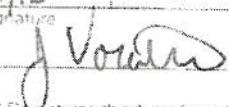


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 9181

Date of Notification (1) 8/26/16		Name of Building Owner/Operator (2) PETER WARBITON					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address [REDACTED]		City, State, Zip Code ENGLEWOOD, N.J. 07631					
Name of Contact LINDA DESANTIS		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 5 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 1,750					
City (5) ENGLEWOOD		# of Floors 2					
County (6) BERGEN		Building Age +50					
County Code (7) STATE USE ONLY		Current Use (Prior if being demolished) RESIDENTIAL					
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		Name of Abatement Contractor (9) A MAC Contracting Inc.					
Street Address [REDACTED]		Street Address 185 Vreeland Ave.					
City, State, Zip Code [REDACTED]		City, State, Zip Code Midland Park, NJ					
Project Manager for Monitoring Firm [REDACTED]		Telephone No. (201)262-5841					
Telephone No. [REDACTED]		License No. 00156					
Start Date (10) 9/6/16		Scheduled Completion Date (11) 9/30/16					
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 CSHA Monitor Omega Environmental Services					
		Street Address 280 Huyler St					
		City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less IF <input type="checkbox"/> 251 to 2500 sq ft <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 type="checkbox"/> Non-Exempted (*) and Non-Feasible Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		Description of Asbestos-Containing Material (ACM) i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous DUCT	Amount (Specify SF or LB) 40 LB	Abatement Type		
					Removal <input checked="" type="checkbox"/>	Repair <input type="checkbox"/>	Encapsulate <input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Newark, NJ		Disposal Date 9/6/16	City, State Bethlehem, PA				
Completed by Joseph Vocaturo		Title Vice President	Signature 	Date 8/26/16			

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)**

NO CK

Date of Notification (1) 8/2/2016		Name of Building Owner / Operator (2) O&R Woodbridge Office, LLC/NJTA	
Agencies Notified	Type Notification	Street Address One Riverfront Plaza	
<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 checked="" type="checkbox"/> Amended #2-8/29/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Newark, NJ 07102	
		Name of Contact Rosana Caputo	
		Telephone Number 732-442-8600	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Future NJ Turnpike Headquarters			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 One Hess Plaza			Square Feet		
City (5) Woodbridge			County (6) Middlesex		County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc			ASCM No.		
Street Address 56 East Bridge Street			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Morrisville, PA 19067			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Jim Frisbee			Telephone Number 267-991-9212		License Number 00509
Scheduled Start Date (10) 8/9/16		Scheduled Completion Date (11) 8/26/16		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 Hours – Describe: 7 AM – 3:00 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement			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"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or 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
1 st Floor Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	1,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Data Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	4,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pin Mastic	2,250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Building Services Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Telephone Equipment Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	720 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"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 55 Cu YD	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 8/29/2016	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature 		Date 8/29/16

GI 16099 A

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

No ck

RECEIVED
SEP 1 2016
ASBESTOS CONTROL &
LIC 1101 Telephone Number
732-442-8600

Date of Notification (1) 8/2/2016		Name of Building Owner / Operator (2) O&R Woodbridge Office, LLC/NJTA	
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 checked="" type="checkbox"/> Amended #1-8/22/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address One Riverfront Plaza City, State & Zip Code Newark, NJ 07102 Name of Contact Rosana Caputo	
		Telephone Number 732-442-8600	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Future NJ Turnpike Headquarters Street Address One Hess Plaza			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.)		
City (5) Woodbridge	County (6) Middlesex	County Code (7)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc Street Address 56 East Bridge Street City, State & Zip Code Morrisville, PA 19067			Current Use (Prior if being demolished) School		
Project Manager for Monitoring Firm Jim Frisbee Telephone Number 267-991-9212			Name of Abatement Contractor (9) Bristol Environmental, Inc. Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007		
Scheduled Start Date (10) 8/9/16			Scheduled Completion Date (11) 9/7/16		
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 Hours – Describe: 7 AM – 3:00 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement			Telephone Number (215)788-6040 License Number 00509		
Name of OSHA Monitor Bristol Environmental Inc. Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007					

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or 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 Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	1,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Data Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	4,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pin Mastic	2,250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Building Services Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Telephone Equipment Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	720 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"/>

Name of Registered Waste Hauler Service Transport Inc. City, State New Castle, DE		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 55 Cu YD	Name of Registered Landfill Minerva Landfill City, State Waynesburg, OH	
Disposal Date 9/7/2016		Signature <i>Elino Pizzigoni</i>		Date 8/22/16	
Completed By (Print or Type) Bino Pizzigoni		Title Project Manager			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

NO CK
ck 3070 #7649
#1656

Date of Notification (1) 7/27/16		Name of Building Owner / Operator (2) Tishman	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	One Riverfront Plaza	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL 7649	<input type="checkbox"/> Emergency	Newark, NJ 07102	
<input checked="" type="checkbox"/> DOH 7656	<input type="checkbox"/> Cancellation	Name of Contact	
<input type="checkbox"/> DCA		Rosana Caputo	
		Telephone Number	
		732-442-8600	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Future NJ turnpike Headquarters			Type of Facility (4)		
Street Address			<input checked="" type="checkbox"/> School (K-12)		
One Hess Plaza			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5)	County (6)	County Code (7)	Square Feet	# of Floors	Bldg. Age
Woodbridge	Middlesex				
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address			Street Address		
56 East Bridge Street			1123 Beaver Street		
City, State & Zip Code			City, State & Zip Code		
Morrisville, PA 19067			Bristol, PA 19007		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
Jim Frisbee		267-991-9212	(215)788-6040		00509
Scheduled Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor		
8/9/16	9/7/16		Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1123 Beaver Street		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours –			City, State & Zip Code		
Describe: 7am to 3pm			Bristol, PA 19007		
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or 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	Enclose
1st Floor Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	1700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Data Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	4,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pin Mastic	2,250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Building Services Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Telephone Equipment Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	720 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"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 55 Cu YD	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 9/7/16	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 7/27/16

