

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

PAID

CIC 4544

Date of Notification (1) 4/10/18		Name of Building Owner/Operator (2) MS. GERALDINE FLACH						
Agencies Notified	Type Notification	Street Address	RECEIVED APR 16 2018 NJ DEPT. OF ENVIRONMENTAL CONTROL & AEROSOL CONTROL					
<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 NORTH HAVEN, NJ 07508						
		Name of Contact MS. FLACH						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MS. FLACH		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		Square Feet	# of Floors					
		1850	2					
City (5) NORTH HAVEN		Bldg. Age 1945						
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Best Removal Inc.						
City, State, Zip Code		Street Address 450 South River Street						
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, NJ 07601						
Telephone No.		Telephone No.	License No.					
		201-329-7444	00388					
Start Date (10) 4/24/18	Scheduled Completion Date (11) 4/25/18	Name of OSHA Monitor Omega Environmental						
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street						
<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: 8:00 AM TO 5:00 PM		City, State, Zip Code South Hackensack, NJ 07606						
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 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) 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
BASEMENT			HEMAL INSULATION	55 LF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
Best Removal Inc		17109	2075	Minerva Enterprises, LLC				
City, State		Disposal Date		City, State				
Hackensack, NJ 07601		4/25/18		Waynesburg, OH 44688				
Completed by	Title	Signature			Date			
J. Maiorano	Estimator	J. Maiorano			4/10/18			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

COPY

RECEIVED
APR 16 2018
ASBESTOS CONTROL & LICENSING

ETS JOB # 5062/18

CHECK # 28730

Date of Notification (1) 10/18/2017 4/10/18		Name of Building Owner / Operator (2) THE PORT AUTHORITY OF NEW YORK & NEW JERSEY	
Agencies Notified <input checked="" 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	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 (3) TERMINAL "B" - SPACE B-2			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 NEWARK LIBERTY INTERNATIONAL AIRPORT 3 BREWSTER ROAD			Square Feet 1,100,000
City (5) NEWARK	County (6) ESSEX	County Code (7)	# of Floors 3
			Bldg. Age 70+
Current Use (Prior if being demolished) COMMERICAL - AIRPORT			

Name of Monitoring Firm Hired by Building Owner (8) ATC ASSOCIATES		ASCM No. 98	Name of Abatement Contractor (9) ETS CONTRACTING, INC.	
Street Address 104 E. 25TH STREET - 10 TH FLOOR		Street Address 160 CLAY STREET		
City, State & Zip Code NEW YORK 10010		City, State & Zip Code BROOKLYN, NY 11222		
Project Manager for Monitoring Firm PATRICK SISK		Telephone Number 212-353-8280	Telephone Number 718-706-6300	License Number 00511
Scheduled Start Date (10) 4/23/2018	Scheduled Completion Date (11) 7/31/2018		Name of OSHA Monitor TESTOR TECH.	

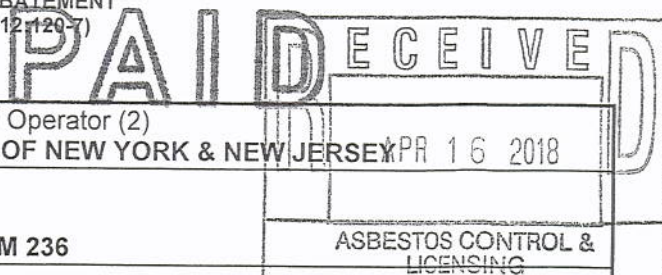
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 9:00 PM - 5:30 AM <input type="checkbox"/> Other - Describe:	Street Address 10 59 JACKSON AVENUE City, State & Zip Code LONG ISLAND CITY, NY 11101
--	--

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Other:
--	--	---

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) B - DEPARTURES	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) NO	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) FIREPROOFING	Amount (Specify Square Feet or Linear Feet) 1,200 SF	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) FULL CONTAINMENT
---	--	---	---	---

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 559 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	Date 4/10/2018

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)



ETS JOB # 5062/18

CHECK # 28730

Date of Notification (1) 10/18/2017 4/10/18		Name of Building Owner / Operator (2) THE PORT AUTHORITY OF NEW YORK & NEW JERSEY	
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 checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	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 (3) TERMINAL "B" - SPACE B-2			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 NEWARK LIBERTY INTERNATIONAL AIRPORT 3 BREWSTER ROAD			Square Feet 1,100,000
City (5) NEWARK	County (6) ESSEX	County Code (7)	# of Floors 3
			Bldg. Age 70+
			Current Use (Prior if being demolished) COMMERICAL - AIRPORT

