

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

NOCK **APPROVED** **OPEN** **NOTIFICATION**

Date of Notification (1) 4/5/2016		Name of Building Owner/Operator (2) PSE+G							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	80 PARK PLACE							
		City, State, Zip Code NEWARK, NJ 07101							
		Name of Contact JONATHAN MELITO	Telephone Number -						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE+G		Type of Facility (4)							
Street Address 751 CLIFF ROAD		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) SEWAREN	Square Feet 4000	# of Floors 2	Bldg. Age Appx 60yrs.						
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Start Date (10) 3/22/16	Scheduled Completion Date (11) 5/27/16	Street Address 396 WHITEHEAD AVE.							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code SOUTH RIVER, NJ 08882							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: necessary operations only									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
M+I BUS SIDE + METER SIDE		X		TRANSITE FLOOR PANELS	440 SF	X			
M+I BUS SIDE - METER SIDE		X		ACM WIRE SOCK	1800 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 20	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD	City, State MORRISVILLE, PA						
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature Carol Raimo				Date 4/5/16		

CK #6990

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


Date of Notification (1) 3/8/16		Name of Building Owner/Operator (2) PSE+G							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	80 PARK PLACE							
		City, State, Zip Code NEWARK, NJ 07101							
		Name of Contact JONATHAN MELITO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE+G		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 751 CLIFF ROAD									
City (5) SEWAREN		Square Feet 4000	# of Floors 2						
County (6) MIDDLESEX		Bldg. Age Appx 60 yrs.							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 3/22/16	Scheduled Completion Date (11) 4/8/16	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Necessary operators only		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
M+I Bus Side + Meter Side		X		TRANSITE FLOOR PANELS	440 SF	X			
M+I Bus Side - Meter Side		X		ACM WIRE SOCK	1800 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 20	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD	City, State MORRISVILLE, PA						
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature Carol Raimo				Date 3/8/16		

CK# 7052

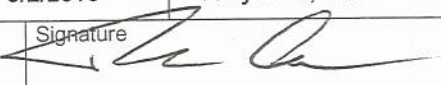
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4/5/16		Name of Building Owner/Operator (2) PSEG - METRO Div.							
Agencies Notified	Type Notification	Street Address 150 CIRCLE AVE.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLIFTON, NJ 07011							
		Name of Contact DWIGHT THOMAS	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 13 VAN VLIET		Square Feet 15,248	# of Floors 3						
City (5) CLIFTON		Bldg. Age Appx 90 yrs							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	License No. 01111						
Start Date (10) 4/15/16	Scheduled Completion Date (11) 4/18/16	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: NECESSARY OPERATORS ONLY		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	30 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 1	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 4/5/16			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">3 / 30 / 16</div>		Name of Building Owner/Operator (2) City of Newark							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 920 Broad Street							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Annette Muhammad / Christopher Colle							
Telephone Number 973-226-1111									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 505 Clinton Ave - Upper Floors (Wet Demolition)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 505 Clinton Avenue									
City (5) Newark, NJ		Square Feet 7,125	# of Floors 3						
		Bldg. Age 87							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bank							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services, Inc.		ASCM No. 00144	Name of Abatement Contractor (9) Tricon Enterprises, Inc.						
Street Address 140 Boulevard		Street Address 322 Beers Street							
City, State, Zip Code Mountain Lakes		City, State, Zip Code Keyport, NJ 07735							
Project Manager for Monitoring Firm Clive Williams		Telephone No. 732-276-2420	License No. 1095						
Start Date (10) <div style="text-align: center;">4 / 9 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 2 / 16</div>	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Wet Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Cardella Trucking		NJDEP Waste Hauler ID No. 1191	Cubic Yards of Waste 200	Name of Registered Landfill WM Tullytown					
City, State North Bergen, NJ			Disposal Date 8/1/2016	City, State Tullytown, PA					
Completed By (Print or Type) Thomas Camarda		Title Project Manager	Signature 			Date 3/30/16			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>3</u> / <u>30</u> / <u>16</u>		Name of Building Owner/Operator (2) City of Newark							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 920 Broad Street City, State, Zip Code Newark, NJ 07102 Name of Contact Annette Muhammad / Christopher Colle							
		Telephone Number 973-276-4040							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 505 Clinton Ave - Basement (For Reuse - Sub 8)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 505 Clinton Avenue									
City (5) Newark, NJ		Square Feet 7,125	# of Floors 3						
		Bldg. Age 87							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Bank							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services, Inc.		ASCM No. 00144	Name of Abatement Contractor (9) Tricon Enterprises, Inc.						
Street Address 140 Boulevard		Street Address 322 Beers Street							
City, State, Zip Code Mountain Lakes, NJ 07046		City, State, Zip Code Keyport, NJ 07735							
Project Manager for Monitoring Firm Clive Williams		Telephone No. 732-276-2420	License No. 1095						
Start Date (10) <u>4</u> / <u>9</u> / <u>16</u>	Scheduled Completion Date (11) <u>8</u> / <u>2</u> / <u>16</u>	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See Attached		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Cardella Trucking		NJDEP Waste Hauler ID No. 1191	Cubic Yards of Waste 60	Name of Registered Landfill WM Tullytown					
City, State North Bergen, NJ		Disposal Date 8/2/2016		City, State Tullytown, PA					
Completed By (Print or Type) Thomas Camarda		Title Project Manager		Signature 			Date 3/30/16		

