State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)  4/10/18

Name of Building Owner/Operator (2)  J.S. GECALDINE FLACH

Agencies Notified  
□ EPA  □ DEP  □ DOL  □ DOH  □ DCA

Type Notification  
□ Initial  □ Amended  □ Emergency (including justification)

Street Address  
City, State, Zip Code  NORTH HALEDON, NJ 07508

Facility Information

Name of Facility Where Abatement is Taking Place (3)  M.S. FLACH

Square Feet  1850

# of Floors  2

Bldg. Age  1945

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

Name of Abatement Contractor (9)  Best Removal Inc.

License No.  00388

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

□ Renovation  □ Demolition

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

In Facility

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

Yes  No  N/A

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

Amount (Specify SF or LF)  SS LF

Abatement Type

Name of Registered Waste Hauler  Minerva Enterprises, LLC

City, State  Hackensack, NJ 07601

Best Removal Inc  17109

Disposal Date  4/25/18

Waynesburg, OH 44688

Name of Registered Landfill  Waynesburg, OH 44688

Completed by J. Maiorano  Title  Estimator

Signature  Date  4/10/18

Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:66-7 and 12:1E:4)

**ETS JOB # 5062/18**
**CHECK # 23730**

### Name of Building Owner / Operator

THE PORT AUTHORITY OF NEW YORK & NEW JERSEY

**Street Address**

241 ERIE STREET, ROOM 236

**City, State & Zip Code**

JERSEY CITY, NJ 07310

**Name of Contact**

MR. RALPH CAMPIONE

**Telephone Number**

973-624-6898

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**

TERMINAL “B” – SPACE B-2

**Street Address**

NEWARK LIBERTY INTERNATIONAL AIRPORT
3 BREWSTER ROAD

**City (5) County (6) County Code (7)**

NEWARK ESSEX

**Name of Monitoring Firm Hired by Building Owner**

ATC ASSOCIATES

ASCM No. 98

**Street Address**

104 E. 25TH STREET - 10TH FLOOR

**City, State & Zip Code**

NEW YORK 10010

**Project Manager for Monitoring Firm**

PATRICK SISK

**Telephone Number**

212-353-8280

**Scheduled Start Date**

4/23/2018

**Scheduled Completion Date**

7/31/2018

**Occupancy Status During Abatement** (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - MONDAY – FRIDAY 9:00 PM – 5:30 AM
- Other - Describe:

**Scope of Work (Check all that apply)**

- Demolition
- Renovation
- Large Project
- Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 280 LF ACM
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Other:

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

(13)

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

**Amount (Specify Square Feet or Linear Feet)**

**Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)**

**B - DEPARTURES**

NO

FIREPROOFING

1,200 SF

FULL CONTAINMENT

**Name of Registered Waste Hauler #1**

JIMMY BYRNE T/A JIMMY BYRNE TRUCKING

**City, State**

559 TIFFANY STREET, BRONX, NY 10474

**Disposal Date**

TBD

**Name of Registered Landfill #1**

MINERVA ENTERPRISES, INC.

**City, State**

9000 MINERVA ROAD, WAYNEsburg, OH 44688

**Completed By (Print or Type)**

Richie Smith

**Title**

Project Executive

**Signature**

Date 4/10/2018

ASB-41 JUN 95 G4667
# State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50-7 and 10:927)

## ETS JOB # 5062/18

**CHECK #** 28730

**Date of Notification (1)** 4/10/18

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

**THE PORT AUTHORITY OF NEW YORK & NEW JERSEY**

**Street Address**

241 ERIE STREET, ROOM 236

**City, State & Zip Code**

JERSEY CITY, NJ 07310

**Name of Contact**

MR. RALPH CAMPIONE

**Telephone Number** 973-524-6898

## FACILITY INFORMATION

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

TERMINAL “B” – SPACE B-2

**Street Address**

NEWARK LIBERTY INTERNATIONAL AIRPORT

3 BREWSTER ROAD

**City (5)**

NEWARK

**County (6)**

ESSEX

**County Code (7)**


## Project Manager for Monitoring Firm

PATRICK SISK

**Telephone Number** 212-353-8280

**Scheduled Start Date (10)**

4/23/2018

**Scheduled Completion Date (11)**

7/31/2018

**Occupancy Status During Abatement (Check only one)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -
  Describe: MONDAY – FRIDAY 9:00 PM – 5:30 AM
- Other - Describe:

**Scope of Work (Check all that apply)**

- Demolition
- Renovation
- Large Project
- Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

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

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

**Amount (Specify Square Feet or Linear Feet)**

FULL CONTAINMENT

**Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)**

**Name of Registered Waste Hauler #1**

JIMMY BYRNE T/A JIMMY BYRNE TRUCKING

**NJDEP Waste Hauler ID #** 19551

**Cu. Yds. of Waste** 60

**Name of Registered Landfill #1**

MINERVA ENTERPRISES, INC.

