State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1) | 08-10-16
Name of Building Owner/Operator (2) | The Port Authority of NY & NJ

Agencies Notified | Type Notification
EPA | Initial
DEP | Amended
DOL | Amendment #1
DOH | Emergency (including justification)
DCA | Cancellation

Street Address | Newark Liberty International Airport, Bldg. 25, Central Terminal Area
City, State, Zip Code | Newark, NJ 07114
Name of Contact | John A. Volpe

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Newark Liberty International Airport

Street Address | 3 Brewster Road
City (5) | Newark
County (6) | Essex

County Code (7) | (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
The Port Authority of NY & NJ

ASCM No. | N/A

Name of Abatement Contractor (9) | Pinnacle Environmental Corp.

Street Address | 200 Broad Street
City, State, Zip Code | Carlstadt, NJ 07072

Telephone No. | 973-622-0800
License No. | 00756

Project Manager for Monitoring Firm | Ralph Campione

Telephone No. | 201-939-6565

Name of OSHA Monitor | Even-Air Inc.

Street Address | 10-59 Jackson Avenue
City, State, Zip Code | Long Island City, NY 11101

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours
Other – Describe: Abatement will be conducted in a restricted area.

Start Date (10) | 08-08-16
Scheduled Completion Date (11) | 09-08-16

Scope of Work (Check All That Apply)

□ ≤ 3 sf or ≤ 3 if
□ ≥ 160 sf or ≥ 220 if

□ 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 (12)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes | No | N/A

Exterior: North Manifold Fuel Lines | x
Exterior: Building 120 Fuel Lines | x
Exterior: T A Fuel Intersection | x
Ext.: Terminal A 1 Fuel Connection | x

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tar Covered Pipe Insulation</td>
<td>250</td>
</tr>
<tr>
<td>Tar Covered Pipe Insulation</td>
<td>85</td>
</tr>
<tr>
<td>Tar Covered Pipe Insulation</td>
<td>166</td>
</tr>
<tr>
<td>Tar Covered Pipe Insulation</td>
<td>302</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler | NJDEP Waste Hauler ID No.
ATC, Inc. / JBT (50071) | 24310

Cubic Yards of Waste | TBD
Minerva Enterprises

Name of Registered Landfill | City, State

City, State | Shirley, NY / Bronx, NY

Completed by | Raymond Kinsella
Title | Project Manager
Signature | Date 08-10-16

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ext.: Terminal A2 Fuel Connection</td>
<td>N/A</td>
<td>Tar Covered Pipe Insulation</td>
<td>82</td>
<td>Removal</td>
</tr>
<tr>
<td>Ext.: Terminal A3 Fuel Connection</td>
<td>N/A</td>
<td>Tar Covered Pipe Insulation</td>
<td>100</td>
<td>Removal</td>
</tr>
<tr>
<td>Exterior: Main Connection</td>
<td>N/A</td>
<td>Tar Covered Pipe Insulation</td>
<td>1136</td>
<td>Removal</td>
</tr>
<tr>
<td>(1) FSA: Building 20</td>
<td>N/A</td>
<td>Tar Covered Pipe Insulation</td>
<td>75</td>
<td>Removal</td>
</tr>
</tbody>
</table>
STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

**Date of Notification (1)** 08 / 18 / 16

**Name of Building Owner / Operator (2)**
First Energy

**Street Address**
76 South Street

**City, State, Zip Code**
Akron, Ohio 44308

**Name of Contact**
Jim Halsey

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**

**Street Address**
219 BUTTERMERE AVE

**City (5)**
INTERLAKEN

**County (6)**
MONMOUTH

**County Code (7)**

**Square Feet**

**# Of Floors**

**Building Age**

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
ASCM NO

**Environmental Health Investigations**

**Project Mgr. For Monitoring Firm**
Dino Nappi

**Telephone Number**
212-682-9271

**Scheduled Start Date (9)**
08 / 30 / 16

**Scheduled Completion Date (11)**
09 / 01 / 16

**Telephone Number**
973-884-8982

**License Number**
00850

**Occupancy Status During Abatement (Check Only 1)***
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: ... twelve-thirty am to five-thirty pm
- Other - Describe: 

**Scope of Work (Check All That Apply)**
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini - Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

### Location of Asbestos Containing Materials

**TO BE ABATED in Facility (13)**

**Extent**
- Exterior Telephone Pole
- Transite Conduit
- 30 LF

**Name of Registered Waste Hauler**
NEWARK CARTING

**Cubic Yards of Waste**

**Name of Registered Landfill**
I.E.S.I.

**City, State**
NEWARK, NJ

**Disposal Date**
BETHLEHEM, PA 18105

**Completed by (Print or Type)**
Steven Stiles
Project Manager

**Signature**

**Date**
08/18/16

ASB-41
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:123)

Date of Notification (1) 8/16/2016

Name of Building Owner/Operator (2) Merck Sharp & Dohme Corp.