APR 6 2018

APR 6 2018

APR 6 2018

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
NON Sub 8

B & G proj. #: 2016-50

Check # 7759

Date of Notification (1) 04/01/16		Name of Building Owner/Operator (2) Bernards Township BOE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 101 Peachtree Road	
	City, State, Zip Code Basking Ridge, NJ 07920		
	Name of Contact Rod McLaughlin	Telephone Number 908 231 2000	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) William Annin Middle School (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 70 Quincy Road			Square Feet # of Floors Bldg. Age		
City (5) Basking Ridge, NJ 07920	County (6) Somerset	County Code (7) (State use only)	Current Use (Prior if being demolished) school (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA		ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address P. O. Box 385		Street Address 105 Ryerson Road			
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm John Smoyer		Phone Number 609-652-1833	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 04/13/2016		Sched. Completion Date (11) 04/14/2016		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		Street Address 105 Ryerson Road			
		City, State, Zip Code LincolnPark, NJ 07035			

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Room 303			x	pipe fittings	2 lf	x			
Room 307			x	pipe fittings	2 lf	x			
Room 319			x	pipe fittings	2 lf	x			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 04/14/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 03/29/2016

CK 14065


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>04 / 01 / 16</u>		Name of Building Owner/Operator (2) TROY DEVELOPERS, LLC.		APR 2016	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWDD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 27 EAST 33RD STREET City, State, Zip Code PATERSON, NJ 07514 Name of Contact GOCE BLAZESKI Telephone Number 	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER GARFIELD MOLDING COMPANY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 MIDLAND AVENUE				Square Feet 10,000	
City (5) WALLINGTON NJ				# of Floors 2	
County (6) BERGEN				Bldg. Age 75	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) BIO TERRA ENVIRONMENTAL SOLUTIONS, LLC.		ASCM No. 06-15995		Name of Abatement Contractor (9) APS CONTRACTING, INC.	
Street Address PO BOX 1224		Street Address 155-161 PENNSYLVANIA AVE.		City, State, Zip Code PATERSON, NJ 07503	
City, State, Zip Code UNION, NJ 07083		Telephone No. (973) 494-3762		License No. 01-287	
Project Manager for Monitoring Firm RICK E.		Telephone No. (973) 754-1980		Name of OSHA Monitor APS CONTRACTING, INC.	
Start Date (10) 04 / 15 / 16		Scheduled Completion Date (11) 07 / 19 / 16		Street Address 155-161 PENNSYLVANIA AVE.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>7</u> PM/ <u> </u> PM- <u> </u> AM				City, State, Zip Code PATERSON, NJ 07503	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Boiler Room, Bldg. 3A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler breaching & Insulation	1,000 SF
- 11 - - 11 -	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	150 LF
Building - 4A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oven Wax Tank & Breach	300 SF
Building - 2-Tunnels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dust Collector Ducts	100 LF
Name of Registered Waste Hauler APS Contractors, Inc.	NJDEP Waste Hauler ID No. 21259		Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Paterson, NJ			Disposal Date 05-19-16	City, State Tullytown, PA	
Completed By (Print or Type) Miodrag Stamenkovic	Title Project Manager		Signature Miodrag Stamenkovic	Date 4-1-16	

СК 1110

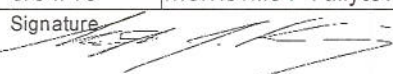
* Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) March 29, 2016		Name of Building Owner/Operator (2) Mondelez							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	22-11 State Route 208 APR 5 2016							
		City, State, Zip Code Fair Lawn, NJ							
		Name of Contact Project Manager	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pilot Test Building		Type of Facility (4)							
Street Address 22-11 State Route 208		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fair Lawn, NJ		Square Feet	# of Floors TBD						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) bakery							
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental		ASCM No. 11832	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 2333 Route 22 West		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-419-7613	Telephone No. (973) 759 - 5000						
Start Date (10) 2/15/16		Scheduled Completion Date (11) 12/31/16	License No. 00781						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 1500 Kings HWY N, STE 209							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Cherry Hill, NJ 08034							
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st Fl, Employee Break room & adjacent hallway		<input checked="" type="checkbox"/>		Floor tile & mastic	appr. 660 SF	<input checked="" type="checkbox"/>			
2nd Fl, Lab. Suites, Countertops & Fume Hoods		<input checked="" type="checkbox"/>		Ebony Board	805 SF	<input checked="" type="checkbox"/>			
2nd Fl, Lab.		<input checked="" type="checkbox"/>		Pipe Fitting insulation	60 PF	<input checked="" type="checkbox"/>			
2nd floor	<input checked="" type="checkbox"/>			pipe insulation	200 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark / Freehold Carting		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10.7	Name of Registered Landfill GROWS / TRRF / WM / Blue Ridge					
City, State Newark / Freehold, NJ			Disposal Date 12/31/16	City, State Morrisville / Tullytown, PA					
Completed by Steve King		Title V.P.	Signature 			Date 3/29/16			


