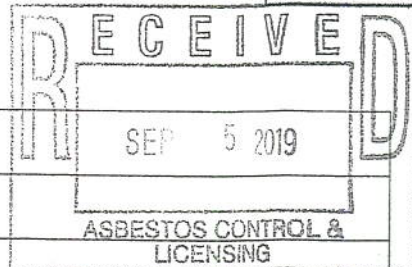


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



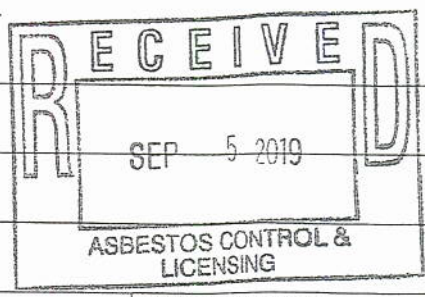
INV#14210
CK 2149 PAID

Date of Notification (1) 08-29-19		Name of Building Owner/Operator (2) Deiedre Kane							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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 Ridgewood, NJ 07450							
		Name of Contact Deiedre Kane							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<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) Ridgewood		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 1119 East Grand St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201 216-9603	01206						
Start Date (10) 09-09-19	Scheduled Completion Date (11) 09-10-19	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1119 East Grand St.							
<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: 7:00 am- 5:00 pm		City, State, Zip Code Elizabeth, NJ 07201							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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) <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		Pipe Insulation	85 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Elizabeth, NJ		Disposal Date 09-12-19		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 08-29-19		

INV# 14211
MO25419054112

PAID

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



Date of Notification (1) 08/29/19		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Summit Nj	
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Orchard Hills	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address		<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) Summit	Square Feet	# of Floors	Bldg. Age
County (6) Union	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) LEM Construction LLC
Street Address		Street Address 440 Lincoln Ave.	
City, State, Zip Code		City, State, Zip Code Cliffside Park NJ	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-456-5726
Start Date (10) 9/11/19		Scheduled Completion Date (11) 9/17/19	License No. 02004
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

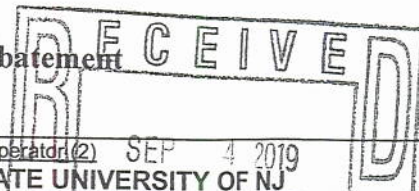
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		TSI	400	x			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill TBD	
City, State Newark NJ			Disposal Date TBD	City, State PA	
Completed by Luis Amengual		Title Owner	Signature		Date 8/29/19

NOCK

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18



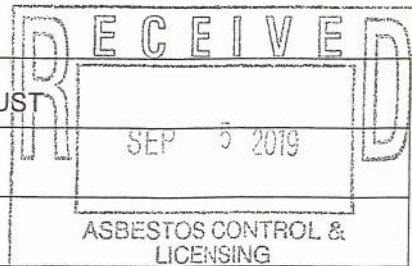
Date of Notification (1) August 30, 2019		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP - No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RWJMS RESEARCH TOWER, BLDG# 3688		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.) Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years	
Street Address RBHS PISCATAWAY CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN R. KEARNEY		City, State, Zip Code BUTLER, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 09/13/2019		Scheduled Completion Date (11) 09/16/2019	
Name of OSHA Monitor ENVIROVISION, INC.		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
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 - 7am - 3pm Describe: Schedule: 5PM - 5AM (24 HRS. & WEEKENDS AS NEEDED) NOT SUB 8 <input type="checkbox"/> Other- Describe:		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) V12 & V12A	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 950 SF
Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20 CY
Name of Registered Landfill G.R.O.W.S. North Landfill			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 09/16/2019	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 30, 2019

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

Inv# 14215
CK 5733

PAID

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



Date of Notification (1) 9-4-19		Name of Building Owner/Operator (2) FEDERAL REALTY INVESTMENT TRUST	
Agencies Notified	Type Notification	Street Address 1626 E. JEFFERSON ST.	ASBESTOS CONTROL & LICENSING
<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	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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) ELLISBURG SC SPACE 12(FORMER HALLMARK STORE)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 22 NJ-70		Square Feet 1,000	# of Floors 1
City (5) CHERRY HILL		Bldg. Age +/-50	
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES		Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.	
Street Address 700 TURNER 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	License No. 01166
Start Date (10) 8-20-19	Scheduled Completion Date (11) 9-30-19	Name of OSHA Monitor VERTEX COMPANIES	
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: we are going to be there on 9/10/19		Street Address 700 TURNER 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 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
OFFICE AREA			X	VAT RED/TAN AND MASTIC	350SF	X			
ELEVATED WOOD PLATFORM			X	VAT RED/TAN AND MASTIC	1,000SF	X			
BACK OFFICE AREA			X	VAT RED/TAN AND MASTIC	1,250SF	X			