Name of Monitoring Firm Hired by Building Owner (8) ATC ASSOCIATES		ASCM No. 98	Name of Abatement Contractor (9) ETS CONTRACTING, INC.	
Street Address 104 E. 25TH STREET - 10 TH FLOOR		Street Address 160 CLAY STREET		
City, State & Zip Code NEW YORK 10010		City, State & Zip Code BROOKLYN, NY 11222		
Project Manager for Monitoring Firm PATRICK SISK		Telephone Number 212-353-8280	Telephone Number 718-706-6300	License Number 00511

Scheduled Start Date (10) 4/23/2018	Scheduled Completion Date (11) 7/31/2018	Name of OSHA Monitor TESTOR TECH.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 9:00 PM - 5:30 AM <input type="checkbox"/> Other - Describe:		Street Address 10 59 JACKSON AVENUE	
		City, State & Zip Code LONG ISLAND CITY, NY 11101	

Scope of Work (Check all that apply)			
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> Large Project		<input type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Other:	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) NO	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) FIREPROOFING	Amount (Specify Square Feet or Linear Feet) 1,200 SF	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) FULL CONTAINMENT
---	--	---	---	---

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.
--	----------------------------------	-------------------------	---

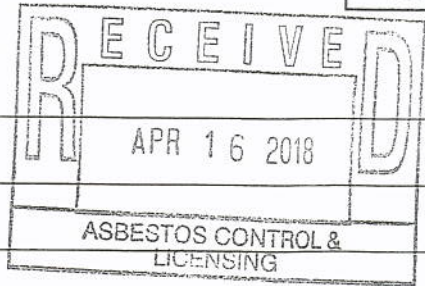
City, State 559 TIFFANY STREET, BRONX, NY 10474	Disposal Date TBD	City, State 9000 MINERVA ROAD, WAYNESBURG, OH 44688
--	----------------------	--

Completed By (Print or Type) Richie Smith	Title Project Executive	Signature 	Date 4/10/2018
--	----------------------------	---------------	-------------------

CK# 00613593

PAID

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							
Agencies Notified	Type Notification	Street Address 80 Park Place							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Newark, NJ 07102							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Glenn Milarczyk	Telephone Number 484-239-1902						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Pool Building		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 237 US Highway 22		Square Feet 1,800	# of Floors 25+						
City (5) Dunellen		Bldg. Age 25+							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail Space/Storage							
Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas		ASCM No.	Name of Abatement Contractor (9) Brandenburg Industrial Service Company						
Street Address 110 Fieldcrest Avenue - Raritan Plaza I		Street Address 2217 Spillman Drive							
City, State, Zip Code Edison, NJ 08837		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm JB Chadwick		Telephone No. 732-225-6040	License No. 00721						
Start Date (10) 04/26/2018	Scheduled Completion Date (11) 05/04/2018	Name of OSHA Monitor Brandenburg							
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 <input checked="" type="checkbox"/> Other - Describe: <u>SLAB REMOVAL 04/26/18-5/4/18</u>		Street Address 2217 Spillman Drive							
		City, State, Zip Code Bethlehem PA 18015							
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 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
Sub Surface Concrete Slab			X	6x6 Floor Tile	1,800 SF	X			
Name of Registered Waste Hauler WM of New Jersey		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 100	Name of Registered Landfill WM Fairless Hills Landfill					
City, State Bethlehem, PA		Disposal Date 04/26/18-05/11/18		City, State Morrisville, PA 19067					
Completed by Stephen Carne		Title Environmental Engineer		Signature 			Date 04/12/2018		

