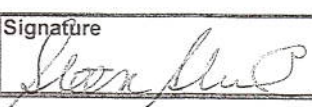


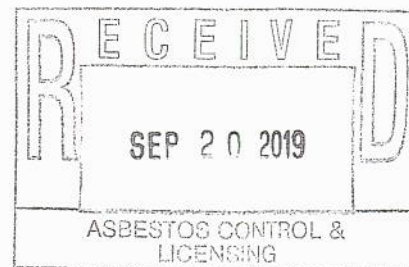
Inv 14589

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 0153

Date of Notification (1) 06 / 19 / 19		Name of Building Owner / Operator (2) Mondelez International		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 20 2019 </div>	
Agencies Notified		Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		2211 Route 208 North City, State, Zip Code Fairlawn, New Jersey, 07410			
Type of Notification		Name of Contact		Telephone Number	
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		KEITH PACKARD		201-794-4000	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Mondelez International			Type of Facility (4)		
Street Address 2211 Route 208			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) Bakery		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 907 Doolittle Drive			Street Address 32 Williams Parkway		
City, State, Zip Code Bridgewater, NJ 08807			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm Eric Houseknecht			Telephone Number 908-218-1108		
Scheduled Start Date (10) 06 / 24 / 19		Scheduled Completion Date (11) 06 / 23 / 20		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
				R E M O V A L	R E P A I R
				E N C A P S U L	E N C L O S U R
BAKERY WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	130 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BAKERY MEZZANINE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BAKERY WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	70 LF	<input checked="" 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 NEWARK CARTING NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State NEWARK, NJ EAST HANOVER, NJ		Disposal Date	City, State Morrisville, PA 19067		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 09/19/19

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
BAKERY 1ST FLOOR HALL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY 3-D-DECLINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSITE	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY 3-D-DECLINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT INSULATION	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY OREO KITCHEN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEZZANINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	30 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"/>	<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"/>



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

Chk # 2:3633

Inv 14586

Date of Notification (1) 8 / 23 / 19		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 20 2019 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-9/16/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 15 East Montgomery St City, State, Zip Code Pittsburgh PA 15212 Name of Contact Anthony Porta Telephone Number 412-633-4021			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Closter 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 and commercial buildings, homes, etc.)							
Street Address 313 Harrington Avenue		City (5) Closter		Square Feet 18400	# of Floors 2	Bldg. Age +50			
County (6) Bergen		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communication					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Street		City, State, Zip Code Moorestown, NJ 08057		Street Address 1123 BEAVER STREET					
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218		Telephone No. 215-788-6040		License No. 00509			
Start Date (10) 9 / 9 / 19		Scheduled Completion Date (11) 10 / 4 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM				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 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 Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Skin & Exhaust	460 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	129 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	129 LF	<input checked="" 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	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro		Date 9-16-19			

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

CHK #2 : 3633

Date of Notification (1) 8 / 23 / 19		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 20 2019 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-9/16/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 15 East Montgomery St			
		City, State, Zip Code Pittsburgh PA 15212				Name of Contact Anthony Porta			
						Telephone Number 412-633-4021			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Closter 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 and commercial buildings, homes, etc.)					
Street Address 313 Harrington Avenue				Square Feet 18400					
City (5) Closter				# of Floors 2					
County (6) Bergen				Bldg. Age +50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communication							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218		Telephone No. 215-788-6040					
Start Date (10) 9 / 9 / 19		Scheduled Completion Date (11) 10 / 4 / 19		License No. 00509					
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 Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM		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"/> ≥160 sf or ≥260 lf		<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-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 Oil Tank Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Open Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	33 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Troweled On Ceiling	400 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 GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / JR		Date 9-16-19			

