

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

1341
PAID
RECEIVED
FEB 23 2019

Date of Notification (1) 2/15/2019		Name of Building Owner/Operator (2) Douglas Fernandez							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Teaneck NJ 07666							
Name of Contact Douglas Fernandez		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Douglas Fernandez		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						
City (5) Teaneck		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC						
Street Address		Street Address 105 Van Riper Avenue							
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm		Telephone No. 201-899-9008	License No. 01336						
Start Date (10) 03/02/2019	Scheduled Completion Date (11) 03/12/2019	Name of OSHA Monitor							
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 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
Attic		X		Vermiculite Insulation	350 SF	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 1 YD	Name of Registered Landfill Waste Management - Fairless Landfill					
City, State		Disposal Date		City, State Morrisville, PA 19067					
Completed by Darko Raloski		Title Project Manager		Signature [Signature]				Date 2/15/2019	

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

RECEIVED
 MAP 6 2018
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Date of Notification (1) 12/20/18		Name of Building Owner/Operator (2) Colfax Holdings Urban Renewal									
Agencies Notified	Type Notification	Street Address 20 Washington Street, Suite 403									
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cresskill, NJ 07626									
		Name of Contact Pat Barton	Telephone Number 973-271-4716								
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Unknown		Type of Facility (4)									
Street Address 30-32 Colfax Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Pompton Lakes		Square Feet 5,000	# of Floors 2								
County (6) Passaic		Bldg. Age 50+									
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant									
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Solutions, LLC								
Street Address		Street Address 28 Edsall Drive									
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461									
Project Manager for Monitoring Firm		Telephone No. 973-997-1650	License No. 01309								
Start Date (10) 12/21/18	Scheduled Completion Date (11) 12/30/18	Name of OSHA Monitor EMSL									
Occupancy Status During Abatement (Check Only One)		Street Address 1056 Stelton Road									
<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 Piscataway, NJ 08854									
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 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							
				Removal	Repair	Encapsulate	Endorse				
				Boiler	Yes	No	N/A				
				Roof		x					
				Throughout basement		x					
				Throughout		x					
Basement		x									
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 60	Name of Registered Landfill G.R.O.W.S.							
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA							
Completed by Stan Stankovic		Title G. Manager	Signature Stan Stankovic		Date 12/20/18						

Print Form

MO 17896529768

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

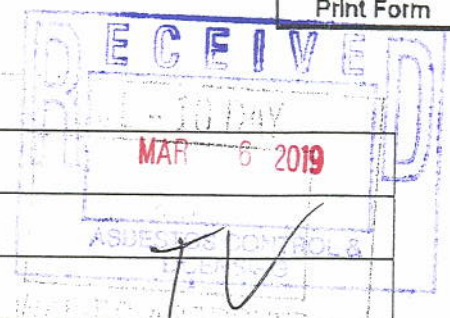
DOL - 10 DAY

Date of Notification (1) 12/17/18		Name of Building Owner/Operator (2) Meridia Village Commons I, South Orange, LLC						
Agencies Notified	Type Notification	Street Address 201 South Wood Avenue						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Linden, NJ 07036						
		Name of Contact Nishu Patel	Telephone Number 732.910.2089					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Unknown		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 213 Valley Street		Square Feet 15,000	# of Floors 2					
City (5) South Orange		Bldg. Age 50+						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Solutions, LLC					
Street Address		Street Address 28 Edsall Drive						
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461						
Project Manager for Monitoring Firm		Telephone No. 973-997-1650	License No. 01309					
Start Date (10) 12/18/18	Scheduled Completion Date (11) 12/31/18	Name of OSHA Monitor EMSL						
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 1056 Stelton Road						
		City, State, Zip Code Piscataway, NJ 08854						
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 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
1st Floor			glue dots	375 S.F.				
1st Floor storages & offices		X	floor tiles	5,400 S.F.	x			
2nd Floor storages & offices		x	floor tiles	1,400 S.F.	x			
1st Floor		x	window calking	2,344 S.F.	x			
Main Roof		x	flashing	1,040 S.F.	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA				
Completed by Stan Stankovic		Title G. Manager	Signature Stan Stankovic		Date 12/17/18			

