

CK # 4801

PAID

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

RECEIVED
APR 25 2011

Date of Notification (1) <u>4-18-19</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION INC</u>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77TH ST.</u>				
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>				
		Name of Contact <u>KRANIC</u>	Telephone Number _____			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</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 [REDACTED]		Square Feet <u>1500</u>				
City (5) <u>OCEAN CITY</u>		# of Floors <u>1</u>	Bldg. A <u>50</u>			
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>				
Street Address		Street Address <u>369 S. SPRUCE AVE</u>				
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>			
Start Date (10) <u>4-28-19</u>	Scheduled Completion Date (11) <u>5-8-19</u>	Name of OSHA Monitor <u>N/A</u>				
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				
		City, State, Zip Code				
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"/> 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				
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRAW SITE</u>	Amount (Specify SF or LF) <u>2250 SF</u>	Abate Type Removal Repair <u>X</u>	Encapsulate	Enclosure
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>19904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A.</u>			
City, State <u>MAPLE SHADE N.J. 08052</u>	Disposal Date	City, State <u>WOODBINE N.J.</u>				
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>4-18-19</u>			

CK# 4801

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

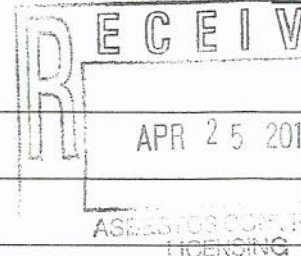
APR 25 2019

ASBESTOS ABATEMENT

Date of Notification (1) 4-18-19		Name of Building Owner/Operator (2) PINNACLE CONSTRUCTION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 360 WEST AVE		City, State, Zip Code OCEAN CITY N.J. 08226	
Name of Contact STEVE		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		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 # of Floors Bldg. Age 1500 2 50	
City (5) OCEAN CITY		Current Use (Prior if being demolished) VACANT	
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEMCO INC	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J. 08052	
Telephone No.		Telephone No. 856-779-0472	
Start Date (10) 5-1-19		Scheduled Completion Date (11) 5-10-19	
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: _____		License No. # 01371	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		Name of OSHA Monitor N/A	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address	
<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		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE		Amount (Specify SF or LF) 2000 SF	
Abatement Type Removal Repair X		Enclosure	
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	
City, State MAPLE SHADE N.J.		Cubic Yards of Waste 4	
Disposal Date		Name of Registered Landfill C.M.C.M.U.A.	
Signature [Signature]		City, State WOODBINE N.J.	
Date 4-18-19		Completed By VIRUM	
Title PRES			

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



Date of Notification (1) 4/22/19		Name of Building Owner/Operator (2) TRC Management						
Agencies Notified	Type Notification	Street Address P.O.Box 196						
<input type="checkbox"/> EPA <input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston NJ07039						
		Name of Contact George Cohen	Telephone Number 973-809-9191					
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, etc.)						
Street Address [REDACTED]		Square Feet 3000	# of Floors 2					
City (5) Weehawken NJ		Bldg. Ac 58						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Turningpoint Contracting Corporation		Name of Abatement Contractor (9) Turningpoint Contracting Corp.						
Street Address 1125 cranbury Road		Street Address 1125 cranbury Road						
City, State, Zip Code Union NJ 07083		City, State, Zip Code Union NJ 07083						
Project Manager for Monitoring Firm Emeka Okeke		Telephone No. 201-927-6225	License No. 01238					
Start Date (10) 5/2/19	Scheduled Completion Date (11) 5/6/19	Name of OSHA Monitor Metro Analytical laboratories						
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: Home not occupied		Street Address 255 West 36th Street, Suite 101						
		City, State, Zip Code New York NY 10018						
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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement			X	Pipe insulation	7 LF	X		
Name of Registered Waste Hauler Tri-state Transfer Associates		NJDEP Waste Hauler ID No. SW1896	Cubic Yards of Waste 0.25	Name of Registered Landfill Wienerva Enterprises Associates				
City, State Bronx NY 10474		Disposal Date 5/6/19		City, State Waynesburg OH 44688				
Completed by Emeka Okeke		Title President	Signature 		Date 4/22/19			

