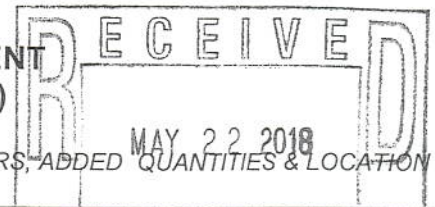


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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)



ETS JOB # 4959/17 CHECK # 28842 AMENDMENT #8 -CHANGED WORK HOURS, ADDED QUANTITIES & LOCATION

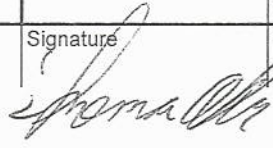
Date of Notification (1) 5/16/18		Name of Building Owner / Operator (2) NJIT		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address 323 DR. MARTIN LUTHER KING BLVD.	
				City, State & Zip Code NEWARK, NJ 07102	
				Name of Contact MR. TODD K. MILLER	
				Telephone Number 973-595-5509	

FACILITY INFORMATION

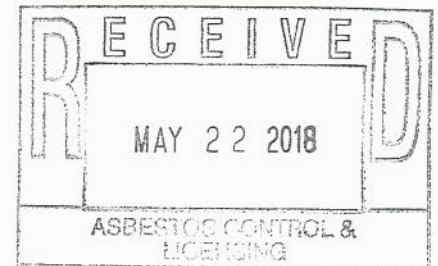
Name of Facility Where Abatement is Taking Place (3) NJIT - FACULTY MEMORIAL HALL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 111 SUMMIT STREET AKA 120-142 BLEEKER STREET			Square Feet 92,516		
City (5) NEWARK			County (6) ESSEX		County Code (7) 51
			Current Use (Prior if being demolished) UNIVERSITY		
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL			ASCM No. 00120		Name of Abatement Contractor (9) ETS CONTRACTING, INC.
Street Address 280 HUYLER STREET			Street Address 160 CLAY STREET		
City, State & Zip Code SOUTH HACKENSACK, NJ 07606			City, State & Zip Code BROOKLYN, NY 11222		
Project Manager for Monitoring Firm ALEX PALLETS		Telephone Number 201-310-9665		Telephone Number 718-706-6300	
				License Number 00511	
Scheduled Start Date (10) 10/11/2017		Scheduled Completion Date (11) 10/01/2018		Name of OSHA Monitor TESTOR TECH.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 3:30 PM - 2:00 AM <input type="checkbox"/> Other - Describe:				Street Address 10 59 JACKSON AVENUE	
				City, State & Zip Code LONG ISLAND CITY, NY 11101	

Scope of Work (Check all that apply)					
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment			
<input checked="" type="checkbox"/> Large Project		<input type="checkbox"/> Mini-Enclosure			
<input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure			
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input checked="" type="checkbox"/> Other: TENT & EXTERIOR NON-FRIABLE PROCEDURES, WRAP & CUT			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
BASEMENT - BOILER ROOM	YES	PIPE INSULATION	150 LF	TENT/GLOVEBAG OR GLOVEBAG
ROOF LEVEL	YES	ROOFING & FLASHING	2400 SF	EXTERIOR NON-FRIABLE PROCEDURES
BASEMENT - BOILER ROOM	YES	PIPE INSULATION (WRAP & CUT)	50 LF	TENT
BASEMENT - HALLWAY & ROOMS	NO	PIPE INSULATION	45 LF	TENT
FACADES - NORTH & SOUTH	NO	TRANSITE	2,000 SF	EXTERIOR NON-FRIABLE PROCEDURES
1 ST FLOOR	NO	PIPE INSULATION (WRAP & CUT) WINDOW GLAZING	213 LF 76 SF	TENT EXTERIOR NON-FRIABLE PROCEDURES

			PIPE INSULATION	100 LF	WRAP & CUT
2 ND FLOOR		NO	PIPE INSULATION (WRAP & CUT) WINDOW GLAZING	213 LF 96 SF	TENT EXTERIOR NON-FRIABLE PROCEDURES
			FLOOR TILES & MASTIC	100 SF	NON-FRIABLE PROCEDURES
3 RD FLOOR		NO	PIPE INSULATION (WRAP & CUT) WINDOW GLAZING	213 LF 96 SF	TENT EXTERIOR NON-FRIABLE PROCEDURES
			FLOOR TILES & MASTIC	100 SF	NON-FRIABLE PROCEDURES
4 TH FLOOR		NO	PIPE INSULATION (WRAP & CUT) WINDOW GLAZING	213 LF 96 SF	TENT EXTERIOR NON-FRIABLE PROCEDURES
			FLOOR TILES & MASTIC	100 SF	NON-FRIABLE PROCEDURES
PENTHOUSE		NO	PIPE INSULATION	213 LF	TENT/GLOVEBAG OR GLOVEBAG
Name of Registered Waste Hauler #1 JIMMY BYRNE T/A JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID # 19551		Cu. Yds. of Waste 90	Name of Registered Landfill #1 MINERVA ENTERPRISES, INC.
City, State 1199 RANDALL AVENUE, BRONX, NY 10474			Disposal Date TBD		City, State 9000 MINERVA ROAD, WAYNESBURG, OH 44688
Completed By (Print or Type) THOMAS AHERN		Title Project Executive		Signature 	Date 5/16/2018

