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5228

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

Date of Notification (1) 6/27/2012		Name of Building Owner/Operator (2) PRINCETON ACADEMY OF SACRED HEART	
Agencies Notified () EPA () DEP (X) DOL () DOH () DCA	Notification Type (X) Initial Notification () Amended Notification Amendment # _____ () Emergency (including justification) () Cancellation	Street Address 1128 THE GREAT RD City, State, Zip Code PRINCETON, NJ 08540	ASBESTOS CO Name of Contact ANSLEY COX
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRINCETON ACADEMY OF SACRED HEART		Type of Facility (4) (X) School (K-12) () Subchapter 8 (other than K-12) () Other (i.e. private & commercial bldgs., homes, ...)	
Street Address 1128 THE GREAT RD		Sq. Feet <u>50,000</u> # of Floors <u>3</u>	
City (5) PRINCETON	County (6) MERCER	County Code (7) (State Use Only) ASCN No.	Bldg. Age <u>50+</u> Current Use (prior if being demolished) _____
Name of Monitoring Firm HORIZON environmental		Name of Contractor (9) Alliance Environmental Systems	
Street Address 301 9th street		Street Address 550 East Union Street	
City, State, Zip Code West Deptford, NJ 08086		City, State, Zip Code West Chester, PA 19382	
Project Manager for Monitoring Firm Steve Flanigan	Telephone Number 856 848 0800	Telephone Number 610-701-9000	License Number 00508
Scheduled Start Date (10) 7/11/2012	Scheduled Completion Date (11) 8/3/2012	Name of OSHA Monitor VERTEX, INC	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 700 TURNER WAY, SUITE 105	
Describe Other - _____		City, State, Zip Code ASTON, PA 19014	
Source of Work (Check all that apply) () Demolition (X) Renovation (x) NON FRIABLE REMOVAL OF FLOOR TILE, MASTIC BY HEAT MACHINE AND CHEMICAL REMOVAL BY WRAP AND CUT METHOD (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Negative Pressure Enclosure () Mini-Enclosure () Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
"Y" WING 1 ST FLOOR "Y" WING 1 ST FLOOR COPY ROOM	X X	FITTING INSULATION	90LF(EACH) WRAP AND CUT
"Y" WING 1 ST FLOOR 3 RD GRADE. UTILITY ROOM, STAIR E, 2 ND FLOOR, 3 RD FLOOR, ADMIN WING 2 ND FLOOR AND 3 RD FLOOR STAIRWELL, BEHIND LIBRARY 2 ND FLOOR	X	FLUE CEMENT VAT & MASTIC	2SF 13,825SF HEAT MACHINE AND CHEMICAL REMOVAL
Name of Reg. Waste Hauler TBD		NJDEP Waste Hauler ID # TBD	Cubic Yards of Waste 100
City, State		Disp. Date TBD	Name of Landfill TBD
Completed by (Print or Type) DEVIN BLOM	Title Estimator	Signature 	Date 6/27/2012