Date / /

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

Date of Notification (1) 3 / 11 /19		Name of Building Owner/Operator (2) VERIZON	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 178 FIRST AVENUE City, State, Zip Code ATLANTIC HIGHLANDS, NJ 07716	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact JOSEPH HANLEY	
		Telephone Number 929-308-1398	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VERIZON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, et	
Street Address 224-240 LYONS AVENUE		Square Feet 17,600	# of Floors 2
City (5) NEWARK		Bldg. Age 60	
County (6) ESSEX		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ESIS/CHUBB		Current Use (Prior if being demolished) Pharm. Lab COMMUNICATION	
Street Address 10 EXCHANGE PLACE		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code JERSEY CITY, NEW JERSEY 07302		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm BRIAN KINGSBURY		City, State, Zip Code SUFFERN, NEW YORK 10901	
Telephone Number 201-388-0620		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 3 / 25 / 19		Sched. Completion Date (11) 6 / 30 /19	
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: MONDAY - FRIDAY 7AM-3:30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Criticals with Negative Pressure <input type="checkbox"/> Mini-Enclo, <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
EXTERIOR NORTHSIDE			X	EXTERIOR WINDOW CAULK	386 LF	X			
EXTERIOR SOUTHSIDE			X	EXTERIOR WINDOW, DOOR, LOUVER	386 LF	X			
EXTERIOR EASTSIDE			X	EXTERIOR DOOR CAULK	35 LF	X			
EXTERIOR WESTSIDE			X	EXTERIOR DOOR & WINDOW CAULK	193 LF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 40		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NJ 07105		Disposal Date 03/26-06/30/19		City, State PLAINFIELD TOWNSHIP, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 3-11-19	

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

RECEIVED
APR 25 2019

Date of Notification (1) 04 / 19 / 19		Name of Building Owner/Operator (2) Lenola Realty Associates, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 636 Old York Road City, State, Zip Code Jenkintown, PA 19046	
		Name of Contact Tim Williams	Telephone Number 267-414-9309

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Unoccupied Residence		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 415 South Lenola Road		Square Feet 960	# of Floors 1
City (5) Moorestown		Bldg. A 79	
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 286 Sunset Road		Street Address 623 Cutler Avenue		
City, State, Zip Code Barrington, NJ 08007		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Michael Menz	Telephone No. 856-546-8855	Telephone No. 856-755-0099	License No. 00842	
Start Date (10) 05 / 02 / 19	Scheduled Completion Date (11) 05 / 10 / 19	Name of OSHA Monitor EMSL Analytical, Inc.		

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM	Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077
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Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<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	
Kitchen, Bathroom, and Closet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	173 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Siding	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flue Packing	1 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"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 05/10/2019	City, State Morrisville, PA		
Completed By (Print or Type) Margie Muller	Title Administrative Manager	Signature 	Date 4-19-19		

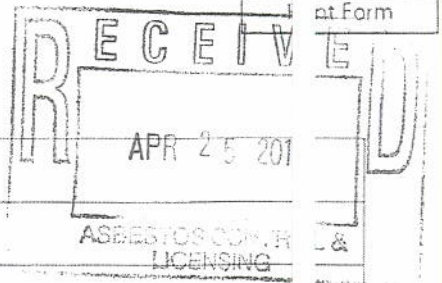
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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check 0090

Date of Notification (1) 04 / 24 / 19		Name of Building Owner / Operator (2) BRISTOL MYERS SQUIBB, INC.		RECEIVED APR 25 2011	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
Street Address ONE SQUIBB DRIVE		City, State, Zip Code NEW BRUNSWICK, NJ 08903		Telephone Number 732-227-6000	
Name of Contact PHIL DESPIRITO		ASBESTOS CONTR			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BRISTOL MYERS SQUIBB			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 ONE SQUIBB DRIVE			Building Age N/A		
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7)	Square Feet N/A	# Of Floors N/A	Current Use (Prior if being demolished) DEMOLISHED
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM NO 0104		
Street Address 655 WEST SHORE TRAIL			NORTHSTAR CONTRACTING GROUP, INC.		
City, State, Zip Code SPARTA, NJ 07871			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm WILLIAM KERBEL			City, State, Zip Code East Hanover, NJ 07936		
Telephone Number 973-729-5649			License Number 00860		
Sched. Start Date (10) 05 / 06 / 19		Sched. Completion Date (11) 06 / 30 / 19		Telephone Number 973-884-8682	
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: 7:00 AM-3:30 PM			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 type="checkbox"/> ≥3sf or ≥3lf <input checked="" 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing 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	
EXTERIOR UNDERGROUND	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE DUCT BANK	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BLDG 53/65	<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 NORTHSTAR CONTRACTING GROUP INC		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT - FAIRLESS HILL LANDFILL	
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 04/19

