oject anage		Signature J. O'Cais / Date 9/6/16									

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	1			V	V	/

Date of Notification (1) 09/07/2016		Name of Building Owner/Operator (2) Pat Kelly												
Agencies Notified Type Notification			Street A			-3-	+In	EG	E		E	n		
EPA X Initial Amended			City St	ate, Zip Co	odo							Ш		
▼ DOL		_		hburg, N		53	111 [IJ SEI	P 9	2016	A CONTRACTOR	IJ		
■ Emergency justification) ■ DCA Cancellation			Name of	f Contact					A Marie	hone Nur				
				ILITY INF	ORMAT	ION	1	ASBEST	US CC	DNTRO NG	<u>8</u>			
Name of Facility Where Abatement is Takin Residence	g Place (3))					Emma	of Facility (4)	10				
Street Address							S	chool (K-12 Subchapter 8	(Other				2000	
City (5)							l e	other (i.e. pri						es,
Branchburg, NJ 08853							Square 1500	e reet	# of F	ioors		Bldg. / 30	4ge	
County (6) Somerset				Code (7) USE ONLY)			nt Use (Prior		demolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	Л No.		120000000000000000000000000000000000000	of Abate	ement Contr	ractor (9	,				
N/A Street Address							Genera	al Constru	uction,	Inc				
30x40x3x0x12xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	City, State, Zip Code							n Ave, PN	/IB Sui	te 218				
City, State, Zip Code						state, Zip on, NJ	Code 07012							
Project Manager for Monitoring Firm		973				none No 389-00			icense N 0693	0,				
Start Date (10) 09/17/2016	Scheduled 09/18/2		Completion Date (11) Name				ame of OSHA Monitor NA general Construction, Inc							
Occupancy Status During Abatement (Chec	18						eet Address 360 Clifton Ave, PMB Suite 218							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of Allial Facility	batem Hours	ent				tate, Zip		ib Suii	.e 210				
Other – Describe: Scope of Work (Check All That Apply)					_	Clifto	n, NJ	07012						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If	× Re	enoval	tion] Full	Containmen	nt with N	enative P	racci	iro		
2160 sf or ≥260 lf	processor .	emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							
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Location of	No	ocatio	y		Des	scription	of						ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	Solel	ice/		tos Cont thermal	aining M	laterial (Amo (Spe		Į.		Enc	ш
In Facility (13)	Custo	(12)	lany			cing, VA niscellan			SF or		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>a</u>	~	late	lre
Basement		Х	Pi	pe /Elb	ow Ins	sulatio	n	120	LF	Х				
Name of Registered Waste Hauler		11000000	JDEP W			: Yards Name of Registered Landfill								
Service Transport			auler ID 1990	No.	of Was	ste		Minerva I	Landfil	I				
City, State New Castle, DE				Dispos 09/18	al Date /2016		City, State Waynesb	ourg, P	A					
Completed by Krutarth Jagad	4 NA-	2000			ignature			<u> </u>	Dat		2010			
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CK#7450