ASB-41 JUN 95 G4667

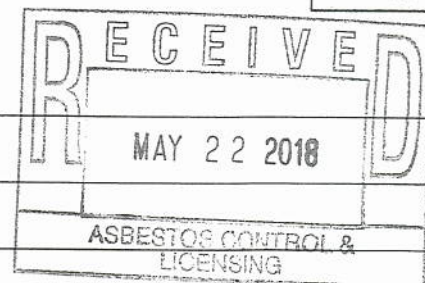


CK #8968

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

Print Form



Date of Notification (1) 5/21/18		Name of Building Owner/Operator (2) PSE&G	
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080	
		Name of Contact MATT DAN DURAND	Telephone Number 732-439-7072
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4)	
Street Address 552 ERIAL RD.		<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) SICKLERVILLE		Square Feet 4250	# of Floors 1
County (6) CAMDEN		County Code (7) (STATE USE ONLY)	Bldg. Age Appx 48 yrs.
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350
Start Date (10) 6/2/18		Scheduled Completion Date (11) 6/4/18	License No. 01111
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.	
<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: necessary repairs only		Street Address 396 WHITEHEAD AVE.	
		City, State, Zip Code SOUTH RIVER, NJ 08882	
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)
	Yes	No	
CONTROL ROOM		X	VAT & MASTIC
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 2
City, State ELIZABETH, NJ		Disposal Date TBD	Name of Registered Landfill FAIRLESS
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>
			Date 5/21/18

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Print Form

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

Check # 25597

Date of Notification (1) 5/16/2018		Name of Building Owner/Operator (2) Dorfeuille							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <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 Vauxhall, NJ 07088							
Name of Contact Goretti Dorfeuille		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1500							
City (5) Vauxhall, NJ 07088		# of Floors 2							
County (6) Union		Bldg. Age 85+/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 08501							
Telephone No. 609 298-4070		Telephone No. 609 259-9688							
License No. 00493		Name of OSHA Monitor MECS							
Start Date (10) 5/31/2018		Scheduled Completion Date (11) 6/8/2018							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am 3 pm		Street Address PO Box 341							
City, State, Zip Code Chesterfield, NJ 08515									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Thermal Pipe Insulation	75 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ		Disposal Date 6/8/2018		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature [Signature]		Date 5/21/18			

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

CK# 1029

Date of Notification (1) 05/18/2018		Name of Building Owner/Operator (2) Festim Mahmudi							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Tim	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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						
City (5) Wayne		Bldg. Age							
County (6) Passaic	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) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	License No. 01332						
Start Date (10) 05/27/2018	Scheduled Completion Date (11) 05/27/2018	Name of OSHA Monitor Removal Safety LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am - 5:00pm		Street Address 8 Crosby Ave							
		City, State, Zip Code Paterson, NJ 07502							
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor Tiles	600 SF	x		x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill GROWS North					
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President		Signature <i>Lasko Veskov</i>		Date 05/18/2018			

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

Print Form

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MAY 22 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/10/2018		REVISED 5/21/18		Name of Building Owner/Operator (2) MCS Erie Street LLC					
Agencies Notified		Type Notification		Street Address					
<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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		5700 Wayne Ave City, State, Zip Code Philadelphia, PA 19144					
				Name of Contact Joseph Ferguson 2672280111					
				Telephone Number 267-414-4968					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mastery Charter School - Pyne Point Campus				Type of Facility (4)					
Street Address 800 Erie Street				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Camden				Square Feet 16 LF	# of Floors Kitchen				
County (6) Camden				County Code (7) (STATE USE ONLY)	Bldg. Age 1937				
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental				Name of Abatement Contractor (9) Associated Specialty Contracting					
Street Address 617 Stokes Road Suite 4-318				Street Address 98 Lacrue Ave					
City, State, Zip Code Medford, NJ 08055				City, State, Zip Code Glen Mills, PA 19342					
Project Manager for Monitoring Firm Mark Rubnitz				Telephone No. 888-715-2211	License No. 1103				
Start Date (10) 5/21/2018		Scheduled Completion Date (11) 6/21/2018		Name of OSHA Monitor Criterion Labs					
Occupancy Status During Abatement (Check Only One)				Street Address 3370 Progress Dr					
<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 Bensalem, PA 19020					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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) <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
Kitchen		X		Pipe Insulation	16 LF	x			
Kitchen		X		VAT	300 SF	x			
Name of Registered Waste Hauler Mercer Group International				NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill Tulleytown Resource Recovery Facility			
City, State 1519 Rev S Howard Woodson Jr Way, Trenton, NJ 08638				Disposal Date As req.		City, State Tulleytown, PA			
Completed by John Lynch			Title Project Manager		Signature		Date 5/24/18		