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



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Date of Notification (1) 4/18/19		Name of Building Owner/Operator (2) Macerich	
Agencies Notified	Type Notification	Street Address 401 Santa Monica Blvd. Suite 700	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Santa Monica CA 90401	
		Name of Contact Aladdin Ghafari	Telephone Number 424-229-3387

Name of Facility Where Abatement is Taking Place (3) Former Sears Store			Type of Facility (4)		
Street Address 1750 Deptford Center 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, hotels, etc.)		
City (5) Deptford Township			Square Feet 150000	# of Floors 2	Bldg. Age 30+
County (6)		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant		

Name of Monitoring Firm Hired by Building Owner (8) Tabbara Corporation		ASCM No.	Name of Abatement Contractor (9) Associated Speciality Contracting Inc	
Street Address 317 Morgan Hill Street		Street Address 98 LaCrue Ave		
City, State, Zip Code Simi Valley CA 93065		City, State, Zip Code Glen Mills Pa. 19342		
Project Manager for Monitoring Firm Mike Tabbarra		Telephone No. 805-484-3388	Telephone No. 610-364-9622	License No. 01103

Start Date (10) 5/7/19	Scheduled Completion Date (11) 6/28/19	Name of OSHA Monitor Synertech	
Occupancy Status During Abatement (Check Only One)		Street Address 2206 S Broad St	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Philadelphia Pa 19145	

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
Auto Center Roof	x			roofing	8400 sf	x		
Auto center sales area	x			vat	400sf	x		
Main Building	x			Duct Insulation	90sf	x		
Main Building 1st and 2nd	x			floor mastic	23500sf	x		

Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 200	Name of Registered Landfill Tulleytown Resources Recovery Landfill	
City, State 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637		Disposal Date as needed		City, State Tulleytown, PA	
Completed by Jack Tomasura		Title SR Estimator	Signature <i>Jack Tomasura</i>	Date 4/18/19	

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

R E C E I V

APR 25 2019

Date of Notification (1) 4/24/19		Name of Building Owner/Operator (2) Macerich							
Agencies Notified	Type Notification	Street Address 401 Santa Monica Blvd. Suite 700							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Santa Monica CA 90401							
		Name of Contact Aladdin Ghafari	Telephone Number 424-229-3387						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Sears Store		Type of Facility (4)							
Street Address 1750 Deptford Center 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, etc.)							
City (5) Deptford Township		Square Feet 150000	# of Floors 2						
County (6)		Bldg. Age 30+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Tabbara Corporation		ASCM No.	Name of Abatement Contractor (9) Associated Speciality Contracting Inc						
Street Address 317 Morgan Hill Street		Street Address 98 LaCrue Ave							
City, State, Zip Code Simi Valley CA 93065		City, State, Zip Code Glen Mills Pa. 19342							
Project Manager for Monitoring Firm Mike Tabbarra		Telephone No. 805-484-3388	Telephone No. 610-364-9622						
Start Date (10) 5/15/19		Scheduled Completion Date (11) 7/5/19	License No. 01103						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Synertech							
<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 2206 S Broad St							
		City, State, Zip Code Philadelphia Pa 19145							
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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Main Store Roof	x			roofing	71,000sf	x			
Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 400	Name of Registered Landfill Tulleytown Resources Recovery Landfill					
City, State 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637		Disposal Date as needed		City, State Tulleytown, PA					
Completed by Jack Tomasura		Title SR Estimator		Signature <i>Jack Tomasura</i>		Date 4/24/19			