CK#100004571 PAID

Date of Notification (1) 04/11/18		Name of Building Owner/Operator (2) New Jersey State Police		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 16 2018 ASBESTOS CONTROL & LICENSING 609-882-2000 </div>	
Agencies Notified	Type Notification	Street Address P.O. Box 7068			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 West Trenton, NJ 08628			
		Name of Contact Mike Genco			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) New Jersey State Police			Type of Facility (4)		
Street Address 1040 River 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) Ewing Township			Square Feet	# of Floors 3	Bldg. Age 50
County (6) Mercer	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office Buildings		
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 344 West State Street			Street Address 2400 Main St. Extension Suite 10		
City, State, Zip Code Trenton, NJ 08618			City, State, Zip Code Sayreville, NJ 08872		
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-656-8101	Telephone No. 732-525-0100	License No. 00750	
Start Date (10) 04/25/2018	Scheduled Completion Date (11) 06/11/2018		Name of OSHA Monitor Environmental Tactics, Inc.		
Occupancy Status During Abatement (Check Only One)			Street Address 64 Broad Street		
<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: All abatement will take place outdoors.			City, State, Zip Code Matawan, NJ 07747		
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 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	

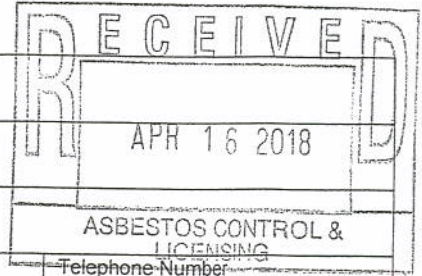
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Buildings 1,5,7,8,9,10,12		x		Window Caulking	1000 LF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 60	Name of Registered Landfill Grows Landfill	
City, State Freehold, NJ		Disposal Date 06/11/2018		City, State Morrisville, PA	
Completed by Kurt Nale		Title Branch Manager	Signature <i>Kurt Nale</i>	Date 04/11/18	

CK# 014795

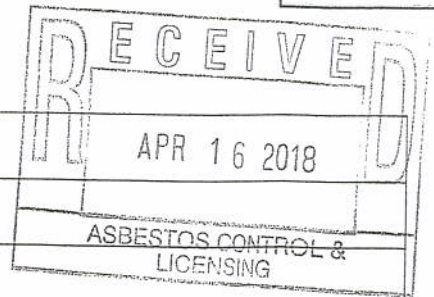
PAID

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



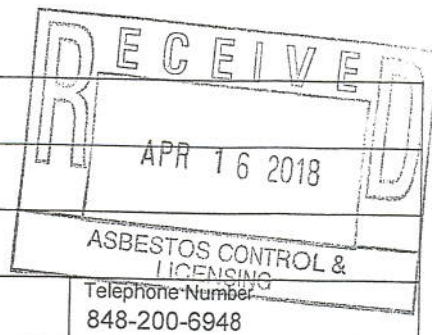
Date of Notification (1) 04-12-18		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield NJ							
		Name of Contact Brandon Preston							
		Telephone Number 908-202-6584							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Linden Switch 138 kv		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 4013 Tremley Road		Square Feet N/A	# of Floors N/A						
City (5) Linden		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Control House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Road							
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 631-924-8111						
		License No. 01136							
Start Date (10) 04-23-18	Scheduled Completion Date (11) 09-24-18	Name of OSHA Monitor WRS Environmental Services Inc.							
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: <u>Electrical circuit cabinet</u>		Street Address 17 Old Dock Road							
		City, State, Zip Code Yaphank NY 11980							
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 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
Control House			x	Roof	5000 SF	x			
Control House			x	Transite panels	416 SF	x			
Control House			x	Wrapping tape	360 SF	x			
Control House			x	Caulk	170 LF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill					
City, State Elizabeth, NJ 07201			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor	Signature <i>Raymond Tutiven</i>			Date 04-12-18			

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)						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address						
		City, State, Zip Code						
		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5)		Square Feet	# of Floors Bldg. Age					
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)					
Street Address		Street Address						
City, State, Zip Code		City, State, Zip Code						
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.					
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input 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						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition								
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			
					Removal	Repair	Encapsulate	Enclosure
Switching yard		Yes No N/A	Duct bank	330 LF	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
City, State			Disposal Date	City, State				
Completed by	Title	Signature		Date				

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



Date of Notification (1) 04-12-18		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<input 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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield NJ							
		Name of Contact Manny Sierra	Telephone Number 848-200-6948						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Port Street Station		Type of Facility (4)							
Street Address 255 E. Port St.		<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) Newark	County (6) Essex	Square Feet N/A	# of Floors N/A						
County Code (7) (STATE USE ONLY) _____		Bldg. Age N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) Switching yard							
Street Address N/A		Name of Abatement Contractor (9) WRS Environmental Services, Inc.							
City, State, Zip Code N/A		Street Address 17 Old Dock Rd							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01136						
Start Date (10) 04-13-18	Scheduled Completion Date (11) 06-13-18	Name of OSHA Monitor WRS Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Rd							
<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: Electrical circuit cabinet		City, State, Zip Code Yaphank NY 11980							
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) <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
Switching yard			X	Transite pipe	15 LF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill					
City, State Elizabeth, NJ 07201		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor		Signature <i>Raymond Tutiven</i>		Date 04-12-18			