**City, State**

659 TIFFANY STREET, BRONX, NY 10474

**Disposal Date**

TBD

**City, State**

9000 MINERVA ROAD, WAYNESBURG, OH 44688

**Completed By (Print or Type)**

Richie Smith

**Title**

Project Executive

**Signature**

4/10/2018

**Date**

4/10/2018

**ASB-41 JUN 95 G4567**
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
04/12/2018

Name of Building Owner/Operator (2)  
PSE&G

Agency Notified  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA

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

Street Address  
80 Park Place

City, State, Zip Code  
Newark, NJ 07102

Name of Contact  
Glenn Milarchzyk

Telephone Number  
484-239-1902

Name of Facility Where Abatement is Taking Place (3)  
PSE&G Pool Building

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

Square Feet  
1,800

# of Floors  
25+  
Bldg. Age  
Retail Space/Storage

County Code (7)  
(STATE USE ONLY)

County Code  
Somerset

Name of Monitoring Firm Hired by Building Owner (8)  
Bureau Veritas

Name of Abatement Contractor (9)  
Brandenburg Industrial Service Company

Street Address  
110 Fieldcrest Avenue - Raritan Plaza I

City, State, Zip Code  
Edison, NJ 08837

Telephone No.  
732-225-6040

Telephone No.  
610-691-1800

License No.  
00721

Project Manager for Monitoring Firm  
JB Chadwick

Name of OSHA Monitor  
Brandenburg

Street Address  
2217 Spillman Drive

City, State, Zip Code  
Bethlehem, PA 18015

Start Date (10)  
04/26/2018

Scheduled Completion Date (11)  
05/04/2018

Facility Closed/Vacated During Entire Period of Abatement  
☐

Abatement Performed Outside of Normal Facility Hours  
☐

Other – Describe:  
SLAB REMOVAL 04/28/18-6/4/18

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

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other – Describe: SLAB REMOVAL 04/28/18-6/4/18

Scope of Work (Check All That Apply)  
☐ ≥3,000 sf or ≥3,000 ft

☐ ≥600 sf or ≥2,000 ft

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☐ Non-Exempted (*) and Non-Friable Procedure

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

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

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
6x6 Floor Tile  
1.800 SF

Amount (Specify SF or LF)  
X

Abatement Type  
Endorse

Endorse

Name of Registered Waste Hauler  
NJ DEP Waste Hauler ID No. 17273

Name of Registered Landfill  
WM Fairless Hills Landfill

City, State  
Bethlehem, PA

Completed by  
Stephen Carne

Title  
Environmental Engineer

Signature  
Date  
04/12/2018

ASB-41 (R-06-06)

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 6:60 and 12:120)

**Date of Notification (1)**
04/11/18

**Name of Building Owner/Operator (2)**
New Jersey State Police

**Address of Building**
P.O. Box 7068
City, State, Zip Code
West Trenton, NJ 08628

**Name of Contact**
Mike Genco

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
New Jersey State Police

**Street Address**
1040 River Road

**City (5)**
Ewing Township

**County (6)**
Mercer

**County Code (7)**
00112

**Name of Monitoring Firm Hired by Building Owner (8)**
USA Environmental Management INC

**ASCM No.**
00112

**Name of Abatement Contractor (9)**
Advanced Specialty Contractors

**Street Address**
2400 Main St. Extension Suite 10

**City, State, Zip Code**
Sayreville, NJ 08872

**Telephone No.**
609-656-8101

**License No.**
00750

**Name of OSHA Monitor**
Environmental Tactics, Inc.

**Street Address**
64 Broad Street

**City, State, Zip Code**
Matawan, NJ 07747

**Start Date (10)**
04/25/2018

**Scheduled Completion Date (11)**
06/11/2018

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

**Other – Describe:** All abatement will take place outdoors.

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

<table>
<thead>
<tr>
<th>Buildings</th>
<th>1,5,7,8,9,10,12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Window Caulking</td>
</tr>
<tr>
<td>Description</td>
<td>1000 LF</td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF)**
1000 LF

