

Inv # 13021
CK 20405 PAID

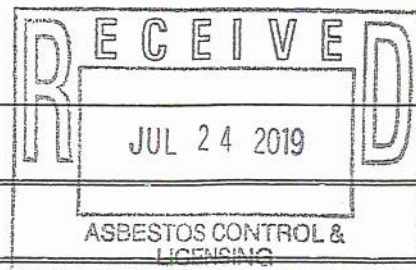
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK #26320/6022/26405

Date of Notification (1) 07-16-19		Name of Building Owner/Operator (2) Verizon Communication							
Agencies Notified	Type Notification	Street Address 700 Hidden Ridge Road							
<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 checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Irving, TX 75038							
		Name of Contact Renzo Contreras							
RECEIVED JUL 24 2019 ASBESTOS CONTROL & LICENSING (973) 951-6542									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 502 Main Street		<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) Fort Lee		Square Feet 45,000SF	# of Floors 3						
County (6) Bergen		Bldg. Age 45 yrs.							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1253 North Church Street		Street Address 200 Broad Street							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Kris Smith		Telephone No. (609) 313-8218	License No. 00756						
Start Date (10) 07-08-19(1)07-15-19	Scheduled Completion Date (11) 12-31-19		Name of OSHA Monitor Even-Air Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement: Boiler Room			x	Pipe Insulation	160LF	x			
Basement: Boiler Room			x	Duct Insulation	1,000SF	x			
Basement: Fire Pump Room			x	Pipe Insulation	40LF	x			
Hallway (Outside Boiler Room)			x	VAT/Mastic	420SF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill				
City, State Newark, NJ 07105				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Joseph Patrick		Title Project Manager		Signature		Date 07-16-19			

D&S Proj. #: 19-152

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



Date of Notification (1)
10/17/17 11/19/17

Name of Building Owner/Operator (2)

Carol Hemington

Street Address

City, State, Zip Code

Edison, NJ 08837

Name of Contact

Carol Hemington

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amended

Amendment #:

☐ Emergency
(including justification)☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

Edison, NJ 08837

County (6)

Middlesex

County Code (7)

(State use only)

Type of Facility (4)

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

Square Feet

1,200

of Floors

02

Bldg. Age

60

Current Use (Prior if being demolished)

Residential

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

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

08/08/19

Sched. Completion Date (11)

08/15/2019

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☒ Mini-enclosure☐ Glovebag procedure☐ Non-Exempted (*) and Non-friable procedureLocation 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)Amount
(Specify SF or
LF)R
e
m
o
v
eR
e
p
a
i
rE
n
c
a
pE
n
c
l

Basement

Pipe Insulation

79 LF

Registered Waste Hauler
D & S RESTORATION, INC.NJDEP Hauler ID#
13506Cubic Yards of Waste
2 ydsName of Registered Landfill
TULLYTOWN, RESOURCE RECOVERYCity, State
PATERSON, NJ 07503

Disposal Date

City, State
TULLYTOWN, PACompleted by (Print or Type)
BOGDAN JOLDZICTitle
PRESIDENT

Signature

Date
07/17/19

Inv# 1309
CK3264

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



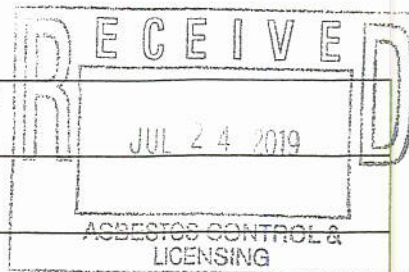
Date of Notification (1) July 18, 2019		Name of Building Owner/Operator (2) Diocese of Paterson NJ	
Agencies Notified X EPA DCA X DOL X DEP X DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 775 Valley Road		City, State, Zip Code Clifton, NJ 07013	
Name of Contact Dennis Rodano		Telephone Number 973.777.8818	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Diocese of Paterson NJ -John Paul II 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 & commercial buildings, homes, etc.)	
Street Address 775 Valley Road		Sq. Feet: # of Floors: 2 Bldg. Age: 50 years	
City (5) Clifton	County (6) Passaic	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	
Street Address 20-21 Wagaraw Road, Bldg # 35E		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		Telephone Number 973-636-9145	License Number 00840
Scheduled Start Date (10) July 31, 2019		Scheduled Completion Date (11) August 1, 2019	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Name of OSHA Monitor EMSL inc.	
		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition	
		Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure x Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Wrap & Cut	
Location of Asbestos-Containing Material (ACM) in Facility (13) Boiler Room	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI-Fittings	Amount (Specify SF or LF) 9 lf
		Abatement Type Remove Repair Encap Enclose	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 1	Name of Registered Landfill Fairless Landfill Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date August 1, 2019	City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit No. 18072
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		GCL-1963 Pen Argyle Rd Pen Argyle, PA 18072, Permit No. 100265	
Completed by (Print or Type) Marin Graure	Title Sr. Project Manager	Signature Marin Graure	Date July 18, 2019