SACRED HEART
RECEIVED
JUL 2012

DOL

number

VERTEX, INC

ASTON, PA 19014

FITTING INSULATION

Abatement Type
Rep. Encap. Enclose

City, State
TBD

Date
6/27/2012

CK
5269

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

Date of Notification (1) 6/29/2012		Name of Building Owner/Operator (2) PRINCETON ACADEMY OF THE SACRED HEART	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1128 THE GREAT RD City, State, Zip Code PRINCETON, NJ 08540	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> RECEIVED JUL 3 2012 ASBESTOS CONTROL & TESTING </div>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRINCETON ACADEMY OF SACRED HEART		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 1128 THE GREAT RD		Sq. Feet 50,000 # of Floors _____	
City (5) PRINCETON	County (6) MERCER	County Code (7) (State Use Only)	Bldg. Age 50+ Current Use (prior if being demolished) _____
Name of Monitoring Firm HORIZON environmental		ASCM No. 00073	Name of Contractor (9) Alliance Environmental Systems
Street Address 301 9th street		Street Address 550 East Union Street	
City, State, Zip Code West Deptford, NJ 08086		City, State, Zip Code West Chester, PA 19382	
Project Manager for Monitoring Firm Steve Flanigan	Telephone Number 856 848 0800	Telephone Number 610-701-9000	License Number 00508
Scheduled Start Date (10) 7/11/2012	Scheduled Completion Date (11) 8/3/2012	Name of OSHA Monitor VERTEX, 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 -		Street Address 700 TURNER WAY, SUITE 105	
Describe Other - _____		City, State, Zip Code ASTON, PA 19014	
Source of Work (Check all that apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Negative Pressure Enclosure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
1st center area	<input checked="" type="checkbox"/>	Pipe insulation	180 lf
1st floor admin area	<input checked="" type="checkbox"/>	Fitting insulation	80lf(each)
2nd floor center area behind library	<input checked="" type="checkbox"/>	Ceiling tile	750sf
2nd floor admin area	<input checked="" type="checkbox"/>	Fitting insulation	30LF(EACH)
Name of Reg. Waste Hauler ALL JERSEY EXPRESS	NJDEP Waste Hauler ID # 18947	Cubic Yards of Waste 100	Name of Reg. Landfill ALLIED ASBESTE SERVICES
City, State 326 S CHURCH ST., HAZELTON, PA 18201		Disp. Date TBD	City, State IMPERIAL, PA
Completed by (Print or Type) DEVIN BLOM	Title Estimator	Signature 	Date 6/29/2012

Mail to: NJDEP-DSHW-BR RTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

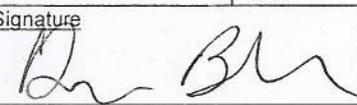
Telephone 609-984-6620

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9/18/00

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OK
5268

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

Date of Notification (1) 6/29/2012		Name of Building Owner/Operator (2) AMERICAN TOWER CORP	
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	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 116 HUNTINGTON AVE City, State, Zip Code BOSTON, MA 02116	
		Name of Contact SCOTT SANDEFUR	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) AMERICAN TOWER SITE #88075		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 bldgs., home etc.	
Street Address ROUTE 9 WEST		Sq. Feet 5000 # of Floors 1	
City (5) ALPINE	County (6) BERGEN	County Code (7) (State Use Only)	Bldg. Age 30+ Current Use (prior if being demolished) LL TOWER
Name of Monitoring Firm AET, INC		ASCM No.	Name of Contractor (9) Alliance Environmental Systems
Street Address 28 PENNELL RD		Street Address 550 East Union Street	
City, State, Zip Code MEDIA, PA		City, State, Zip Code West Chester, PA 19382	
Project Manager for Monitoring Firm DAVE TUROTSY	Telephone Number 6108910114	Telephone Number 610-701-9000	Licenses Number 00508
Scheduled Start Date (10) 7/16/2012	Scheduled Completion Date (11) 8/3/2012	Name of OSHA Monitor AET, 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 -		Street Address 28 PENNELL RD	
Describe Other - _____		City, State, Zip Code MEDIA, PA	
Source of Work (Check all that apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF) <input type="checkbox"/> Negative Pressure Enclosure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
roof		roofing	3900 sf
Name of Reg. Waste Hauler TBD		NJDEP Waste Hauler ID # TBD	Cubic Yards of Waste Approx. 30
City, State		Disp. Date TBD	Name of Reg. Landfill TBD
City, State		City, State	
Completed by (Print or Type) DEVIN BLOM	Title Estimator	Signature 	Date 6/29/2012

Mail to: NJDEP-DSHW-BR RTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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REMEMBER - MAIL IN HARD COPY

Date of Notification (1)
 06/29/2012

Name of Building Owner/Operator (2)
 Plainfield Public School

Street Address
 920 Park Ave

City, State, Zip Code
 Plainfield, NJ 07060

Name of Contact
 Harold Gec

Type Notification
 Initial
 Amended
 Amendment #
 Emergency (including justification)
 Cancellation

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

ASBESTOS CONTROL & TREATMENT
 WA

DOL-10 AY
 JUN 29 2012
 JUL 3 2012

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Plainfield High School

Street Address
 950 Park Avenue

City (5)
 Plainfield

County (6)
 Union

County Code (7)
 (STATE USE ONLY)