Inv# 4585

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

Chk # 3635

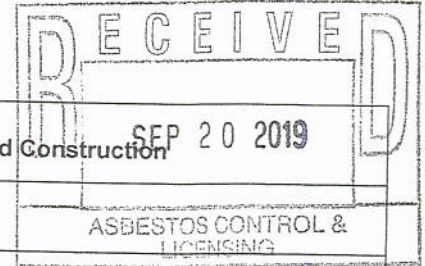
Date of Notification (1) 9 / 16 / 19		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 20 2019 ASBESTOS CONTROL & </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input 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				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 171 Broadmead				Square Feet					
City (5) Princeton				# of Floors					
County (6) MERCER				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 N 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 Mike Keehn		Telephone No. 609-386-8800		License No. 00509					
Start Date (10) 9 / 26 / 19		Scheduled Completion Date (11) 10 / 16 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" 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 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
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	2,475 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	2,375 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots	124 SF	<input checked="" 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 tbd	Name of Registered Landfill FAIRLESS LANDFILL				
City, State BRISTOL, PA 19007				Disposal Date tbd	City, State FAIRLESS HILLS, PA				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro		Date 9-16-19			

 ASB-41
 MAY 11 BS19120

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

Pg. 2

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)



Date of Notification (1) 9 / 16 / 19		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 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		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 171 Broadmead		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) TTI Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 1253 N 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 Mike Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 9 / 26 / 19	Scheduled Completion Date (11) 10 / 16 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" 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 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
Room 203 & 203B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	115 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"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste tbd	Name of Registered Landfill FAIRLESS LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date tbd		City, State FAIRLESS HILLS, PA					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro /gn		Date 9-16-19			

ASB-41
MAY 11 6519120

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

Inv 14584

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

ckk# 3634

Date of Notification (1) 9 / 16 / 19		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 20 2019 </div>
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 15 East Montgomery St		
		City, State, Zip Code Pittsburgh PA 15212		
		Name of Contact Anthony Porta	Telephone Number 412-633-4021	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Rochelle Park 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 and commercial buildings, homes, etc.)	
Street Address 65 West Passaic Street		City (5) Rochelle Park	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Square Feet 46,065	# of Floors 3
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 9 / 26 / 19	Scheduled Completion Date (11) 10 / 23 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

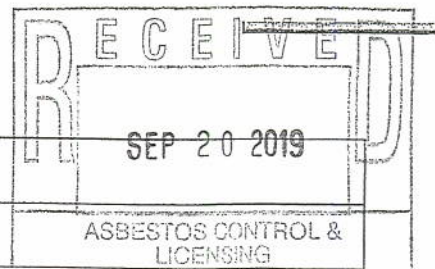
- ☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf
- ☒ Renovation
☐ Demolition
- ☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Cement	50 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"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH		
Completed By (Print or Type) Dillian DeCaro	Title Estimator	Signature Dillian DeCaro	Date 9-16-19		

CK017556

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



Date of Notification (1) 9/18/2019		Name of Building Owner/Operator (2) PSEG		SEP 20 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Rd. City, State, Zip Code South Plainfield NJ Name of Contact Dean Giovanetti Telephone Number 856-579-0413					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Clay Street Substation			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 123 Clay St.			Square Feet N/A						
City (5) Newark			# of Floors N/A						
County (6) Essex			Bldg. Age N/A						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) POWER SWITCHING STATION						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) WRS ENVIRONMENTAL SERVICES					
Street Address N/A		Street Address 17 OLD DOCK RD.		City, State, Zip Code YAPHANK NY 11980					
City, State, Zip Code N/A		Telephone No. N/A		License No. 01136					
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Name of OSHA Monitor WRS ENVIRONMENTAL SERVICES					
Start Date (10) 9/23/2019		Scheduled Completion Date (11) 10/31/2019		Street Address 17 OLD DOCK RD					
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: <u>Switching yard</u>				City, State, Zip Code YAPHANK NY 11980					
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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
SWITCHING YARD		X		DUCT BANK	40LF	X			
Name of Registered Waste Hauler VEOLIA		NJDEP Waste Hauler ID No. NJD080631369		Cubic Yards of Waste 40 CY	Name of Registered Landfill FAIRLESS LANDFILL(GROWS)				
City, State FLANDERS, NJ				Disposal Date TBD	City, State MORRISVILLE, PA 19067				
Completed by PEDRO GUERRA		Title SUPERVISOR		Signature 	Date 9/18/19				