**Name of Registered Contractor (10)**
Advanced Specialty Contractors

**Name of Registered Landfill**
Grows Landfill

**Disposal Date**
06/11/2018

**City, State**
Morrisville, PA

**Title**
Branch Manager

**Signature**
Kurt Nale

**Date**
04/11/18

**(Do not use this form for asbestos licensure exempted activities.)**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Sufficient to NJAC 8:99 and 12:120)

Date of Notification (1)
04-12-18

Name of Building Owner/Operator (2)
PSE
g
PSE&G Linden Switch 138 kv

Type of Facility (4)

Name of Abatement Contractor (9)
WRS Environmental Services, Inc.

Street Address
4000 Hadley Rd.

City, State, Zip Code
South Plainfield NJ

Name of Contact
Brandon Preston

FACILITY INFORMATION

County Code (7)
N/A

Current Use (Prior to being demolished)
Control House

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

License No. 01136

Project Manager for Monitoring Firm
N/A

Telephone No. 631-924-8111

Start Date (10)
04-23-18

Occupancy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe: Electrical circuit cabinet

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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

Amount (Specify SF or LF)

Abatement Type

Endstage

Removal

Repair

Control House
Roof
5000 SF

Control House
Transite panels
416 SF

Control House
Wrapping tape
360 SF

Control House
Caulk
170 LF

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 17273

Cubic Yards of Waste
Name of Registered Landfill

TBD
Fairless landfill

City, State
Elizabeth, NJ 07201

Disposal Date
TBD

City, State
Morrisville PA 19067

Completed by
Raymond Tutiven
Title
Supervisor

Signature

Date
04-12-18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:126)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Amended</td>
<td></td>
<td></td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<td></td>
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</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
</table>

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

Scope of Work (Check All That Appear)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switching yard</td>
<td>x</td>
<td>Duct bank</td>
<td>330 LF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
</table>

Completed by

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

ASB-41 (R-05-08)

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:00 and 12:120)

Date of Notification (1)
04-12-18

Name of Building Owner/Operator (2)
PSEG

Street Address
4000 Hadley Rd.

City, State, Zip Code
South Plainfield NJ

Name of Contact
Manny Sierra

Telephone Number
848-200-6948

Name of Facility Where Abatement Is Taking Place (3)
PSEG Port Street Station

Type of Facility (4)

School (K-12)

Subchapter B (Other than K-12)

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Other – Describe: Electrical circuit cabinet

Scope of Work (Check All That Apply)

≥ 300 sf or ≥ 33 if

≥ 1600 sf or ≥ 260 if

Renovation

Demolition

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

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure

Envelop Encapsulation

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Switching yard

Transite pipe

15 LF

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No. 17273

Cubic Yards of Waste

TBD

Name of Registered Landfill

Fairless landfill

City, State

Morrisville PA 19067

Disposal Date

TBD

Completed by

Raymond Tutiven

Title

Supervisor

Signature

Date

04-12-18

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
10/14/18

Name of Building Owner/Operator (2)
joan cotellesa

Agencies Notified
☐ EPA ☑ DEP ☑ DOL ☑ DOH ☑ DCA
Type Notification
☐ Initial ☐ Amended ☐ Amendment #:

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
joan cotellesa

Street Address

City (5)
hoehokus
County (6)
BERGEN
County Code (7)

Type of Facility (4)
☐ School (K - 12) ☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
04/25/18

Sched. Completion Date (11)
05/18/18

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours
Describe:
☒ Other—Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 af or >3 If ☑ Renovation ☑ Demolition
☒ >160 af or >260 If

Location of asbestos-containing material (acm) to be abated in facility (13)
basement

Yes ☑ No ☑ N/A

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
140 LF

Full Containment w/negative pressure ☑ Mini-enclosure ☑ Glovebag procedure ☑ Non-Exempted (*) and Non-Friable procedure ☑

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506
Cubic Yards of Waste 2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date 04/26/18

Date 04/09/2018

Completed by (Print or Type)
BOGDAN JOLDZIC
Title PRESIDENT

Signature

* Do not use this form for asbestos hazards; asbestos control is in accordance with NJAC 8:60-12:120.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification 04/12/18

Name of Building Owner/Operator (2) Verizon

Name of Facility Where Abatement is Taking Place (3)
Verizon Ewing Central Office

Street Address
15 East Montgomery Place, Lower Level

City, State, Zip Code
Pittsburgh, PA 15212

Name of Contact
Anthony Porta

Telephone Number
412-633-4021

FACILITY INFORMATION

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management

ASCN No.

Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
215-365-5810

License No.
215-788-5040

00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-365-5810

Scope of Work (Check all that apply)

○ Renovation
○ Demolition

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

IN Facility

(13)

YES

NO

N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endorse

Basement Generator Room

Floor tile and mastic

400 SF

FULL CONTAINMENT WITH NEGATIVE PRESSURE

Basement Generator Room

Door caulk

5 SF

MINI-ENCLOSURE

Basement HSB Room

Floor tile and mastic

340 SF

GLOVEBAG PROCEDURE

Basement Cable Vault

Pipe insulation

25 LF

NON-EXEMPTED (*) AND NON-FRIBILE PROCEDURE

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No. 18706

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date
FAIRLESS HILLS, PA 19047

Completed By (Print or Type)
Brian Scalfiro

Title
Estimator

Signature

Date

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1) 4 / 12 / 18

Name of Building Owner/Operator (2)
Verizon

Street Address
15 East Montgomery Place, Lower Level

City, State, Zip Code
Pittsburgh, PA 15212

Name of Contact
Anthony Porta
Telephone Number
412-633-4021

Name of Facility Where Abatement is Taking Place (3)
Verizon Ewing Central Office

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

Square Feet

# of Floors

Bldg. Age

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
Office

Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental Management

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
8436 Enterprise Ave.

City, State, Zip Code
Philadelphia, PA 19153

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Mark Jenkins
Telephone No.
215-365-5810

License No.
00509

Start Date (10) 4 / 30 / 18

Scheduled Completion Date (11) 5 / 7 / 18

Project Manager for Monitoring Firm
Mark Jenkins

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclose

1st Floor Toll Area

Linoleum

16 SF

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

City, State
FAIRLESS HILLS, PA 19047

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro

Date
4-12-18

* 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)**  
04/14/2018

**Name of Building Owner/Operator (2)**  
C V Group

**FACILITY INFORMATION**

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

**Agency Notified** (4)  
- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**  
- Initial
- Amended
- Amendment
- Emergency (including justification)
- Cancellation

**Street Address**  
62 Cambridge Dr

**City, State, Zip Code**  
Short Hills, NJ 07078

**Name of Contact**  
Mike

**Telephone Number**  
407-561-0211

**County Code (7)**  
Essex

**Name of Abatement Contractor (9)**  
Removal Safety LLC

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

**Square Feet**  
# of Floors

**Bidg. Age**

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

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

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8:00 am - 5:00 pm

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

**Start Date (10)**  
04/23/2018

**Scheduled Completion Date (11)**  
04/25/2018

**Project Manager for Monitoring Firm**

**Name of OSHA Monitor**

**Scope of Work (Check All That Apply)**
- ≥ 30 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

**Amount**  
(Specify SF or LF)

**Abatement Type**

<table>
<thead>
<tr>
<th>Location of Material</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Floor Tile</td>
<td>60 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Removal Safety LLC

**Disposal Date**  
TBD

**City, State**  
Paterson, NJ

**Completed by**  
Lasko Veskov

**Title**  
President

**Signature**  

**Date**  
04/14/2018

---

*Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:123)

State of New Jersey

Date of Notification (1)
4-13-18

Name of Building Owner/Operator (2)
ONE STATE ST. SQUARE URBAN RENEWAL

Street Address
535 PENNSYLVANIA AVENUE SUITE 300

City, State, Zip Code
FT. WASHINGTON, PA 19034

Name of Contact
LENNY WADDELL

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ONE STATE STREET SQUARE

Street Address
50 W. STATE STREET

City (5)
TRENTON

County (6)
MERCIER

Square Feet
11000

Bldg. Age
+/50

Name of Abatement Contractor (9)
PEPPER ENVIRONMENTAL SERVICES, INC.