PAID

CK# 7260

Date of Notification (1) 10/14/10/19/11/18		Name of Building Owner/Operator (2) joan cotellessa		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 16 2018 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code hohokus, nj 07423		
		Name of Contact joan cotellessa		
				Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) joan cotellessa			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) hohokus			County (6) BERGEN	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	Bldg. Age
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm			Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 04/25/1818			Sched. Completion Date (11) 05/18/18	Name of OSHA Monitor D & S Restoration, Inc.	
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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
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			City, State, Zip Code Paterson, NJ 07503		
			<input type="checkbox"/> Full Containment w/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)	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						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	140 lf	<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"/>

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	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/09/2018

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

CR# 3346

Date of Notification (7) 4 / 12 / 18		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 16 2018 ASBESTOS CONTROL & LICENSING </div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 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 Facility Where Abatement is Taking Place (3) Verizon Ewing Central Office Street Address 1606 Pennington Road City (5) Ewing County (6) Mercer						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.) 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 Street Address 8436 Enterprise Ave. City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins Start Date (10) 4 / 30 / 18		ASCM No. _____ Telephone No. 215-365-5810 Scheduled Completion Date (11) 5 / 7 / 18		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Telephone No. 215-788-6040 License No. 00509							
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 - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM				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) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <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) 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	Enclosure
Basement Generator Room		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Floor tile and mastic		400 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Generator Room		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Door caulk		5 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement HSB Room		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Floor tile and mastic		340 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Cable Vault		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Pipe insulation		25 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. City, State BRISTOL, PA 19007		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste _____		Name of Registered Landfill FAIRLESS LANDFILL City, State FAIRLESS HILLS, PA 19047					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro / gm</i>		Date 4-12-18					

ASB-41
MAY 11 **BS18040**

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

Pg. 2

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

Ch # 3346

Date of Notification (1) 4 / 12 / 18		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 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 Facility Where Abatement is Taking Place (3) Verizon Ewing Central Office				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 1606 Pennington Road				Square Feet					
City (5) Ewing				# of Floors					
County (6) Mercer				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.		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		License No. 00509					
Start Date (10) 4 / 30 / 18		Scheduled Completion Date (11) 5 / 7 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
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 - Describe Time of Abatement: _____ AM - _____ PM/5:00PM-1:30AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
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 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
1sf Floor Toll Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum	16 SF	<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 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 / JS		Date 9-12-18			

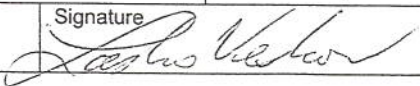
 ASB-41
 MAY 11 BS18040

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

PAID

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

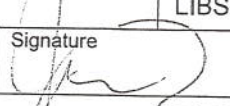
CK#1078

Date of Notification (1) 04/14/2018		Name of Building Owner/Operator (2) C V Group							
Agencies Notified	Type Notification	Street Address 62 Cambridge Dr							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078							
		Name of Contact Mike	Telephone Number (917) 561-0211						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		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 [REDACTED]									
City (5) Short Hills, NJ 07078		Square Feet	# of Floors						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-400-8711						
Start Date (10) 04/23/2018		Scheduled Completion Date (11) 04/25/2018	License No. 01332						
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: 8:00 am - 5:00 pm		Name of OSHA Monitor Removal Safety LLC							
		Street Address 8 Crosby Ave							
		City, State, Zip Code Paterson, NJ 07502							
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 type="checkbox"/> Renovation <input checked="" 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) <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
Basement			x	Floor Tile	60 SF	x		x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 1	Name of Registered Landfill Grows North					
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature 			Date 04/14/2018			