INV 4583

B & G proj. #: 2019-225

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

Check # 9563

Date of Notification (1) 09/18/19		Name of Building Owner/Operator (2) BAE Systems Electrical Systems		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 20 2019 CONTROL & LICENSING </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		
Street Address 150 Parish Drive		City, State, Zip Code Wayne, NJ 07470		
Name of Contact Gary Bedrosian		Telephone Number (973) 305-2450		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BAE Systems Electrical Systems			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 150 Parish Drive			Square Feet		
City (5) Wayne, NJ 07470			County (6) Passaic		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			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			Telephone Number (973)696-6869		License Number 00378
Sched. Start Date (10) 09/28/2019			Sched. Completion Date (11) 09/30/2019		
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:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> wrap & cut <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure				<input type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> Non-friable procedure			
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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								
LAB B			<input checked="" type="checkbox"/>	VAT & mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 09/30/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/18/2019

Inv 1456
CH9009

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

RECEIVED	SEP 20 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8/13/19		Name of Building Owner/Operator (2): SUNRISE VILLAGE	
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH () DCA	Type Notification () Initial (X) Amendment () Emergency () Cancellation	Street Address: 215 NORTH ARLINGTON AVE.	
		City, State, Zip Code: EAST ORANGE, NJ 07017	
		Name of Contact: MR. MOHAMMED	Telephone Number: 973-583-8646

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL/APARTMENTS		Type of Facility (4): () School (K-12) () Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 215 NORTH ARLINGTON AVE.			
City & State (5): EAST ORANGE, NJ		Square Feet: NA	# of Floors: 3 Bldg. Age: NA
County (6): ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTIAL/APARTMENTS	
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULTING GROUP, INC.		ASCM No.: NA	Name of Abatement Contractor (9): GUILIANO ENVIRNMENTAL, LLC
Street Address: 71 ARCH STREET		Street Address: PO BOX 1124	
City, State, Zip Code: PATERSON, NJ 07502		City, State, Zip Code: SAYREVILLE, NJ 08871	
Project Manager for Monitoring Firm: FERNANDO		Telephone No.: 973-418-4036	Telephone No.: (732) 238-7400 License No.: 01342
Start Date (10): 8/27/19	Scheduled Completion Date (11): 10/30/19	Name of OSHA Monitor: GUILIANO ENVIRNMENTAL, LLC	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe:		Street Address: P.O. Box 1124 City, State, Zip Code: SAYREVILLE, NJ 08871	

Scope of Work (Check all that apply):

- () ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf (X) Renovation () Demolition () Full Containment with Negative Pressure (X) Mini Enclosure (X) Glovebag Procedure () 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	Encapsulat	Enclosure
Bldg.#221-229 / BASEMENT		X		PIPE INSULATION	800 LF	X			
Bldg.#221-229 CRAWL SPACE		X		PIPE INSULATION	800 LF	X			
Bldg.#209-219/350-362 BASEMENT		X		PIPE INSULATION	650 LF	X			
Bldg.#209-219/350-362 /CRAWL SPACE		X		PIPE INSULATION	760 LF	X			

Name of Registered Waste Hauler: FREEHOLD CARTING, INC		NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste:	Name of Registered landfill: GRAND CENTRAL LANDFILL
City, State: NEWARK, NJ	Disposal Date: 9/30/19	City, State: PEN ARGLY, PA		
Completed By: Melinda Sobol	Title: Administrative Asst.	Signature: <i>Melinda Sobol</i>	Date: 9/17/19	