mo 17896529768

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form



Date of Notification (1) 12/20/18		Name of Building Owner/Operator (2) Colfax Holdings Urban Renewal							
Agencies Notified	Type Notification	Street Address 20 Washington Street, Suite 403							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cresskill, NJ 07626							
		Name of Contact Pat Barton	Telephone Number 973-271-4716						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Salvation Army		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 43 Lakeside Avenue		Square Feet 10,000	# of Floors 1						
City (5) Pompton Lakes		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Solutions, LLC						
Street Address		Street Address 28 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. 973-997-1650	License No. 01309						
Start Date (10) 12/21/18	Scheduled Completion Date (11) 12/30/19	Name of OSHA Monitor EMSL							
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 Other - Describe:		Street Address 1056 Stelton Road							
		City, State, Zip Code Piscataway, NJ 08854							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥150 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) boiler room Above boiler fire retardant Roof Throughout Throughout Basement	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) flu pack insulation transite board over boiler roof flashing joint compound & ass. sheetrock floor tiles boiler insulation	Amount (Specify SF or LF) 2 S.F. 30 S.F. 2,000 S.F. 1,550 S.F. 7,700 S.F. 45 S.F.	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
		x				x			
		x				x			
		x				x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 60	Name of Registered Landfill G.R.O.W.S.					
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA					
Completed by Stan Stankovic		Title G. Manager		Signature Stan Stankovic			Date 12/20/18		

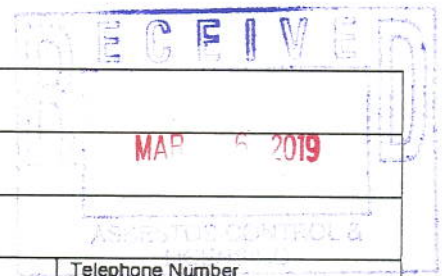
Date of Notification (1) 12/03/18		Name of Building Owner/Operator (2) Meridia Village Commons I, South Orange, LLC		DOL - 10 DAY					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		201 South Wood Avenue					
				City, State, Zip Code Linden, NJ 07036					
				Name of Contact Nishu Patel					
				Telephone Number 732-910-2089					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Unknown				Type of Facility (4)					
Street Address 14 4th Street <i>had wrong address 10 4th street</i>				<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) South Orange				Square Feet 2,000	# of Floors 2				
County (6) Essex				County Code (7) (STATE USE ONLY)	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.					
Street Address				Name of Abatement Contractor (9) Stanmark Solutions, LLC					
City, State, Zip Code				Street Address 28 Edsall Drive					
Project Manager for Monitoring Firm				City, State, Zip Code Sussex, NJ 07461					
Telephone No.				Telephone No. 973-997-1650	License No. 01309				
Start Date (10) 12/04/18		Scheduled Completion Date (11) 12/09/18		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 1056 Stelton Road					
<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 Piscataway, NJ 08854					
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor closet		X		flu packing	24 S.F.	X			
Throughout		X		wall/ceiling plaster	9,400 S.F.	X			
Kitchen roof		X		flashing	44 S.F.	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ				Disposal Date on completion	City, State Morrisville, PA				
Completed by Stan Stankovic		Title G. Manager		Signature <i>Stan Stankovic</i>		Date 12/03/18			

no 17896529768 PAID State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 Pursuant to NJAC 17:27 and 12:120)

Date of Notification (1) 12/03/18		Name of Building Owner/Operator (2) Meridia Village Commons I, South Orange, LLC		DOL - 10 DAY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 201 South Wood Avenue City, State, Zip Code Linden, NJ 07036 Name of Contact Nishu Patel Telephone Number 732.910.2089							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Unknown			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 14 4th Street			Square Feet 2,000		# of Floors 2						
City (5) South Orange			Bldg. Age 50+								
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Stanmark Solutions, LLC							
Street Address		Street Address 28 Edsall Drive									
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461									
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-997-1650							
Start Date (10) 12/04/18		Scheduled Completion Date (11) 12/09/18		License No. 01309							
Name of OSHA Monitor EMSL			Name of OSHA Monitor								
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 1056 Stelton Road								
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			City, State, Zip Code Piscataway, NJ 08854								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
1st Floor closet		X		flu packing		24 S.F.		X			
Throughout		X		wall/ceiling plaster		9,400 S.F.		X			
Kitchen roof		X		flashing		44 S.F.		X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713		Cubic Yards of Waste 40		Name of Registered Landfill G.R.O.W.S.					
City, State Wayne, NJ				Disposal Date on completion		City, State Morrisville, PA					
Completed by Stan Stankovic				Title G. Manager		Signature Stan Stankovic				Date 12/03/18	