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 9.4.19		

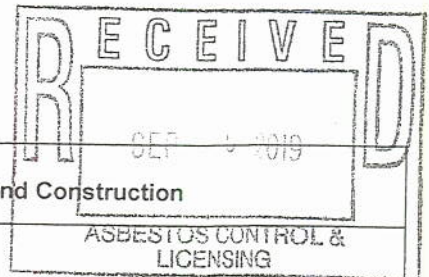
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Inv # 14616 PAID

CHK # 3630

Date of Notification (1) 9/3/2019		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 5 2019 ASBESTOS CONTROL & LICENSING </div>					
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"/> Emergency <input type="checkbox"/> Cancellation				Street Address 9 Forest Avenue			
						City, State & Zip Code Caldwell, NJ 07006			
						Name of Contact Doug O'Hare			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Caldwell Central Office				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 9 Forest Avenue				Square Feet 25030					
City (5) Caldwell		County (6) Essex		# of Floors 2					
		County Code (7)		Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.				Current Use (Prior if being demolished) COMMUNICATIONS					
Street Address 8436 ENTERPRISE AVENUE				Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC					
City, State & Zip Code PHILADELPHIA, PA 19153				Street Address 1123 BEAVER STREET					
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810		City, State & Zip Code BRISTOL, PA 19007					
Scheduled Start Date (10) 9/17/19		Scheduled Completion Date (11) 9/24/19		Telephone Number 215-788-6040					
				License Number 00509					
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 - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement				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 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 near Rear AC Unit (2 phases)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	745 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 11		Name of Registered Landfill MINERVA LANDFILL			
City, State YARDLEY, PA				Disposal Date TBD		City, State WAYNESBURG, OH			
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator		Signature <i>Patrick T. DeCaro</i>		Date 9/3/2019			

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



NO OK

Date of Notification (1) <u>7</u> / <u>22</u> / <u>19</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
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 checked="" type="checkbox"/> Amended Amendment # <u>3-9/3/19</u> <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-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 70						
City (5) Princeton		Bldg. Age							
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) <u>8</u> / <u>12</u> / <u>19</u>	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 Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u> </u> PM- <u> </u> 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"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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</i>			Date 9-3-19			

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

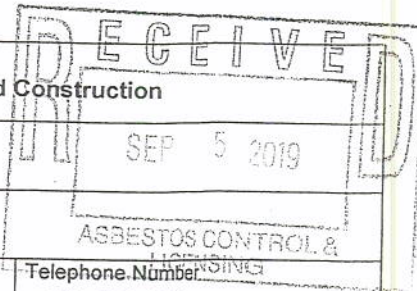
CN#2: 3623

Date of Notification (1) 7 / 22 / 19		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
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 checked="" type="checkbox"/> Amended Amendment #2-8/9/19 <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 609-258-1846						
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							
City (5) Princeton		# of Floors							
County (6) MERCER		Bldg. Age 70							
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		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Start Date (10) 8 / 12 / 19	Scheduled Completion Date (11) 9 / 3 / 19								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe 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 Brian Scafiro			Date 8-9-19			

ASB-41
MAY 11 BS19067

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

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



Date of Notification (1) <u>7</u> / <u>22</u> / <u>19</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
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 checked="" type="checkbox"/> Amended Amendment # 1-8/2/19 <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-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 70						
City (5) Princeton	County (6) MERCER	County Code (7)(STATE USE ONLY)	Bldg. Age 70						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003	Current Use (Prior if being demolished) Office/Classrooms						
Street Address 1253 North Church Rd		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Moorestown, NJ 08057		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Michael Keehn		City, State, Zip Code BRISTOL, PA 19007	Telephone No. 215-788-6040						
Start Date (10) ON HOLD	Telephone No. 609-386-8800	License No. 00509	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Scheduled Completion Date (11) ____ / ____ / ____		Street Address 1123 BEAVER STREET							
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		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</i>				Date 8/2/19		

ASB-41
MAY 11 **BS19067**

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

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

CHK # 3610

Date of Notification (1) <u>7</u> / <u>22</u> / <u>19</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <u>5876</u> <input checked="" type="checkbox"/> DOLWD <u>5896</u> <input checked="" type="checkbox"/> DHSS <u>5893</u> <input checked="" type="checkbox"/> DCA <u>5869</u> (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	Telephone Number 609-258-1841