30#5230

PAID

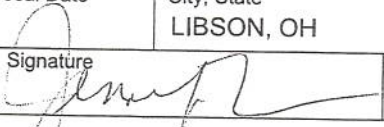
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4-13-18		Name of Building Owner/Operator (2) ONE STATE ST. SQUARE URBAN RENEWAL							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <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 535 PENNSYLVANIA AVENUE SUITE 300		City, State, Zip Code FT. WASHINGTON, PA 19034							
Name of Contact LENNY WADDELL		Telephone Number 267-705-2043							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ONE STATE STREET SQUARE		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 50 W. STATE STREET		Square Feet 11000 # of Floors 1 Bldg. Age +/-50							
City (5) TRENTON		Current Use (Prior if being demolished) OFFICE BLDG.							
County (6) MERCER		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) PARTNER ENGINEERING AND SCIENCE		ASCM No. _____							
Street Address 100 DEERFIELD LANE-STE 200		Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.							
City, State, Zip Code MALVERN, PA 19355		Street Address 2251 FRALEY STREET							
Project Manager for Monitoring Firm _____		City, State, Zip Code PHILADELPHIA, PA 19137							
Telephone No. 800-419-4923		Telephone No. 215-533-5155							
License No. 01166		Name of OSHA Monitor PARTNER ENGINEERING AND SCIENCE							
Start Date (10) 4-23-18		Scheduled Completion Date (11) 5-4-18							
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: _____		Street Address 100 DEERFIELD LANE-STE 200							
City, State, Zip Code MALVERN, PA 19355									
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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
13TH FLOOR			X	CARPET & COVE BASE MASTIC	11,000	X			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste _____		Name of Registered Landfill MINERVA LANDFILL			
City, State NEWARK, DE		Disposal Date _____		City, State LIBSON, OH					
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS		Signature 		Date 4.13.18			

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

PAID

CK # 5229

Date of Notification (1) 4-13-18		Name of Building Owner/Operator (2) FEDERAL REALTY INVESTMENT TRUST							
Agencies Notified	Type Notification	Street Address 1626 E. JEFFERSON ST.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ROCKVILLE, MD 20852							
		Name of Contact RIC WOODIE	Telephone Number 301-998-8100						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BRICK PLAZA-SPACE 6		Type of Facility (4)							
Street Address 100 CEDARBRIDGE AVENUE		<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) BRICK		Square Feet 100,000	# of Floors 1						
County (6) OCEAN		Bldg. Age +/-100							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RETAIL STORE							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.						
Street Address 700 TURNER WAY		Street Address 2251 FRALEY STREET							
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610-787-0402	Telephone No. 215-533-5155						
Start Date (10) 4-18-18		Scheduled Completion Date (11) 4-20-18	License No. 01166						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor VERTEX COMPANIES							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 700 TURNER WAY							
		City, State, Zip Code ASTON, PA 19014							
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 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
THROUGHOUT			X	MIRROR GLUE DOTS	350SF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L SALVAGE					
City, State NEWARK, DE		Disposal Date		City, State LIBSON, OH					
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS		Signature 		Date 4.13.18			

PAID

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

Check # 25576

Date of Notification (1) 4/9/2018		Name of Building Owner/Operator (2) Schotland	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Flemington, NJ 08822	
		Name of Contact Gary Schotland	Telephone Number 908 507-2708

RECEIVED
APR 10 2018
ASBESTOS CONTROL & INSURING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		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 [REDACTED]		Square Feet 2500	# of Floors 2
City (5) Flemington, NJ 08822		Bldg. Age 200 +/-	
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688
Start Date (10) 4/25/2018		Scheduled Completion Date (11) 4/30/2018	License No. 00493
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: 8 am 4 pm		Name of OSHA Monitor MECS	
		Street Address PO Box 341	
		City, State, Zip Code Chesterfield, NJ 08515	

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 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) <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
Attic		X		Vermiculite	150 sf	X			

Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Allentown, NJ		Disposal Date 4/30/2018		City, State Morrisville, PA	
Completed by Mahlon E. Stevens		Title Project Manager		Signature 	Date 4/13/18