Print Form

			NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)													
Date of Notification (1)	016			Name PSE	of Buildin	g Owner	/Operato	r (2)				~ 0	040	Constant products		
Agencies Notified	Type Notification				Address				111	<u> </u>	P	9 2	016	1		
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DEP X DOL	Amended Amendmen		200		tate, Zip (TH PLA		D. NJ (07068		ASBES	ICE	VSIN	G			
× DOH	Emergency justification)		g		of Contac				Te	lephone Nu	ımber					
☐ DCA	Cancellation	1			CHT			AS		773-		9-	62	11		
Name of Facility Where		g Place	(3)	FAC	CILITY IN	FORMA	TION	Type of Facility	(4)							
PSE+G	7							School (K-1	1005							
Street Address	111/600	· T.		1 NE	-			Subchapter Other (i.e. p	8 (Oth	er than K-1 & commerc	2) ial bui	ldinas	hom	es		
City (5)	UIVERS	114		TVC	,			etc.) Square Feet		f Floors		Bldg.	21 6000			
NEW	ARK							17291	10400400	3		51 51	3.77	S		
County (6)	EY			County (STATE	Code (7)	Y)		Current Use (Pri	or if be		hed)					
Name of Monitoring Firm		Owner (8	3)		M No.	×	Name	of Abatement Cor	w;	TCH	2	TA	Tio	N		
ENVIRONMENTAL	TACTICS		,	004				QUE SYSTEMS			A					
Street Address 64 BROAD STREE	Т							Address	D AVE.							
City, State, Zip Code								WHITEHEAD A	AVE.							
MATAWAN, NJ 077							7.11	TH RIVER, NJ	0888	2						
Project Manager for Moni TOM GEIGER	itoring Firm			Telepho	one No. 90-2217	,		none No.		License N	lo.					
Start Date (10)	,	Schedu	led Cor		Date (11)		732-432-8350 01111 Name of OSHA Monitor									
9/20/	16	9	21	116			UNIQUE SYSTEMS OF AMERICA									
Occupancy Status During				Street Address												
Facility Closed/Vaca Abatement Performs	ed Outside of Norm	al Facilit	v Hours	City Otata 7ia Cada												
Other - Describe:	/	aper	a Time	posl	ly			TH RIVER, NJ	NJ 08882							
Scope of Work (Check All	That Apply)							1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Full Containme Mini-Enclosure	nent with Negative Pressure							
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	18,00	Is	s Locati	on				- Non Exempted	/ dire	1 IVOIT-1 II au	T		ement			
Location Asbestos-Containing I			Normal ed Sole			De	scription	of				Ту	pe			
TO BE ABA	TED `	Ma	aintena todial S	nce/	Asbes (i.e.	thermal	systems	aterial (ACM) insulation,		mount pecify	Re	TI	Enc	g		
(13)	у		(12)				cing, VAT niscellan		SF	or LF)	Removal	Repair	Encapsulate	Enclosure		
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The state of the s														\neg		
Name of Devision 114/																
Name of Registered Waste NASTE MANAGEME			Н	Hauler ID No. of Waste					me of Registered Landfill							
City, State			1	1125 GROWS NORTH												
ELIZABETH, NJ		Disposal Date City, State MORRISVILLE, PA														
Completed by		Signature / Date /														
CAROL RAIMO		OFFI	CE M	MGR Caral Lains 9/8/2010								6				