Street Address
100 DEERFIELD LANE-STE 200

City, State, Zip Code
MALVERN, PA 19355

Name of Monitoring Firm Hired by Building Owner (8)
PARTNER ENGINEERING AND SCIENCE

Telephone No.
800-419-4923

License No.
01166

Scope of Work (Check All That Apply)

- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Description of Asbestos Containing Material (ACM)

(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclose

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP

City, State
NEWARK, DE

Disposal Date

Name of Registered Landfill
MINERVA LANDFILL

City, State
LIBSON, OH

Date
4/13/18

Do not use this form for asbestos licensure exempted activities.
### Notification of Asbestos Abatement

**Date of Notification:** 4-13-18

**Agency Notified:**
- EPA
- DOL
- DOH
- DCA

**Name of Building Owner/Operator:** FEDERAL REALTY INVESTMENT TRUST

**Street Address:** 1626 E. JEFFERSON ST.

**City, State, Zip Code:** ROCKVILLE, MD 20852

**Name of Contact:** RIC WOODIE

**Telephone Number:** 301-986-8100

---

**Name of Facility Where Abatement is Taking Place:** BRICK PLAZA-SPACE 6

**Street Address:** 100 CEDARBRIDGE AVENUE

**City:** BRICK

**County:** OCEAN

**Square Feet:** 100,000

**# of Floors:** 1

**Blg. Age:** +/-100

**Current Use:** RETAIL STORE

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

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Start Date:** 4-18-18

**Scheduled Completion Date:** 4-20-18

**Related Notes:**
- Renovation Demolition

---

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Location:** THROUGHOUT

**Description of Asbestos-Containing Material (ACM):**
- MIRROR GLUE DOTS 350SF

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

**Abatement Type:**
- Remove
- Encapsulate
- Enclose

---

**Name of Registered Waste Hauler:** SERVICE TRANSPORT GROUP, INC.

**City, State:** NEWARK, DE

**NJDHP Waste Hauler ID No.:**

**Cubic Yards of Waste:**

**Name of Registered Landfill:** A & L SALVAGE

**City, State:** LIBSON, OH

**Disposal Date:**

---

**Completed by:** JENNIFER NIVEN

**Title:** DIR. OF OPERATIONS

**Signature:**

**Date:** 4-13-18

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/9/2018</td>
<td>Schotland</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Gary Schotland</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
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<tr>
<td>DCA</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Flemington, NJ 08822</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>Hunterdon</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MECS</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 341</td>
<td>Chesterfield, NJ 08515</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill Weisgarber</td>
<td>609 298-4070</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/25/2018</td>
<td>4/30/2018</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x ≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>≥150 sf or ≥250 if</td>
</tr>
<tr>
<td>x Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>x Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>X</td>
<td>Vermiculite</td>
<td>150 sf</td>
<td>x</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevens Environmental Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allentown, NJ</td>
<td>4/30/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
<td>Project Manager</td>
<td></td>
<td>4/13/18</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:66-7 AND 12:120-7)

Name of Building Owner / Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
2000 GALLOPING HILL ROAD
KENILWORTH, NJ 07033

Name of Contact
JESSICA FEARN-BROWN
908-740-2035

AGENCIES NOTIFIED
☐ EPA  ☐ DOL  ☑ DOH

TYPE OF NOTIFICATION
☐ Initial  ☐ Amended
☐ Amendment # 1  ☐ Emergency with Justification
☐ Cancellation

FACILITY INFORMATION

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

Street Address
2000 GALLOPING HILL ROAD
KENILWORTH, NJ 07033

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

Square Feet
N/A

# of Floors
N/A

Building Age
N/A

Current Use (Prior if being demolished)
N/A

Name of Monitoring Firm Hired by Bldg. Owner (8)
ATC GROUP SERVICES

ASCM NO

Name of Abatement Contractor (9)
Northstar Contracting Group, Inc.

Street Address
32 Williams Parkway
East Hanover, NJ 07936

City, State, Zip Code
BERLIN, NJ 08009

City, State, Zip Code
East Hanover, NJ 07936

City, State, Zip Code

Name of Project Manager
JOHN LUTZ
Telephone Number
609-571-7522

Occupancy Status During Abatement (Check Only 1)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility
☐ Other - Describe: __7:00AM-3:30 PM MON-FRI__

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

LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY

Location

Is

Location

NORMALLY

Used

Solely

by

Maintenance/

Custodial

Staff

Asbestos - Containing Material (ACM)

(L.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Description of

Abatement Type

Removal

Repair

Encapsulation

Enclosure

EXTERIOR ADJACENT TO

YES NO N/A

CONCRETE/TRANSITE PIPE

Cubic Yards of Waste

25 LF

Disposal Date

CITY, STATE

LYCOMING COUNTY RESOURCE MGMT SRVCS

Name of Registered Waste Hauler
NORTHSTAR CONTRACTING GROUP, INC.