MO 17896529768

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



Date of Notification (1) 11/21/18		Name of Building Owner/Operator (2) Bamdass Group							
Agencies Notified	Type Notification	Street Address 57 Brant Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clark, NJ 07066							
		Name of Contact Dan Bamdass	Telephone Number 973-699-6087						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Church Pre-School		Type of Facility (4)							
Street Address 94 Fairmont Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Chatham		Square Feet 800	# of Floors 2						
County (6) Morris		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church Pre-School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Solutions, LLC						
Street Address		Street Address 28 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. 973-997-1650	License No. 01309						
Start Date (10) 11/26/18	Scheduled Completion Date (11) 12/02/18	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 1056 Stelton Road							
<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 Piscataway, NJ 08854							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout 1&2 Floors		x		floor tiles & mastic	6,424 S.F.	x			
crawlspace		x		pipe & fitting insulation	100 L.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S.					
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA					
Completed by Stan Stankovic		Title G. Manager		Signature <i>Stan Stankovic</i>		Date 11/21/18			

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

OK 5543

PAID



Date of Notification (1) 3-5-19		Name of Building Owner/Operator (2) FEDERAL REALTY INVESTMENT TRUST							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1626 E. JEFFERSON ST.						
			City, State, Zip Code ROCKVILLE, MD 20852						
		Name of Contact RIC WOODIE	Telephone Number 301-998-8286						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MERCER MALL		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 US HIGHWAY 1 & MERCER MALL US		Square Feet 20,000	# of Floors 1						
City (5) LAWRENCEVILLE		Bldg. Age +/-50							
County (6) MERCER	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) STORE							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES		ASCM No. _____	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES						
Street Address 700 TURNER INDUSTRIAL WAY		Street Address 2251 FRALEY STREET							
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610-787-0402	Telephone No. 215-533-5155						
Start Date (10) 3-18-19		Scheduled Completion Date (11) 3-31-18	License No. 01166						
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: _____		Name of OSHA Monitor VERTEX COMPANIES							
		Street Address 700 TURNER INDUSTRIAL WAY							
		City, State, Zip Code ASTON, PA 19014							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
PAGE 16(NEXT TO HEAVENLY HA			X	VAT	1,200	X			
RETAIL AND REAR STORGE AREA									
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste _____	Name of Registered Landfill MINERVA					
City, State YARDLEY, PA			Disposal Date _____	City, State LIBSON, OH					
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS	Signature 	Date 3-5-19					

CK 2042
3098

PAID

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

RECEIVED
MAY 16 2018
ASBESTOS CONTROL & LICENSING
MAY 15 2018
DL &

Date of Notification (1) 5/18/18		Name of Building Owner/Operator (2) John O'Hara Company, Inc.							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 25 Kearny St		City, State, Zip Code East Orange, NJ 07017							
Name of Contact Eric Plackis		Telephone Number DL &							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ Executive State House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 125 W. State Street		Square Feet 200000							
City (5) Trenton		# of Floors 4							
County (6) Mercer		Bldg. Age 150							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) State Building							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address		Street Address PO Box 915							
City, State, Zip Code		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm		Telephone No. 732-899-7499							
Telephone No.		License No. 01196							
Start Date (10) 5/29/18		Scheduled Completion Date (11) 11/1/18							
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:		Name of OSHA Monitor							
Street Address		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enforce 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
Floors 1-4, plus basement				asbestos pipe insulation	1075LF	x			
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste 7		Name of Registered Landfill Grows North Landfill			
City, State Brick, NJ		Disposal Date 11/1/18		City, State Morrisville, PA					
Completed by Eric Plackis		Title President		Signature 		Date 5/18/18			