GI 16099 A

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)**



Date of Notification (1) 8/2/2016		Name of Building Owner / Operator (2) O&R Woodbridge Office, LLC/NJTA	
Agencies Notified	Type Notification	Street Address One Riverfront Plaza	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Newark, NJ 07102	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2-8/29/16	Name of Contact Rosana Caputo	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 732-442-8600	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Future NJ Turnpike Headquarters			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address One Hess Plaza			Square Feet		
City (5) Woodbridge			# of Floors		
County (6) Middlesex			Bldg. Age		
County Code (7)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 56 East Bridge Street			Street Address 1123 Beaver Street		
City, State & Zip Code Morrisville, PA 19067			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Jim Frisbee			Telephone Number 267-991-9212		License Number 00509
Scheduled Start Date (10) 8/29/16		Scheduled Completion Date (11) ON HOLD		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 Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7 AM to 3:30 PM			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf ≥ 260 lf

- ☒ Renovation
☐ Demolition

- ☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ 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 or 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 Boiler Rm, Mech Hall and Hall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Breeching	675 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1" Fitting	16 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2" Fitting	16 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6" Fitting	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12" Fitting	5 EA	<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 Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 9/23/2016	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature 	Date 8/29/16

NO CK

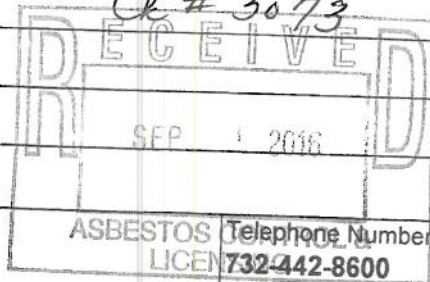
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SEP 2016
Telephone N
732-442-86
ASBESTOS CONTROL &
LICENSING

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

NO OK

CL # 3073

Date of Notification (1) 8/2/2016		Name of Building Owner / Operator (2) Tishman	
Agencies Notified <input checked="" type="checkbox"/> EPA 8345 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 8314 <input checked="" type="checkbox"/> DOH 8321 <input checked="" type="checkbox"/> DCA 8338		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address One Riverfront Plaza		City, State & Zip Code Newark, NJ 07102	
Name of Contact Rosana Caputo		ASBESTOS License Telephone Number 732-442-8600	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Future NJ Turnpike Headquarters			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 One Hess Plaza			Square Feet # of Floors Bldg. Age		
City (5) Woodbridge	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 56 East Bridge Street			Street Address 1123 Beaver Street		
City, State & Zip Code Morrisville, PA 19067			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Jim Frisbee			Telephone Number 267-991-9212		
Telephone Number 267-991-9212			License Number 00509		
Scheduled Start Date (10) 8/29/16		Scheduled Completion Date (11) 9/23/16		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 Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7 AM to 3:30 PM			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or 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 Boiler Rm, Mech Hall and Hall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Breeching	675 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1" Fitting	16 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2" Fitting	16 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6" Fitting	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12" Fitting	5 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 9/23/2016		City, State Waynesburg, OH	
Completed By (Print or Type) Dino Pizzigoni		Title Project Manager	Signature <i>Dino Pizzigoni</i>		Date 8/2/16

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

ck 3084

Date of Notification (1) <div style="text-align: center;">8 / 29 / 16</div>		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction							
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 type="checkbox"/> Initial <input checked="" 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	Telephone Number 609-258-1841						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Engineering Quadrangle		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 Olden St		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) <div style="text-align: center;">9 / 8 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">9 / 10 / 16</div>	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: <u>AM-3:30PM</u> / <u>PM-12:30AM</u>		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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Crawl space underneath B2 and B&B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	6 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 1968 addition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint compound	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6A, B4 and H121	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Damaged floor tile	33 SF	<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 2	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date 9/10/16		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type)		Title		Signature <i>Prin Sec 100 (2)</i>		Date 5/29/16			

3516/21

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

CHECK # 9186

Date of Notification (1) 8/29/16		Name of Building Owner/Operator (2) RAYMOND HAGMAN	
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 [REDACTED]		City, State, Zip Code WAYNE, NJ 07470	
Name of Contact EMILY KRAUSE		Telephone Number [REDACTED]	

Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,500	
City WAYNE		# of Floors 2	
County (6) PASSAIC		Blgd Age 456	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave.	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ	
Project Manager for Monitoring Firm		Telephone No. (201)262-5841	
Start Date (10) 9/7/16		Scheduled Completion Date (11) 9/20/16	
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 Omega Environmental Services	
Street Address		Street Address 280 Huyler St.	
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07606	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥150 sf or ≥250 lf	<input type="checkbox"/> Demolition	<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
BASEMENT			<input checked="" type="checkbox"/>	PIPE INSULATION	60LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 1		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Newark, NJ		Disposal Date 9/7/16		City, State Bethlehem, PA			
Completed by Joseph Vaccaro		Title Vice President		Signature J. Vaccaro		Date 8/29/16	