Date of Notification (1)				NI.	ame of Dutte	line O		1 /4	- 1	1	-	- 1
	1	16		l Na	aine of Build	ding Owner/Operator	(2)			V		1
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	e Notificat	ion		St	reet Address	S		preside ET (6)	[FZ	11 11	77 17	_
	nitial Amended				429 Marke	t Street		In E G	E		// [<u>b</u>	7
	Amended Amendmer	n+ +4		-	y, State, Zip							
	mergency		dina			ook, NJ 07763						
(NJAC 5:23-8) ju	ustification	(IIICIUI 1)	umg		me of Conta			III SEP		26	116	2000
	Cancellatio			41 8	isa Frantz			Telephone No				
								908-295-1	904			
Name of Facility Where Abatem	nent is Tal	rine Di	- 10	F	ACILITY	NFORMATION		ASBEST	OS C	ONT	FROI	- 6
Commercial Property	ient is Tar	King Pi	ace (3)			Type of Facili	tv-(4)	CENS	SING	1	
Street Address							School (K-	-12)				
1925 Route 35							→ Subchapte	er 8 (Other than K-	12)			
							Momes, etc	private and comm	nercial	build	ings,	
City (5)							Square Feet					
Wall							2500	# of Floors		Bldg.	Age	
County (6)				Co	unty Code /	7)(STATE USE ONLY)		2		75		
Monmouth					, 5506 (· NOTATE USE UNLY)		Prior if being demo	lished)	1990-00	
Name of Monitoring Firm Hired b	by Building	Owne	er (8)	ASC	M No.	IN.	Vacant					
Environmental Connectio	ons Inc	, 511116	. (0)	ASC	IVI INO.	Name of Abateme						
Street Address	, 1110.					Asbestos an	d Mold Service	es, Corp.				
120 North Warren Street						Street Address		•				-
City, State, Zip Code						3859 Sylon B	oulevard					
			16767.			City, State, Zip Co			() 571162230			
Trenton, NJ 08608						Hainesport, N						
roject Manager for Monitoring F	irm		Te	lephone	e No.	Telephone No.		111				
Reland Jones			- 16		2-4200	609-702-0400		License No.				
tart Date (10)												
	Sche	eduled						00862				
9/21/16	Sche	eduled 9	Comp	etion D	ate (11)	Name of OSHA M		00862				-
9 / 21 / 16	- _	9	Comp	etion D		Name of OSHA M EMSL Analyti		00862				
9 / 21 / 16 Occupancy Status During Abatem Facility Closed/Vacated During	ment (Chec	9 ck only	Complete / _ 2	etion D	ate (11) 16	Name of OSHA Mi EMSL Analytic Street Address	cal, Inc.	00862				
9 / 21 / 16 Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside	nent (Chec	9 ck only eriod o	Complete (Complete)	etion D	ate (11) 16	Name of OSHA M EMSL Analyti	cal, Inc.	00862				
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Date of Notification (1) 09/07/2016				Rober	f Building t Jaulin	Owner/0	Operator	(2)	以上							
Agencies Notified	Type Notification			Street A	ddress					SEP	9	201	ô	L	71	
EPA DEP	× Initial Amended		-	City, Sta	ate, Zip Co	de			U L					-	+	
× DOL	Amendment Emergency		<u> </u>		ord, NJ (ASB	ESTO	S CO	NTF	OL	&	Chapter of The	
➤ DOH DCA	justification) Cancellation				f Contact t Jaulin						ephone 3-220-					
□ DCA	Caricellation	<u> </u>			LITY INFO	ORMAT	ION			91.	3-220-	-370				
Name of Facility Where A	Abatement is Takin	g Place (3)					Туре	of Facility (4)						
Street Address		_							School (K-1 Subchapter		or than	K 19\				
,									Other (i.e. p etc.)	rivate 8	& comm	ercial				es,
City (5) Cranford, NJ 07016	i							Squa 120	are Feet 0	# of 2	Floors		8 8	ldg. A O	ge	
County (6) Union County					Code (7) USE ONLY)				ent Use (Pric ant Resid		ng dem	olishe	d)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	/ No.				atement Con eral Consti							
Street Address							Street 1360		ss on Ave, P	MB S	uite 21	18				
City, State, Zip Code								Zip Code J 07012								
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph 973-3				Licens						
Start Date (10) 09/17/2016		Schedule 09/18/2		npletion l	Date (11)		1/1/20/20/20/20		HA Monitor ral Constr	uction	, Inc					
Occupancy Status During	Abatement (Chec	k Only On	e)	Street Address					SS						-	11
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	Period of A nal Facility	baten	City, State, Zip Code												
Scope of Work (Check Al				Clifton, NJ 07012												
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Location			ormal d Sole				scription					-	-1	Ту	pe	
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Service Transport	Н	NJDEP Waste Cut Hauler ID No. of V 20990 5					Minerva			uiiii						
City, State New Castle, DE					Disposal Date City, State 09/18/2016 Waynesburg, PA											
Completed by Title					Signature \ () Date											
Krutarth Jagad Project M																