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

Square Feet
 125000

of Floors
 3

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
 TTI Environmental Inc

ASCM No.
 00003

Name of Abatement Contractor (9)
 GL Group, Inc

Street Address
 140 Hamburg Turnpike

City, State, Zip Code
 Bloomingdale, NJ 07403

Project Manager for Monitoring Firm
 Mary Ellen Leotta

Telephone No.
 866 840-8800

Telephone No.
 (201)710-9725

License No.
 01084

Start Date (10)
 7-06-2012

Scheduled Completion Date (11)
 7-10-2012

Name of OSHA Monitor
 GL Group, Inc

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

Street Address
 140 Hamburg Turnpike

City, State, Zip Code
 Bloomingdale, NJ 07403

Age

+

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

Abatement Type

Encapsulate

Repair

Enclosure

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)
	Yes	No	N/A		
2nd floor Mechanical	X			VDC Duct Collars	100SF
2nd floor Mechanical	X			Pin Mastic	10SF

Name of Registered Waste Hauler
 GL Group Inc

NJDEP Waste Hauler ID No.
 0033034

Cubic Yards of Waste
 18D

Name of Registered Landfill
 Grows

City State
 Bloomingdale, NJ

Disposal Date
 TBD

City State
 Morrisville, PA

Completed by
 Michael B Solakov

Title
 P.M.

Signature

29/2012

* Do not use this form for asbestos licens

ASB-41 (R 06-08)

P.1-2

To: FAX

6096330664

ASBESTOS

JUN-29-2012 15:50 FR

REMEMBER - MAIL IN HARD COPY

Compliant to NJAC 9:50 and 12:120

Check

660

Date of Notification (1)
06/29/2012

Name of Building Owner/Operator (2)
Plainfield Public School

Street Address
920 Park Ave

City, State, Zip Code
Plainfield, NJ 07060

Name of Contact
Harold Gee

Agencies Notified

<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended
<input type="checkbox"/> DOL	<input type="checkbox"/> Amendment #
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Plainfield High School

Street Address
950 Park Avenue

City (5)
Plainfield

County (6)
Union

Name of Monitoring Firm Hired by Building Owner (8)
TTI Environmental Inc

ASCM No.
00003

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
1253 North Church St

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Moorestown, NJ 08057

City, State, Zip Code
Bloomingdale, NJ 07403

Project Manager for Monitoring Firm
Mary Ellen Leotta

Telephone No.
856 840-8800

Telephone No.
(201)710-9725

License No.
01084

Start Date (10)
7-06-2012

Scheduled Completion Date (11)
7-10-2012

Name of OSHA Monitor
GL Group, Inc

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Other - Describe _____

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Bloomingdale, NJ 07403

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 Pro

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)	Removal
	Yes	No	N/A			
2nd floor Mechanical	X			VDC Duct Collars	100SF	X
2nd floor Mechanical	X			Pin Mastic	10SF	X

Name of Registered Waste Hauler
GL Group Inc

NJDEP Waste Hauler ID No.
0033034

Cubic Yards of Waste
18D

Name of Registered Landfill
Grows

City, State
Bloomingdale, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Michael B Solakov

Title
P.M.

Signature

Date
06/29/12

ASB-41 (R 06-08)

* Do not use this form for asbestos licensure exc

abd activities

1651

Date of Notification (1)
06/28/2011

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Amendment #
 Emergency (including justification)
 Cancellation

Name of Building Owner/Operator (2)
Plainfield Public School

Street Address
920 Park Ave

City, State, Zip Code
Plainfield, NJ 07060

Name of Contact
Harold Gee

Telephone Number

RECEIVED JUN 29 2012

WARRANTY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Plainfield High School

Street Address
950 Park Avenue

City (5)
Plainfield

County (6)
Union

County Code (7)
(STATE USE ONLY)

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

Square Feet
125000

of Floors
3

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
TTI Environmental Inc

ASCM No.
00003

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
1253 North Church St

City, State, Zip Code
Moorestown, NJ 08057

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Bloomingdale, NJ 07403

Project Manager for Monitoring Firm
Mary Ellen Leotta

Telephone No.
856-840-8800

Telephone No.
(201)710 0725

License No.
01084

Start Date (10)
6-28-2012

Scheduled Completion Date (11)
7-15-2012

Name of OSHA Monitor
GL Group, Inc

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

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Bloomingdale, NJ 07403

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

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)
	Yes	No	N/A		
Boiler Room	X			O&M Boiler Refractory Insul	400 SF
Boiler Room	X			O&M Boiler Door Woven Gas	200 LF