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

1420

Date of Notification (1) February 19, 2016		Name of Building Owner/Operator (2) Mondelez							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	22-11 State Route 208							
		City, State, Zip Code Fair Lawn, NJ							
		Name of Contact Project Manager	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pilot Test Building		Type of Facility (4)							
Street Address 22-11 State Route 208		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fair Lawn, NJ		Square Feet	# of Floors TBD						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) bakery							
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental		ASCM No. 11832	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 2333 Route 22 West		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-419-7613	Telephone No. (973) 759 - 5000						
Start Date (10) 2/15/16		Scheduled Completion Date (11) 3/31/16	License No. 00781						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 1500 Kings HWY N, STE 209							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Cherry Hill, NJ 08034							
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st Fl, Employee Break room & adjacent hallway		<input checked="" type="checkbox"/>		Floor tile & mastic	appr. 660 SF	<input checked="" type="checkbox"/>			
2nd Fl, Lab. Suites, Countertops & Fume Hoods		<input checked="" type="checkbox"/>		Ebony Board	805 SF	<input checked="" type="checkbox"/>			
2nd Fl, Lab.		<input checked="" type="checkbox"/>		Pipe Fitting insulation	60 PF	<input checked="" type="checkbox"/>			
2nd floor	<input checked="" type="checkbox"/>			pipe insulation	200 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark / Freehold Carting		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10.7	Name of Registered Landfill GROWS / TRRF / WM / Blue Ridge					
City, State Newark / Freehold, NJ		Disposal Date 3/31/16		City, State Morrisville / Tullytown, PA					
Completed by Steve King		Title V.P.	Signature 			Date 2/19/16			


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

1163

Date of Notification (1) January 29, 2016		Name of Building Owner/Operator (2) Mondelez							
Agencies Notified	Type Notification	Street Address 22-11 State Route 208							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, NJ							
		Name of Contact Project Manager	Telephone Number (973) 641-1736						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pilot Test Building		Type of Facility (4)							
Street Address 22-11 State Route 208		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fair Lawn, NJ		Square Feet	# of Floors TBD						
County (6) Bergen		County Code (7) <small>(STATE USE ONLY)</small>	Current Use (Prior if being demolished) bakery						
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental		ASCM No. 11832	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 2333 Route 22 West		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-419-7613	Telephone No. (973) 759 - 5000						
Start Date (10) 2/15/16		Scheduled Completion Date (11) 3/31/16	License No. 00781						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl, Employee Break room & adjacent hallway		<input checked="" type="checkbox"/>		Floor tile & mastic	appr. 660 SF	<input checked="" type="checkbox"/>			
2nd Fl, Lab. Suites, Countertops & Fume Hoods		<input checked="" type="checkbox"/>		Ebony Board	805 SF	<input checked="" type="checkbox"/>			
2nd Fl, Lab.		<input checked="" type="checkbox"/>		Pipe Fitting insulation	60 PF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark / Freehold Carting		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 8.7	Name of Registered Landfill GROWS / TRRF / WM / Blue Ridge					
City, State Newark / Freehold, NJ		Disposal Date 3/31/16		City, State Morrisville / Tullytown, PA					
Completed by Steve King		Title V.P.	Signature 	Date 1/29/16					

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

1163

Date of Notification (1) January 29, 2016			Name of Building Owner/Operator (2) Mondelez						
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 22-11 State Route 208			City, State, Zip Code Fair Lawn, NJ						
Name of Contact Project Manager			Telephone Number (973) 641-1736						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pilot Test Building			Type of Facility (4)						
Street Address 22-11 State Route 208			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Fair Lawn, NJ			Square Feet	# of Floors TBD	Bldg. Age				
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) bakery					
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental		ASCM No. 11832		Name of Abatement Contractor (9) The MACK Group, LLC					
Street Address 2333 Route 22 West		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-419-7613		Telephone No. (973) 759 - 5000	License No. 00781				
Start Date (10) 2/15/16		Scheduled Completion Date (11) 3/31/16		Name of OSHA Monitor The MACK Group, LLC.					
Occupancy Status During Abatement (Check Only One)			Street Address 1500 Kings HWY N, STE 209						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl, Employee Break room & adjacent hallway		<input checked="" type="checkbox"/>		Floor tile & mastic	appr. 660 SF	<input checked="" type="checkbox"/>			
2nd Fl, Lab. Suites, Countertops & Fume Hoods		<input checked="" type="checkbox"/>		Ebony Board	805 SF	<input checked="" type="checkbox"/>			
2nd Fl, Lab.		<input checked="" type="checkbox"/>		Pipe Fitting insulation	60 PF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark / Freehold Carting		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 8.7	Name of Registered Landfill GROWS / TRRF / WM / Blue Ridge				
City, State Newark / Freehold, NJ		Disposal Date 3/31/16		City, State Morrisville / Tullytown, PA					
Completed by Steve King		Title V.P.		Signature 			Date 1/29/16		