Agencies Notified Type Notification
- EPA Initial
- DEP Amended
- DOL Amendment #
- DOH Emergency (including justification)
- DCA Cancellation

Street Address 126 East Lincoln Avenue PO Box 2000, PA 28-414
City, State, Zip Code Rahway, NJ 07065

Name of Contact Sandra Schenk, Director S&E

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet 16,287
# of Floors 3
Bldg. Age 74 yrs old

County Code (7) 000104

Name of Facility Where Abatement is Taking Place (3) Building 75 Power House

Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.

ASCM No. 00104
Name of Abatement Contractor (9) Brandenburg Industrial Service Company

Street Address 655 West Shore Trail
City, State, Zip Code Sparta, NJ 07871

Project Manager for Monitoring Firm Lisa Lilloia
Telephone No. 973-729-5649

Start Date (10) 8/30/2016
Scheduled Completion Date (11) 10/27/2016

Name of OSHA Monitor Brandenburg Industrial Service Company

Street Address 2217 Spillman Drive
City, State, Zip Code Bethlehem, PA 18015

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Renovation Work

Scope of Work (Check All That Apply)
- ≥23 sf or ≥2.3 if
- ≥160 sf or ≥260 if
- 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler 6 Ceiling</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler 4 East/West Walls &amp; Ceiling</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSI Block Asbestos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TSI</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

- 144 SF
- 600 SF

Name of Registered Waste Hauler Freehold Catage, Inc.

NJDEP Waste Hauler ID No. 15939
Cubic Yards of Waste 450

Name of Registered Landfill Lycoming Cty Resource Management
Disposal Date TBD
City, State Montgomery, PA

Completed by Jennifer Polzer Title Contract Manager

Signature

Date 8/16/2016

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
8/17/2016

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Amendment # 1
☐ Emergency (Including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Marck Sharp & Dohme Corp.

Street Address
126 East Lincoln Avenue PO Box 2000, RY28-414
City, State, Zip Code
Rahway, NJ 07085

Name of Contact
Sandra Schenk, Director S&E
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building 75 Power House

Street Address
126 East Lincoln Avenue
City (5)
Rahway
County (6)
Union
County Code (7) (STATE USE ONLY)

Square Feet
16,287
# of Floors
3
Bldg. Age
74 yrs old

Current Use (Prior to being demolished)
Power House

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Health Investigations, Inc.
ASCM No.
00104

Name of Abatement Contractor (9)
Brandenburg Industrial Services Company

Street Address
655 West Shore Trail
City, State, Zip Code
Sparta, NJ 07871

Project Manager for Monitoring Firm
Lisa Lilola
Telephone No.
973-729-5649

Start Date (10)
9/6/2016
Scheduled Completion Date (11)
10/27/2016

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other – Describe: Renovation Work

Scope of Work (Check All That Apply)
☒ a25 sf or a250 sf
☒ a260 sf or a2600 sf
☐ 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

Boiler 6 Ceiling
☒ X
Boiler 4 East/West Walls & Ceiling
☒ X

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes
No
N/A

Description of Asbestos Containing Material (ACM)
(13)
TSI Block Asbestos
TSI

Amount (Specify SF or LF)
144 SF
600 SF

Abatement Type
Repair
Encapsulate
X

Name of Registered Waste Hauler
Freehold Catage, Inc.
NJDEP Waste Hauler ID No.
15939
Cubic Yards of Waste
450
Name of Registered Landfill
Lycoming Cty Resource Management
City, State
Montgomery, PA

Disposal Date
TBD
City, State
Freehold

Completed by
Jennifer Polzer
Title
Contract Manager
Signature
Date
8/17/2016

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 15 / 16</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Princeton University-Office of Design and Construction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>✗ Initial</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>☑ DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University-Baker Rink</td>
<td>☑ Subchapter 8 (Other than K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Elm Dr.</td>
<td>Princeton, NJ 08544</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC Group Services, LLC</td>
<td>00098</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three Terri Center</td>
<td>Burlington, NJ 08016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Keehn</td>
<td>609-386-8800</td>
<td>215-788-6040</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 / 6 / 16</td>
<td>9 / 9 / 16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-9:30PM, PM-6:00 AMP</td>
<td>☑ Renovation and Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Full Containment with Negative Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>mini-Enclosure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Glovebag Procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Exposed () and Non-Friable Procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basement Mech. Room</th>
<th>Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>40 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td>18706</td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL, PA 19007</td>
<td></td>
<td>MORRISVILLE, PA 19067</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Scazioni</td>
<td>Estimator</td>
<td>Bruce Scazioni</td>
</tr>
</tbody>
</table>

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