GAC # 2019-684

Inv# 13025
OK 10288

PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

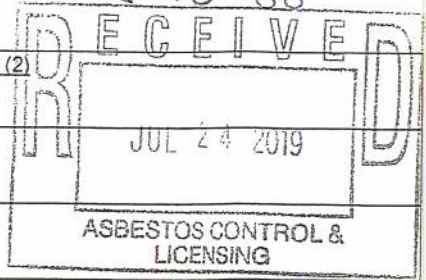


Date of Notification (1) July 15, 2019			Name of Building Owner/Operator (2) PSEG Fossil, LLC		
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA		Notification Type (X) Initial Notification () Amended Certification () Cancelled		Street Address 80 Park Plaza	
				City, State, Zip Code Newark, NJ 07102-4109	
		Name of Contact Domenic Fiorinoi		Tel. Number (732) 620-5205	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) LINDEN GENERATING Station			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 4001 S. WOOD AVE			Sq. Feet 8000,000 # of Floors 8		
City (5) LINDEN	County (6) UNION	County Code (7) (State Use Only)	Bldg. Age 80 Current Use (prior if being demolished) Electric Generating Station		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Contractor (9) Absolut Ace Inc.	
Street Address			Street Address PO BOX 295		
City, State, Zip Code			City, State, Zip Code FLORHAM PARK, NJ 07932		
Project Manager for Monitoring Firm		Telephone Number		License Number	
				00225	
Scheduled Start Date (10) Aug 1, 2019		Scheduled Completion Date (11) July 31, 2020		Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage			Street Address 5 Linwood Ct City, State, Zip Code Hamilton, NJ 08690		
Source of Work (Check all that apply) () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
BASEMENT TO PENTHOUSE, WAREHOUSE & GARAGES	X	Boiler and pipe insulation, TRANSITE & MASTIC	25,000 square feet	X	X X X X
Name of Reg. Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID # 17273		Cubic Yards of Waste 200	
				Name of Reg. Landfill Tullytown Resource Recovery	
City, State Elizabeth, NJ 07114-2436			Disp. Date		City, State Tullytown, PA 19007
Completed by (Print or Type) ROBERT GROGAN		Title VP		Signature Date 7/15/19	

Inv# 13022 PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

CK 10288

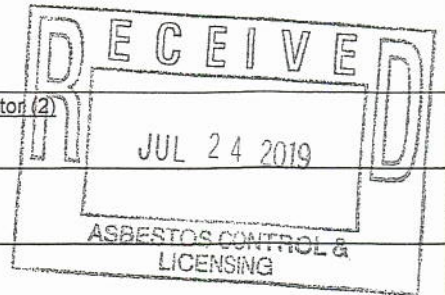


Date of Notification (1) July 15, 2019		Name of Building Owner/Operator (2) PSEG Fossil, LLC	
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 80 Park Plaza	City, State, Zip Code Newark, NJ 07102-4109
		Name of Contact ELVIN VENTURA	Tel. Number (973)418-1220
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Sewaren Generating Station		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 751 Cliff Road		Sq. Feet 1,000,000 # of Floors 8	
City (5) Sewaren	County (6) Middlesex	County Code (7) (State Use Only)	Bldg. Age 70 Current Use (prior if being demolished) Electric Generating Station
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Absolut Ace Inc.
Street Address		Street Address PO BOX 295	
City, State, Zip Code		City State, Zip Code Florham Park, NJ 07932	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973) 410-9217	License Number 00225
Scheduled Start Date (10) Aug 1, 2019	Scheduled Completion Date (11) Aug 1, 2020	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 5 Linwood Ct	
Describe AREAS WE ARE WORKING WILL BE VACATED Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage		City, State, Zip Code Hamilton, NJ 08690	
Source of Work (Check all that apply) () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
FUEL OIL AREA	X	Pipe insulation	1,500 LF
Air Heaters	X	Thermal Systems	2,000 SQUARE FEET
BASEMENT & SERVICE BLDG	X	Pipe Insulation	4,000 Linear Feet
Name of Reg. Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 200
City, State Elizabeth, NJ 07114-2436		Disp. Date 8-18 thru 12-18	Name of Reg. Landfill Tullytown Resource Recovery
City, State Tullytown, PA 19007			
Completed by (Print or Type) ROBERT GROGAN	Title VP	Signature 	Date 7-15-19