Hauler ID No.

Name of Registered Landfill

City, State

EAST HANOVER, NJ 07936

Name of Registered Landfill

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)
STEVEN STILES
Title
PROJECT MANAGER
Signature

Date
04/13/18

ASB-41
Date of Notification (1) 04/05/18

Name of Building Owner / Operator (2) CELGENE CORPORATION

Agencies Notified
- EPA
- DEP
- DOH
- DOL

Type of Notification
- Initial
- Amended
- Amendment
- Emergency w/ Justification
- Cancellation

Street Address
535 MORRIS AVENUE

City, State, Zip Code
SUMMIT, NJ 07901

Name of Contact
JANOS ANGELI

Telephone Number
908-997-4048

FACILITY INFORMATION

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)
CELGNE CORPORATION - BLDG. S-1

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

Square Feet
60,000
# Of Floors
3
Building Age
40+

Current Use (Prior if being demolished)
OFFICE

Name of Monitoring Firm Hired by Bldg. Owner (8)
WCD GROUP LLC / EWMA

NORTHSTAR CONTRACTING GROUP, INC.

ASCM NO

Street Address
23 RT 31 NORTH, STE B26 / 100 MISTY LANE

City, State, Zip Code
PENNINGTON, NJ 08534 / PARSIPPANY, NJ 07054

Project Mgr. For Monitoring Firm
MIKE GAMBONE / KEVIN SELSE

32 Williams Parkway

City, State, Zip Code
PENNINGTON, NJ 08534

Telephone Number
908-730-0007 / 973-566-1400

ASCM NO

Sheduled Start Date (10)
04/15/17

Sched. Completion Date (11)
05/30/18

Name of OSHA Monitor
NORTHSTAR CONTRACTING GROUP, INC.

Street Address
32 Williams Parkway

City, State, Zip Code
PENNINGTON, NJ 08534

Scope of Work (Check All That Apply)

Demolition

Renovation

Full Containment with Negative Pressure

Mini - Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing

TO BE ABATED

in Facility

(13)

Is Location Used Normally

Yes No N/A

Pipe & Fitting Insulation

60 LF

Description of Asbestos - Containing Material (ACM)

I.E., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

REMOVAL

REPAIR

ENCAPSULATION

ENCLOSURE

Name of Registered Waste Hauler
NORTHSTAR CONTRACTING GROUP, INC.

NJDEP Waste Hauler ID No.
30534

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
EAST HANOVER, NJ

Disposal Date

City, State
MORRISVILLE, PA

Completed by (Print or Type)

Title
Project Manager

Signature

Date
04/13/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
3/15/2012

Name of Building Owner/Operator (2)
Maybrook Gardens Inc

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
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<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address
155 Riverside Drive

City, State, Zip Code
New York, NY 10024

Name of Contact
Brian Tarzik

Telephone Number
212-873-4919

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Maybrook Garden Apartments - Building X 2

Street Address
18-32 Maybrook Drive

City (6)
Maywood

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Crown Air Services LLC

ASCM No.

Name of Abatement Contractor (9)
Asbestways Solutions

Street Address
478 Albany Street

City, State, Zip Code
Brooklyn, NY 11203

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
3/27/2018

Scheduled Completion Date (11)
4/30/2018

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

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

- e3 SF or 23 SF
- e150 SF or e260 SF

- Demolition

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

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

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

Yes | No | N/A

(2) misc crawl spaces x

meter room x

basement x

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>pipe insulation</td>
<td>150 SF x</td>
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<tr>
<td>pipe insulation</td>
<td>100 SF x</td>
</tr>
<tr>
<td>pipe insulation</td>
<td>75 SF x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
4506

Cubic Yards of Waste

Name of Registered Landfill
Tully-town RE Facility

City, State
Newark, NJ 07102

Completed by
Mendy Gorodetsky

Title
President

Signature

Date
10/11/2018

Do not use this form for asbestos licensure exempted activities.