Name of Registered Waste Hauler
GL Group, Inc

NJDEP Waste Hauler ID No
0033034

Cubic Yards of Waste
IBU

Name of Registered Landfill
Grows

City State
Bloomingdale, NJ

Disposed Date
TBD

City State
Morrisville, PA

Completed by
Michael B Solakov

Title
P M

Signature

Date
06/29/2012

RECEIVED

VED

gs, homes.

g. Age

Procedure

Abatement Type

Repair

Encapsulation

Enclosure

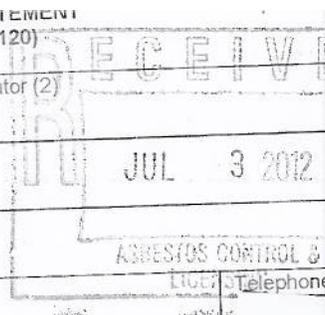
06/2012

empted activities

ASB 41 (R 06-09)

* Do not use this form for asbestos licensur

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Check # 1657

Date of Notification (1) 06/28/2012		Name of Building Owner/Operator (2) Plainfield Public School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 920 Park Ave						
			City, State, Zip Code Plainfield, NJ 07060						
			Name of Contact Harold Gee						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Plainfield High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than schools) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 950 Park Avenue		Square Feet 125000	# of Floors 3						
City (5) Plainfield		Current Use (Prior if being demolished)							
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 40+						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 1253 North Church St		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingtondale, NJ 07403							
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. 856-840-8800	Telephone No. (201)710-9725						
Start Date (10) 6-28-2012	Scheduled Completion Date (11) 7-15-2012								
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 Other - Describe: _____		Name of OSHA Monitor GL Group, Inc							
		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingtondale, NJ 07403							
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 type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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 (Spec SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
	Boiler Room	X					400	X	
Boiler Room	X			200	X				
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingtondale, NJ		Disposal Date TBD	City, State Morrisville, PA						
Completed by Michael B Solakov		Title P.M.	Signature <i>[Signature]</i>						
				Date 06/28/2012					

* Do not use this form for asbestos abatement or maintenance exempted activities.

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

Check # 1657

Date of Notification (1) 06/28/2012		Name of Building Owner/Operator (2) Plainfield Public School		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 3 2012 ASBESTOS </div>								
Agencies Notified		Type Notification				Street Address 920 Park Ave						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Plainfield, NJ 07060						
				Name of Contact Harold Gee								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Plainfield High School				Type of Facility (4)								
Street Address 950 Park Avenue				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than <input type="checkbox"/> Other (i.e. private & comm etc.)								
City (5) Plainfield		Square Feet 125000		# of Floors 3								
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being den shed)								
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003		Name of Abatement Contractor (9) GL Group, Inc								
Street Address 1253 North Church St		Street Address 140 Hamburg Turnpike		Street Address 140 Hamburg Turnpike								
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomington, NJ 07403		City, State, Zip Code Bloomington, NJ 07403								
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. 856-840-8800		Telephone No. (201)710-9725								
Start Date (10) 6-28-2012		Scheduled Completion Date (11) 7-15-2012		Name of OSHA Monitor GL Group, Inc								
Occupancy Status During Abatement (Check Only One)				Street Address 140 Hamburg Turnpike								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Bloomington, NJ 07403								
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 Negat <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-								
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
Boiler Room		X			O&M Boiler Refractory Insul		400 SF	X				
Boiler Room		X			O&M Boiler Door Woven Gas		200 LF	X				
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Lab Grows						
City, State Bloomington, NJ				Disposal Date TBD		City, State Morrisville, PA						
Completed by Michael B Solakov			Title P.M.		Signature 							

12) Social buildings, homes, Bldg. Age 40+

Pressure

able Procedure

ll

ate 6/28/2012

Date of Notification (1)
06/28/2011

Name of Building Owner/Operator (2)
Plainfield Public School

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Amendment #
 Emergency (including justification)
 Cancellation

Street Address
920 Park Ave

City, State, Zip Code
Plainfield, NJ 07060

Name of Contact
Harold Gee

ASBESTOS CONSTRUCTION LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Plainfield High School