Inv # 13023
CK 10288

PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

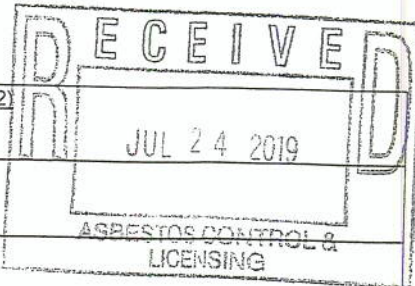


<u>Date of Notification (1)</u> July 15, 2019		<u>Name of Building Owner/Operator (2)</u> NESTLES USA	
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 61 JERSEYVILLE AVE	
		<u>City, State, Zip Code</u> FREEHOLD, NJ	
		<u>Name of Contact</u> WILSON ROBLES	<u>Tel. Number</u> (732) 682-0405
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Same as above		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u>		<u>Sq. Feet</u> 1,000,000 <u># of Floors</u> 10	
<u>City (5)</u> FREEHOLD	<u>County (6)</u> MONMOUTH	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 72 <u>Current Use (prior if being demolished)</u> FACTORY
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> NA		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Absolut Ace Inc.
<u>Street Address</u>		<u>Street Address</u> PO BOX 295	
<u>City, State, Zip Code</u>		<u>City, State, Zip Code</u> FLORHAM PARK, NJ 07932	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> (973) 410-9217	<u>License Number</u> 00225
<u>Scheduled Start Date (10)</u> Aug 1, 2019	<u>Scheduled Completion Date (11)</u> Aug 1, 2020	<u>Name of OSHA Monitor</u> MECS	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe- PLANT IS OPEN		<u>Street Address</u> 5 Linwood Ct <u>City, State, Zip Code</u> Hamilton, NJ 08690	
<u>Source of Work (Check all that apply)</u> (x) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
BASEMENT- Floors 1-ROOF	X	Boiler, pipe insulation, Roofing, Tile	25,000 square feet
<u>Name of Reg. Waste Hauler BY OWNER</u>	<u>NJDEP Waste Hauler ID #</u>	<u>Cubic Yards of Waste</u> 200	<u>Name of Reg. Landfill</u>
<u>City, State</u>		<u>Disp. Date</u>	<u>City, State</u>
<u>Completed by (Print or Type)</u> ROBERT GROGAN	<u>Title</u> VP	<u>Signature</u> 	<u>Date</u> 7/15/2019

Inv# 13027

CK 10288

PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)Date of Notification (1)
July 15, 2019Name of Building Owner/Operator (2)
PSEG Fossil, LLC

Agencies Notified

- (X) EPA
(X) DEP
(X) DOL
(X) DOH
(X) DCA

Notification Type

- (X) Initial Notification
() Amended Certification
() Cancelled

Street Address
80 Park PlazaCity, State, Zip Code
Newark, NJ 07102-4109Name of Contact
Domenic FiorinoTel. Number
(732) 620-5205

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
KEARNY GENERATING Station

Type of Facility (4)

- () School (K-12)
() Subchapter 8 (other than K-12)
(X) Other (i.e. private & commercial bldgs., homes, etc.)

Street Address
FOOT OF HACKENSACK AVE

Sq. Feet 1,000,000 # of Floors 8

City (5)

KEARNY

County (6)

HUDSON

County Code (7)

(State Use Only)

Bldg. Age 78

Current Use (prior if being demolished) Electric Generating Station

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

ASCM No.

Name of Contractor (9)
Absolut Ace Inc.