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

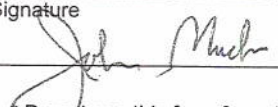
Date of Notification (1) 4 / 22 / 19		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 25 2019 ASBESTOS CONTROL & LICENSING </div>				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <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 - Pleasantville Garage Work Center		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 building homes, etc.)						
Street Address 2546 Fire Road		City (5) Egg Harbor Twp		Square Feet	# of Floors	Bldg. Area		
County (6) Atlantic		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				
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		Telephone No. 215-788-6040		License No. 00509		
Start Date (10) 5 / 2 / 19		Scheduled Completion Date (11) 5 / 3 / 19		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 / 5:00 PM - 1:30 AM				Street Address 1123 BEAVER STREET				
				City, State, Zip Code BRISTOL, PA 19007				
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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
Shop Office, Tool Shop and Storage		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	10 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 ATLANTIC COUNTY UTILITY AUTHORITY			
City, State BRISTOL, PA		Disposal Date		City, State EGG HARBOR TWP, NJ				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / gm		Date 4-22-19		

ASB-41
MAY 11 BSI9053

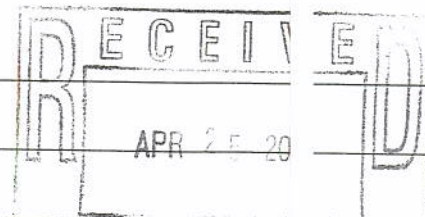
* Do not use this form for asbestos licensure exempted activities.

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

RECEIVED
APR 25 2019
ASBESTOS ABATEMENT LICENSING

Date of Notification (1) 4/17/19		Name of Building Owner/Operator (2) NJDPMC						
Agencies Notified	Type Notification	Street Address 33 West State St.						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Trenton, NJ						
		Name of Contact Regina Bruno	Telephone Number 609-433-8745					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) former residence, BLUE ACRES DEMOLITION		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 building etc.)						
Street Address 36 Reid St.		Square Feet 2,000	# of Floors 2 1/2					
City (5) South River, NJ		Bldg. 50+						
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned, BLUE ACRES						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.					
Street Address		Street Address 135 Kinnelon Rd.						
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405						
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228					
Start Date (10) 5/23/19	Scheduled Completion Date (11) 6/5/19	Name of OSHA Monitor Yannuzzi Group, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Rd. Suite 102						
		City, State, Zip Code Kinnelon, NJ 07405						
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Enclosure
	Yes	No	N/A			Removal	Repair	
Interior			x	PLASTER WALLS	3,000 sf	x		
Basement			x	Thermal Pipe insulation	100 lf	x		
Name of Registered Waste Hauler Yannuzzi Group, Inc		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 80	Name of Registered Landfill Grows Fairless				
City, State Kinnelon, NJ		Disposal Date 6/6/19	City, State Morrisville, PA					
Completed by John Mucha		Title AHERA Project Designer	Signature 			Date 4/17/19		

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



Date of Notification (1) 4/17/19		Name of Building Owner/Operator (2) NJDPMC				
Agencies Notified	Type Notification	Street Address 33 West State St.				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Trenton, NJ				
		Name of Contact Regina Bruno	Telephone Number 609-433-8745			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) former residence, BLUE ACRES DEMOLITION		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 building, homes, etc.)				
Street Address 14 Reid st		Square Feet 2,600	# of Floors 2 1/2			
City (5) South River, NJ		Bldg Age 50+				
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned, BLUE ACRES				
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. _____	Name of Abatement Contractor (9) Yannuzzi Group, Inc.			
Street Address		Street Address 135 Kinnelon Rd.				
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405				
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228			
Start Date (10) 5/23/19	Scheduled Completion Date (11) 6/5/19	Name of OSHA Monitor Yannuzzi Group, Inc.				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Rd. Suite 102				
		City, State, Zip Code Kinnelon, NJ 07405				
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 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	
	Yes	No			N/A	Removal
Roof			x	Roofing	1350 sf	x
						x
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 80	Name of Registered Landfill Grows Fairless		
City, State Kinnelon, NJ		Disposal Date 6/6/19	City, State Morrisville, PA			
Completed by John Mucha	Title AHERA Project Designer		Signature 	Date 4/17/19		