Street Address
950 Park Avenue

City (5)
Plainfield

County (6)
Union

County Code (7) (STATE USE ONLY)

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

Square Feet
125000

of Floors
3

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
TTI Environmental Inc

ASCM No.
00003

Name of Abatement Contractor (9)
GL Group, Inc

Street Address
1253 North Church St

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Moorestown, NJ 08057

City, State, Zip Code
Bloomingtondale, NJ 07403

Project Manager for Monitoring Firm
Mary Ellen Leotta

Telephone No.
856-840-8800

Telephone No.
(201)710-0725

License No.
01084

Start Date (10)
6-28-2012

Scheduled Completion Date (11)
7-15-2012

Name of OSHA Monitor
GL Group, Inc

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

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Bloomingtondale, NJ 07403

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 Process

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)	Removal	Removal Type	
	Yes	No	N/A				Encapsulation	Enclosure
Boiler Room	X			O&M Boiler Refractory Insul	400 SF			
Boiler Room	X			O&M Boiler Door Woven Gas	200 LF			

Name of Registered Waste Hauler
GL Group, Inc

NJDEP Waste Hauler ID No
0033034

Cubic Yards of Waste
180

Name of Registered Landfill
Grows

City State
Bloomingtondale, NJ

Disposal Date
TBD

City State
Morrisville, PA

Completed by
Michael B Solakov

Title
P.M.

Signature
[Signature]

Date
06/28/2011

ASB-11 (R-06-08)

* Do not use this form for asbestos licensure exempt activities

P.1/1

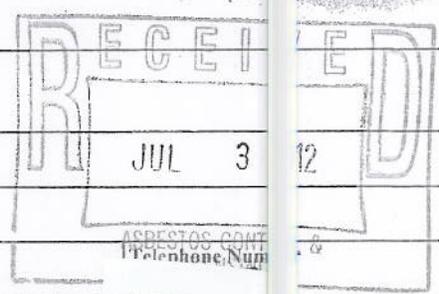
To: FAX

6096333664

34 From: ASBESTOS JUN-29-2012

28157

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



Date of Notification (1) 07/02/12 Month/Day/Year		Name of Building Owner/Operator (2) Campell Soup Company	
Agency Notified EPA DEP DCA DOH	Type Notification <input checked="" type="checkbox"/> Initial	Street Address 1 Campell Place	
	<input type="checkbox"/> Notification	City, State, Zip Code Camden NJ 08103	
	<input type="checkbox"/> Amended	Name of Contact Richard O' Neill	
	<input type="checkbox"/> Notification <input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Campell Soup World Headquarters 2nd fl offices			Type of Facility (4) School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)	
Street Address 1 Campell place			Square Feet 5000	# of Floors 2
City (5) Camden	County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office area	

Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting Inc	
Street Address 3370 Progress Drive - Suite J		Street Address 98 LaCruce Avenue		
City, State, Zip Code Bensalem PA 19020		City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Panepressa		Telephone Number 215-244-1300	Telephone Number 610-364-9622	

Scheduled Start Date (10) 07/20/12 Month/Day/Year	Sched. Completion Date (11) 07/30/12 Month/Day/Year	Name of OSHA Monitor Criterion Labs		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 7:00 AM Other - Describe:		Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

Demolition >3 sf or >3 if >160 sf or >260 lf	Renovation	Full Containment with Negative Pressure Mini - Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure
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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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
	Yes	No	N/A			
	2nd floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
2nd floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	floor tile	500	<input checked="" type="checkbox"/> R <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> V <input type="checkbox"/> A <input type="checkbox"/> L

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed		City, State Morrisville PA

Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 7-7-12
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ABS-41
JUN 95