Street Address

Street Address
PO BOX 295

City, State, Zip Code

City State, ZipCode
FLORHAM PARK, NJ 07932

Project Manager for Monitoring Firm

Telephone Number

Telephone Number
(973) 410-9217License Number
00225Scheduled Start Date (10)
Aug 1, 2019Scheduled Completion Date (11)
July 31, 2020Name of OSHA Monitor
MECS

Occupancy Status During Abatement (Check only one)

- () Facility Closed/Vacated During Entire Period of Abatement
() Abatement Performed Outside of Normal Facility Hours -

Street Address
5 Linwood Ct

Describe

City, State, Zip Code
Hamilton, NJ 08690

Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage

Source of Work (Check all that apply)

- (X) Demolition (X) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)

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

YES NO NA

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)

Amount (Specify SF or LF)

Abatement Type

BASEMENT TO PENTHOUSE, Warehouse & Garages

X

Boiler and pipe insulation, Transite & Mastic

25,000 square feet

Rem. Rep. Encap. Enclose

X X X X

Name of Reg. Waste Hauler
Waste Management of New JerseyNJDEP Waste Hauler ID #
17273Cubic Yards of Waste
200Name of Reg. Landfill
Tullytown Resource RecoveryCity, State
Elizabeth, NJ 07114-2436

Disp. Date

City, State
Tullytown, PA 19007

Completed by (Print or Type)

Title

Signature

Date

ROBERT GROGAN

VP

7/15/2019

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

chk # 3610

INV # 1308 PAID

Date of Notification (1) 7 / 22 / 19		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 24 2019 ASBESTOS CONTROL & LICENSING 609-258-1841 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Tunnel from 20 Washington Rd to Green Hall				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address Washington Rd				Square Feet	# of Floors				
City (5) Princeton				Bldg. Age 70					
County (6) MERCER		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Office/Classrooms					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 8 / 5 / 19		Scheduled Completion Date (11) 8 / 25 / 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: 7:00AM-3:30PM / ____ PM- ____ AM				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 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
Tunnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	460 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tunnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tunnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contaminated Fiberglass	550 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"/>
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				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro / gm</i>		Date 7-22-19			

INV # 13029
B & G proj. #: 2019-155
PAID

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

Check # 9450

Date of Notification (1) 07/12/2019		Name of Building Owner/Operator (2) Michael Myers		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 24 2019 ASBESTOS CONTROL & RESTORATION </div>
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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960		
		Name of Contact Michael Myers		
		Telephone Number [REDACTED]		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Michael Myers			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 # of Floors Bldg. Age		
City (5) Morristown, NJ 07960	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/05/2019		Sched. Completion Date (11) 08/09/2019	Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

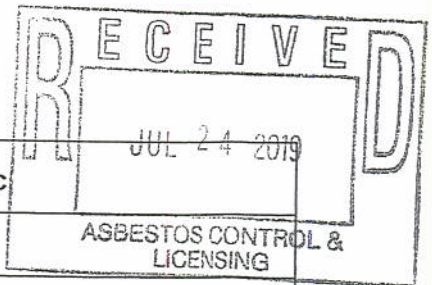
- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> wrap & cut | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/>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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Attic			<input checked="" type="checkbox"/>	vermiculite	750 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 9	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 08/09/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 07/22/2019

Inv # 13030
OK 1729

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



Date of Notification (1) 07 / 22 / 19		Name of Building Owner/Operator (2) 357 Wilson OZ Developer Urban Renewal, 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 650 East Swedesford Road, Suite 400 City, State, Zip Code Wayne, PA 19087 Name of Contact Jonathan Payne Telephone Number 610-648-1700							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 357 Wilson Avenue		Square Feet							
City (5) Newark		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.							
Street Address 87 Main Street, Suite A		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Lincoln Park, NJ 07035		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Mark Jovic		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-650-0932		Telephone No. 973-928-4888							
Start Date (10) 07 / 22 / 19		License No. 1188							
Scheduled Completion Date (11) 01 / 31 / 20		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
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 27 Outwater Lane							
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		City, State, Zip Code Garfield, NJ 07026							
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
Unit #6,7,8 (attached)- Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Built-Up Roofing	25,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit #11- North & South ext. Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit #11- Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	1,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit #5- Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Built-Up Roofing	4,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste, LLC/Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283		Cubic Yards of Waste As Needed		Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill			
City, State Elizabeth, NJ / Newark, NJ / Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 7/22/19			

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

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 7/22/19
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