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Ok# 3089

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Date of Notification							Owner / Operator	r (2)	hama	E C E		W	E	m		
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Name of Facility Wh	nere Ahateme	ent is Taking Pla		i Ao			Type of Facili	ity (4)	la-							
Verizon New Bru			400 (0)				School (I									
Street Address									Other than I							
18 Paterson Stre	et						Other (i.e	e. priva	ate & comm	ercial build	ings, h	nome	s, et	c.)		
							Square Feet		# of Floors		Bldg	. Age				
City (5)		County (6)	Cour	nty Co	ode (7	7)	236521		1	-			79			
New Brunswick		Middlesex					Current Use (
A STANDARD AND A STANDARD A STANDARD AND A STANDARD							Telephone	Comr	nunicatio	าร						
Name of Monitoring		y Building Own	er (8)	113	ASC	M No.										
USA Environmen	ntal Inc.	<u>.</u> 9					Bristol Environmental, Inc.									
Street Address						Street Addres										
8436 Enterprise						1123 Beave								-		
City, State & Zip Co						City, State & Bristol, PA										
Philadelphia pa 1 Project Manager for	irm	Toloph	one N	lumb	or	Telephone No			License	Numl	her	-				
Mark Jenkins	Widthtoffing 1	11111	Telephone Number 215-365-5810				(215)788-60			00509						
Scheduled Start Da	te (10)	Scheduled Con	mpletion Date (11)				Name of OSH		nitor							
9/19/16			9/20/16				Bristol Env	ironn	nental Inc.							
Occupancy Status I	During Abater	ment (Check or					Street Address									
Facility Clos	sed/Vacated I	During Entire P	eriod of				1123 Beaver Street									
		utside of Norma	al Hours	s – 7a	am to	3pm	City, State &									
	5:00 PM -1:						Bristol, PA	1900	7							
	upied During												To the second			
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☐ ≥160 sf ≥26				Demo				П	Glove Bag	Procedure	s					
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Name of Registered	er		The state of the s		Vaste	565 155 155 156										
_			Hauler ID No.				of Waste Minerva Landfill									
Service Transpo	rt Inc.		20990													
City, State					Disposal Date City, State											
New Castle, DE							Waynesburg, Ohio									
Completed By (Prin				Title S			Signature J. O'Cars / Date 9/6/16									
Patrick T. Dec	aro			11	7	_	tatrick	1 .	r care	11	9	1011	U			
			iviai	nage	1											

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Т	10	V	(N)
	((1)

Date of Notification (1) 09/07/2016		Name of Building Owner/Operator (2) Pat Kelly													
Agencies Notified	Type Notification		+	Street A) E C	E		E	M	The state of the s	
EPA	× Initial			0:1 01					3						
DEP X DOL	Amended Amendment Emergency		_		ate, Zip C hburg, N		53	Ш	L SEI	9 6	9 2016	6	IJ		
DOH DCA	justification) Cancellation			Name of	of Contact elly				ASBEST		phone N				
Name of English Moore	Abatamant in Takin	~ Dia (2)		FAC	ILITY INF	ORMAT	ION		L(CENS		OL &			
Name of Facility Where a Residence	Abatement is Takir	ig Place (3)							of Facility (4)						
Street Address								×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Other			ldings	, hom	es,
City (5) Branchburg, NJ 088	353								re Feet	# of F	loors	1.10	Bldg. 7	Age	
County (6) Somerset					Code (7) USE ONLY	,			ent Use (Prior ant Reside		g demoli	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	M No.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		itement Contr						
Street Address							Street 1360		ss on Ave, PM	1B Su	ite 218				
City, State, Zip Code						City, S	tate, Z	ip Code J 07012							
Project Manager for Mon		Telepho	ne No.		Teleph 973-3	none N	0.		License	No.					
Start Date (10) 09/17/2016		Scheduled 09/18/20		npletion	Date (11)		Name	of OSI	HA Monitor	ction.	Inc				
Occupancy Status During	Abatement (Chec	k Only One	:)	Stree				Addres							
Facility Closed/Vaca	ated During Entire I	Period of Al	atem	ent					on Ave, PN	IB Sui	ite 218				
Abatement Performent Other – Describe:		nai Facility I	Hours	City, State, Zip Code Clifton, NJ 07012											
Scope of Work (Check Al	I That Apply)	- IVI -						Full Containment with Negative Pressure							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	enova emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		Isl	ocati	on				1 110	n-exempled () and i	INOII-FIIA	ible Pro	1.51.11	e ement	
Location			ormall	у			scription					_	Ty	ре	
Asbestos-Containing TO BE ABA In Facili (13)	TED	Main Custo	tenar	ice/		thermal surfa	taining M systems cing, VA niscellan	s insula T, or		(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	(D
Baseme		X	Pi	pe /Ell	bow Ins	sulatio	on	120) LF	X					
Name of Registered Wast	te Hauler		I N.	NJDEP Waste			Varde		Name of Pa	agietoro	d Landfi				
Service Transport					NJDEP Waste Cubic Yards Hauler ID No. of Waste 20990 5				AND THE PROPERTY OF THE PROPE						
City, State New Castle, DE						Dispos	sal Date		City, State Waynesb	ura. F	PA				
Completed by Title				Signature Date					-						
Krutarth Jagad Project Ma															