PAID

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 3092

Date of Notification (1) 04 / 06 / 18		Name of Building Owner / Operator (2) MERCK SHARP & DOHME CORP.		RECEIVED APR 16 2018 Telephone Number 908-740-2035	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH		Street Address 2000 GALLOPING HILL ROAD City, State, Zip Code KENILWORTH, NJ 07033 Name of Contact JESSICA FEARON-BROWN			
Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK		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 bldgs., homes, etc.)		ASBESTOS CONTROL & LICENSING	
Street Address 2000 GALLOPING HILL ROAD		Square Feet N/A		# Of Floors N/A	
City (5) KENILWORTH	County (6) UNION	County Code (7)	Current Use (Prior if being demolished) N/A	Building Age	
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 3 TERRI LANE, BROMLEY CORP CENTER		Street Address 32 Williams Parkway			
City, State, Zip Code BERLINGTON, NJ 08016		City, State, Zip Code East Hanover, NJ 07936			
Project Mngr. For Monitoring Firm JOHN LUTZ		Telephone Number 609-571-7522	Telephone Number 973-772-3660		
Sched. Start Date (10) 05 / 03 / 18		Sched. Completion Date (11) 06 / 01 / 18	License Number 00860		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00AM-3:30 PM MON-FRI		Name of OSHA Monitor Northstar Contracting Group, Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936			
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <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) 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 R E M O V A L R E P A I R E N C A P S U L E N C L O S U R	
EXTERIOR ADJACENT TO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
#EM-1 SUB STATION	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	CONCRETE/TRANSITE PIPE	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill LYCOMING COUNTY RESOURCE MGMT SRVCS	
City, State EAST HANOVER, NJ 07936		Disposal Date	City, State MONTGOMERY, PA 17752		
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature Steven Stiles		Date 04/13/18

PAID

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 3094


Date of Notification (1) 04 / 05 / 18		Name of Building Owner / Operator (2) CELGENE CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 535 MORRIS AVENUE		City, State, Zip Code SUMMIT, NJ 07901	
Name of Contact JANOS ANGELI		Telephone Number 908-897-4646	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CELGENE CORPORATION - BLDG. S-1		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 bldgs., homes, etc.)	
Street Address 535 MORRIS AVENUE		Square Feet 60,000	
City (5) SUMMIT		County (6) UNION	County Code (7)
Building Age 40+		Current Use (Prior if being demolished) OFFICE	
Name of Monitoring Firm Hired by Bldg. Owner (8) WCD GROUP LLC / EWMA		ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 23 RT 31 NORTH, STE B26 / 100 MISTY LANE		Street Address 32 Williams Parkway	
City, State, Zip Code PENNINGTON, NJ 08534 / PARSIPPANY, NJ 07054		City, State, Zip Code East Hanover, NJ 07036	
Project Mngr. For Monitoring Firm MIKE GARAMBONE / Kevin Seise		Telephone Number 609-730-0007 / 973-560-1400	
Scheduled Start Date (10) 04 / 18 / 17		Sched. Completion Date (11) 05 / 30 / 18	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 am to 3:30 pm <input checked="" type="checkbox"/> Other - Describe: MON-FRI		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07036	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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 <u>TO BE ABATED</u> 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)
S1	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING INSULATION	60 LF
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste
City, State EAST HANOVER, NJ		Disposal Date	Name of Registered Landfill FAIRLESS LANDFILL
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i>
			Date 04/13/18

OK# 7577

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

PAID

Print Form

Date of Notification (1) 3/15/2018		Name of Building Owner/Operator (2) Maybrook Gardens Inc		APR 16 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		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 <u>K 2</u>				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 18-32 Maybrook Drive				Square Feet # of Floors Bldg. Age	
City (5) Maywood				2 60	
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential	
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		Street Address 132 Washington Avenue		City, State, Zip Code Brooklyn, NY 11205	
City, State, Zip Code Brooklyn, NY 11203		Telephone No.		License No.	
Project Manager for Monitoring Firm		718-858-2600		01340	
Start Date (10) 3/27/2018 - <u>04/13/2018</u>		Scheduled Completion Date (11) 4/30/2018		Name of OSHA Monitor Asbestways Solutions	
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 <input type="checkbox"/> Other - Describe: _____				Street Address 132 Washington Avenue City, State, Zip Code Brooklyn, NY 11205	
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 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)	
		Yes No N/A		Amount (Specify SF or LF)	
(2) misc crawl spaces		x		190 lf	
meter room		x		100 lf	
basement		x		75 lf	
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 4506		Cubic Yards of Waste	
City, State Newark, NJ 07102		Disposal Date		Name of Registered Landfill Tully-town RE Facility	
Completed by Mendy Gorodetsky		Title President		Signature 	
				Date 04/12/2018	