G4667

No Check

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

Date of Notification (1) 3/19/12		Name of Building Owner/Operator (2) Dupont Nemours Company						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment 3 <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address Rt 130 South						
		City, State, Zip Code Deepwater, NJ 08023						
		Name of Contact Richard Clarke						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Chamber Works Plant			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 Rt 130 South			Square Feet					
City (5) Deepwater			# of Bldg. Age					
County (6) Salem		County Code (7) (STATE USE ONLY)	Current Use (prior to being demolished)					
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental		ASCM No.	Name of Contractor (9) County Environmental					
Street Address 761 Pulaski Hwy		Street Address 461 New Churchmans Rd.						
City, State, Zip Code Bear, De		City State, Zip Code New Castle, DE 19720						
Project Manager for Monitoring Firm Wesly Morrison		Telephone No. 302-326-2333	Telephone Number (302) 322-8946					
Scheduled Start Date (10) 4-2-12	Scheduled Completion Date (11) 9-27-12	Name of OSHA Monitor County Environmental (12-003)						
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 checked="" type="checkbox"/> Other - Describe: Unoccupied area.		Street Address 461 New Churchmans Road						
		City, State, Zip Code New Castle, DE 19720						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" 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 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 (SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Thermal Systems		x		Thermal coverings throughout area	1500LF	X		
Thermal Systems		x		Thermal coverings throughout area	400SF		X	X
Floor Tile /Mastic		x		Floor tile and mastic throughout area	350SF	X		
Name of Reg. Waste Hauler S&J Transport.		NJDEP Waste Hauler ID No. 03217	Cubic Yards of Waste >30	Name of Reg. Landfill Constoga				
City, State Woodstown, NJ			Disposal Date TBD	City, State Morgantown, PA				
Completed by Evelyn Walsh	Title Office Manager		Signature			Date 6-15-12		

RECEIVED
JUL 3 2012
ASBESTOS CONTRACTOR LICENSING

one Number
Bldg. Age
g demolished
Number
3
sure
procedure

No check

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

Date of Notification (1)
 7 / 1 2 / 12

Name of Building Owner/Operator (2)
 MERCK SHARP & DOHME CORP.

Street Address
 126 E. LINCOLN AVENUE

City, State, Zip Code
 RAHWAY, NEW JERSEY 07065

Name of Contact
 MARY BETH BAKER

Agencies Notified

<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #2
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION



Name of Facility Where Abatement is Taking Place (3)
 MERCK SHARP & DOHME CORPORATION

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
 126 EAST LINCOLN AVENUE - BUILDING 71

City (5)
 RAHWAY

County (6)
 UNION

County Code (7)
 (STATE USE ONLY)

Current Use (Prior if being demolished)
 COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)
 ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.
 17

Name of Abatement Contractor (9)
 PAR ENVIRONMENTAL CORPORATION

Street Address
 655 WEST SHORE TRAIL

City, State, Zip Code
 SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm
 WILLIAM S. KERBEL

Telephone Number
 973-729-5649

Expected State Date (10)
 5 / 24 / 12

Sched. Completion Date (11)
 8 / 24 / 12

Name of OSHA Monitor
 AMERISCI LABORATORIES INC. #11480

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe:
 Other - Describe: Monday - Friday 6am-2:30pm

Street Address
 117 EAST 30TH STREET

City, State, Zip Code
 NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3SF OR LF		<input checked="" type="checkbox"/> Mini-Encl.
<input checked="" type="checkbox"/> >160 SF OR		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
THROUGHOUT			X	PIPE INSULATION & ELBOWS	2,320 LF	X			
THROUGHOUT			X	LAB BENCH TOPS	1,600 SF	X			
THROUGHOUT			X	FLOOR TILE & MASTIC	21,030 SF	X			
THROUGHOUT			X	TRANSITE FUME HOOD LINING	800 SF	X			
THROUGHOUT			X	CEILING TILE MASTIC DABS	4,045 SF	X			
THROUGHOUT			X	MASTIC ON CORK DUCT INSULATION	150 SF	X			
THROUGHOUT			X	TAR PAPER ON DUCTWORK & EXTERIOR	1,900 SF	X			
THROUGHOUT			X	ROOF FLASHING	2,100 SF	X			
THROUGHOUT			X	EXTERIOR SIDING TRANSITE	900 SF	X			
THROUGHOUT			X	WINDOW GLAZING	600 SF	X			
THROUGHOUT			X	WATERPROOFING	1,100 SF	X			
THROUGHOUT			X	CAULK	50 SF	X			
EXTERIOR PIPE RACK			X	PIPE INSULATION	70 LF	X			

Name of Registered Waste Hauler
 FREEHOLD CARTAGE, INC.