PAID

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

Check 0090

Date of Notification (1) 04 / 24 / 19		Name of Building Owner / Operator (2) BRISTOL MYERS SQUIBB, INC.		RECEIVED	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Street Address ONE SQUIBB DRIVE City, State, Zip Code NEW BRUNSWICK, NJ 08903 Name of Contact PHIL DESPIRITO Telephone Number 732-227-5000 ASBESTOS CONTR. R	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BRISTOL MYERS SQUIBB			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 ONE SQUIBB DRIVE			Building Age N/A		
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7)	Square Feet N/A	# Of Floors N/A	Current Use (Prior if being demolished) DEMOLISHED
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM NO 0104	NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 WEST SHORE TRAIL		Street Address 32 Williams Parkway			
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code East Hanover, NJ 07936			
Project Mng. For Monitoring Firm WILLIAM KERBEL		Telephone Number 973-729-5649	Telephone Number 973-884-8682		
Sched. Start Date (10) 05 / 06 / 19		Sched. Completion Date (11) 06 / 30 / 19	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: 7:00 AM-3:30 PM			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 type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" 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 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	
EXTERIOR UNDERGROUND	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TRANSITE DUCT BANK	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BLDG 53/65	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input checked="" 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. 30534	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT - FAIRLESS HILL LANDFILL	
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 04/19

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PAID

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

RECEIVED
APR 25 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4/18/19		Name of Building Owner/Operator (2) Macerich	
Agencies Notified	Type Notification	Street Address 401 Santa Monica Blvd. Suite 700	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Santa Monica CA 90401	
		Name of Contact Aladdin Ghafari	Telephone Number 424-229-3387

Name of Facility Where Abatement is Taking Place (3) Former Sears Store			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 1750 Deptford Center Road			
City (5) Deptford Township			Square Feet 150000
County (6)			# of Floors 2
County Code (7) (STATE USE ONLY) _____			Bldg. Age 30+
Current Use (Prior if being demolished) vacant			

Name of Monitoring Firm Hired by Building Owner (8) Tabbara Corporation		ASCM No	Name of Abatement Contractor (9) Associated Speciality Contracting Inc	
Street Address 317 Morgan Hill Street		Street Address 98 LaCrue Ave		
City, State, Zip Code Simi Valley CA 93065		City, State, Zip Code Glen Mills Pa. 19342		
Project Manager for Monitoring Firm Mike Tabbarra		Telephone No. 805-484-3388	Telephone No. 610-364-9622	License No. 01103

Start Date (10) 5/7/19	Scheduled Completion Date (11) 6/28/19	Name of OSHA Monitor Synertech
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 2206 S Broad St
		City, State, Zip Code Philadelphia Pa 19145

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"/> 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
Auto Center Roof	x			roofing	8400 sf	x		
Auto center sales area	x			vat	400sf	x		
Main Building	x			Duct Insulation	90sf	x		
Main Building 1st and 2nd	x			floor mastic	23500sf	x		

Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No	Cubic Yards of Waste 200	Name of Registered Landfill Tulleytown Resources Recovery La	
City, State 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637		Disposal Date as needed		City, State Tulleytown, PA	
Completed by Jack Tomasura		Title SR Estimator	Signature <i>Jack Tomasura</i>	Date 4/18/19	

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

RECEIVED

APR 25 2019

CK44198

Date of Notification (1) 4/24/19		Name of Building Owner/Operator (2) Macerich	
Agencies Notified	Type Notification	Street Address 401 Santa Monica Blvd. Suite 700	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Santa Monica CA 90401	
		Name of Contact Aladdin Ghafari	Telephone Number 424-229-3387

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Sears Store		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 1750 Deptford Center Road		Square Feet 150000	# of Floors 2
City (5) Deptford Township		Bldg. Age 30+	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant	
Name of Monitoring Firm Hired by Building Owner (8) Tabbara Corporation		ASCM No.	Name of Abatement Contractor (9) Associated Speciality Contracting Inc
Street Address 317 Morgan Hill Street		Street Address 98 LaCrue Ave	
City, State, Zip Code Simi Valley CA 93065		City, State, Zip Code Glen Mills Pa. 19342	
Project Manager for Monitoring Firm Mike Tabbarra		Telephone No. 805-484-3388	License No. 01103
Start Date (10) 5/15/19	Scheduled Completion Date (11) 7/5/19	Name of OSHA Monitor Synertech	
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 2206 S Broad St	
		City, State, Zip Code Philadelphia Pa 19145	

Scope of Work (Check All That Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Main Store Roof	x			roofing	71,000sf	x			
				f					

Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 400	Name of Registered Landfill Tulleytown Resources Recovery Landfill	
City, State 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637		Disposal Date as needed		City, State Tulleytown, PA	
Completed by Jack Tomasura	Title SR Estimator	Signature <i>Jack Tomasura</i>		Date 4/24/19	