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) <u>8</u> / <u>5</u> / <u>19</u>	Scheduled Completion Date (11) <u>8</u> / <u>25</u> / <u>19</u>	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>7:00AM-3:30PM</u> / ____ PM - ____ AM		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 or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ 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
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"/>

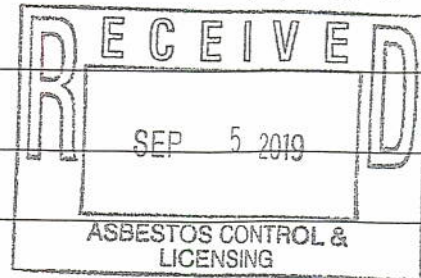
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date	City, State FAIRLESS HILLS, PA		
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 7-22-19		

ASB-41
MAY 11 BS19067

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

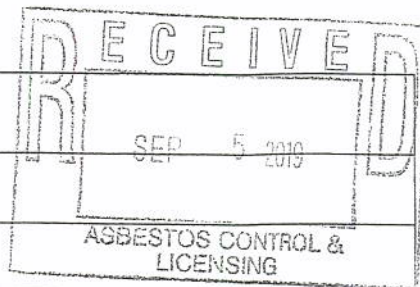
19068

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



Date of Notification (1) <div style="font-size: 1.5em; font-weight: bold; margin-left: 20px;">NOCK</div> <div style="text-align: center;">9 / 3 / 19</div>		Name of Building Owner/Operator (2) Brixmor		<div style="font-size: 2em; font-weight: bold; margin: 0 auto;">RECEIVED</div> <div style="margin: 5px 0;">SEP 5 2019</div> <div style="font-weight: bold; margin: 0 auto;">ASBESTOS CONTROL & LICENSING</div>					
Agencies Notified <input checked="" 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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Fayette St.							
		City, State, Zip Code Conshohocken, PA 19428							
		Name of Contact Pranav Ambati		Telephone Number 610-834-7829					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Laurel Square Shopping Center #3/4			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 1930 Route 88									
City (5) Brick, NJ 08724			Square Feet 95,000	# of Floors 1	Bldg. Age 58				
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 700 Turner Way			Street Address 550 East Union St.						
City, State, Zip Code Aston, PA 19014			City, State, Zip Code West Chester, PA 19382						
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	Telephone No. 610-701-9000		License No. 00508				
Start Date (10) 9 / 10 / 19	Scheduled Completion Date (11) 9 / 25 / 19		Name of OSHA Monitor AET						
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: 7AM-3:30PM-AM			Street Address 28 N. Pennel Road						
			City, State, Zip Code Media, PA 19063						
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 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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile / Mastic	6285 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cove Base Mastic	200 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"/>
	<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 Richard Burns & Co		NJDEP Waste Hauler ID No. 19955	Cubic Yards of Waste 80	Name of Registered Landfill Western Berks Community Landfill					
City, State Phila., PA		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 		Date 9/3/19			

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



Date of Notification (1) 8 / 26 / 19		Name of Building Owner/Operator (2) Brixmor							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Fayette St. City, State, Zip Code Conshohocken, PA 19428							
		Name of Contact Pranav Ambati	Telephone Number 610-834-7829						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tinton Falls 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 and commercial buildings, homes, etc.)							
Street Address 980 Shrewsbury Ave.									
City (5) Tinton Falls, NJ 07701		Square Feet 80,000	# of Floors 1						
		Bldg. Age 57							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Vertex	ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Dave Turotsy	Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 9 / 11 / 19	Scheduled Completion Date (11) 9 / 25 / 19	Name of OSHA Monitor AET							
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: 7AM- PM/3:30PM- AM		Street Address 28 N. Penneel Road City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile / Mastic	6545 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cove Base Mastic	300 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"/>
	<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 Richard Burns & Co		NJDEP Waste Hauler ID No. 19955	Cubic Yards of Waste 80	Name of Registered Landfill Western Berks Community Landfill					
City, State Phila., PA			Disposal Date TBD	City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin	Title Estimator		Signature 			Date 8-26-19			

Inv# 14017
B & G proj. #: 2019-200

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

PAID

Check # 9539

Date of Notification (1) 09/03/19		Name of Building Owner/Operator (2) Emily Caulfield		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 5 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Stockholm, NJ 07460		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Emily Caulfield		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Emily Caulfield			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) Stockholm, NJ 07460	County (6) Sussex	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) 09/13/2019	Sched. Completion Date (11) 09/14/2019		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ 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)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	15 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"/>	<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 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 09/14/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/03/2019