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

OK 35100 PAID

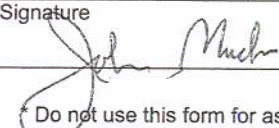
CH# 3510

Date of Notification (1) 4 / 22 / 19		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 25 2019 ASBESTOS CON. REG. LICENSING </div>				
Agencies Notified <input 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 - Pleasantville Garage Work Center				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 building homes, etc.)				
Street Address 2546 Fire Road				Square Feet # of Floors Bldg. A				
City (5) Egg Harbor Twp				Current Use (Prior if being demolished) Office				
County (6) Atlantic		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				
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		Telephone No. 215-788-6040 License No. 00509				
Start Date (10) 5 / 2 / 19		Scheduled Completion Date (11) 5 / 3 / 19		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 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 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	
Shop Office, Tool Shop and Storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Enclosure
	<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 ATLANTIC COUNTY UTILITY AUTHORITY			
City, State BRISTOL, PA		Disposal Date		City, State EGG HARBOR TWP, NJ				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / gm		Date 4-22-19		

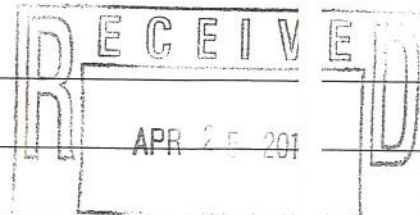
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 4/17/19		Name of Building Owner/Operator (2) NJDPMC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State St. City, State, Zip Code Trenton, NJ Name of Contact Regina Bruno Telephone Number 609-433-8745
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) former residence, BLUE ACRES DEMOLITION Street Address 36 Reid St. City (5) South River, NJ County (6) Middlesex		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.) Square Feet 2,000 # of Floors 2 1/2 Bldg. 50+	
County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Abandoned, BLUE ACRES			
Name of Monitoring Firm Hired by Building Owner (8) n/a Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Yannuzzi Group, Inc. Street Address 135 Kinnelon Rd. City, State, Zip Code Kinnelon, NJ 07405	
Project Manager for Monitoring Firm Telephone No.		Telephone No. 908-218-0880 License No. 01228	
Start Date (10) 5/23/19 Scheduled Completion Date (11) 6/5/19		Name of OSHA Monitor Yannuzzi Group, Inc. Street Address 135 Kinnelon Rd. Suite 102 City, State, Zip Code Kinnelon, NJ 07405	
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: _____			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) Interior Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A x x		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PLASTER WALLS Thermal Pipe insulation Amount (Specify SF or LF) 3,000 sf 100 lf
			Abatement Removal Repair x x
Name of Registered Waste Hauler Yannuzzi Group, Inc. City, State Kinnelon, NJ		NJDEP Waste Hauler ID No. 17467 Disposal Date 6/6/19	Name of Registered Landfill Grows Fairless City, State Morrisville, PA
Completed by John Mucha Title AHERA Project Designer		Signature  Date 4/17/19	

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



Date of Notification (1) 4/17/19		Name of Building Owner/Operator (2) NJDPMC					
Agencies Notified	Type Notification	Street Address 33 West State St.					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Trenton, NJ					
		Name of Contact Regina Bruno	Telephone Number 609-433-8745				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) former residence, BLUE ACRES DEMOLITION		Type of Facility (4)					
Street Address 14 Reid 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 building etc.)					
City (5) South River, NJ		Square Feet 2,600	# of Floors 2 1/2				
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. 50+				
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. _____	Name of Abatement Contractor (9) Yannuzzi Group, Inc.				
Street Address		Street Address 135 Kinnelon Rd.					
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405					
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. _____				
Start Date (10) 5/23/19		Scheduled Completion Date (11) 6/5/19	License No. 01228				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Group, Inc.					
<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 135 Kinnelon Rd. Suite 102					
		City, State, Zip Code Kinnelon, NJ 07405					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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) 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	
	Yes	No	N/A			Removal	Repair
Roof			x	Roofing	1350 sf	x	
						x	
Name of Registered Waste Hauler Yannuzzi Group, Inc		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 80	Name of Registered Landfill Grows Fairless			
City, State Kinnelon, NJ		Disposal Date 6/6/19		City, State Morrisville, PA			
Completed by John Mucha		Title AHERA Project Designer		Signature 		Date 4/17/19	