NJDEP Waste Hauler ID No.
 15939

Cubic Yards of Waste
 60

Name of Registered Landfill
 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

825 HIGHWAY 33
 FREEHOLD, NEW JERSEY 07728-5010

447 ALEXANDER DREIE/ROUTE 15
 MONTGOMERY, PA 17752

City, State
 FREEHOLD, NEW JERSEY

Disposal Date
 7/2/12

Completed by (Print or Type)
 BENJAMIN SANCHEZ

Title
 DIRECTOR OF OPERATIONS

Signature
 [Signature]

Date
 7/2/12

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



Date of Notification (1)
 6 / 20 /12

Name of Building Owner/Operator (2)
 MERCK SHARP & DOHME CORP.

Street Address
 126 E. LINCOLN AVENUE

City, State, Zip Code
 RAHWAY, NEW JERSEY 07065

Name of Contact
 MARY BETH BAKER

Telephone Number
 ASBESTOS CONTROL LICENSING

Agencies Notified

<input checked="" type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input type="checkbox"/>	DCA

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #1
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 MERCK SHARP & DOHME CORPORATION

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
 126 EAST LINCOLN AVENUE - BUILDING 71

Square Feet
 39,250

of Floors
 3

Bldg. Area
 72

City (5)
 RAHWAY

County (6)
 UNION

County Code (7)
 (STATE USE ONLY)

Current Use (Prior if being demolished)
 COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)
 ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.
 17

Name of Abatement Contractor (9)
 PAR ENVIRONMENTAL CORPORATION

Street Address
 655 WEST SHORE TRAIL

Street Address
 313 SPOOK ROCK ROAD

City, State, Zip Code
 SPARTA, NEW JERSEY 07871

City, State, Zip Code
 SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
 WILLIAM S. KERBEL

Telephone Number
 973-729-5649

Telephone Number
 845-369-7500

License Number
 460

Expected State Date (10)
 5 / 24 /12

Sched. Completion Date (11)
 8 / 24 /12

Name of OSHA Monitor
 AMERISCI LABORATORIES INC. #11480

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:

Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Street Address
 117 EAST 30TH STREET

City, State, Zip Code
 NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

Demolition Renovation

>3SF OR LF

>160 SF OR

Full Containment with Negative Pressure

Mini-Encl. ,

Glovebag Procedure

Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
THROUGHOUT			X	PIPE INSULATION & ELBOWS	2,320 LF	X			
THROUGHOUT			X	LAB BENCH TOPS	1,600 SF	X			
THROUGHOUT			X	FLOOR TILE & MASTIC	21,030 SF	X			
THROUGHOUT			X	TRANSITE FUME HOOD LINING	800 SF	X			
THROUGHOUT			X	CEILING TILE MASTIC DABS	4,045 SF	X			
THROUGHOUT			X	MASTIC ON CORK DUCT INSULATION	150 SF	X			
THROUGHOUT			X	TAR PAPER ON DUCTWORK & EXTERIOR	1,900 SF	X			
THROUGHOUT			X	ROOF FLASHING	2,100 SF	X			
THROUGHOUT			X	EXTERIOR SIDING TRANSITE	900 SF	X			
THROUGHOUT			X	WINDOW GLAZING	600 SF	X			
THROUGHOUT			X	WATERPROOFING	1,100 SF	X			
THROUGHOUT			X	CAULK	50 SF	X			
EXTERIOR PIPE RACK			X	PIPE INSULATION	70 LF	X			

Name of Registered Waste Hauler
 FREEHOLD CARTAGE, INC.
 825 HIGHWAY 33
 City, State
 FREEHOLD, NEW JERSEY 07728-5010

NJDEP Waste Hauler ID No.
 15939

Cubic Yards of Waste
 60

Disposal Date

Name of Registered Landfill
 LYCOMING COUNTY RESOURCE MANAGEMENT
 447 ALEXANDER DREIE/ROUTE 15
 City, State
 MONTGOMERY, PA 17752

Completed by (Print or Type)
 BENJAMIN SANCHEZ

Title
 DIRECTOR OF OPERATIONS

Signature

Date
 6/20/12

pe

YES

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



Date of Notification (1)
 5 / 10 / 12

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial Notification
 Amended Notification
 Cancellation
 On Hold
 EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
 MERCK SHARP & DOHME CORP

Street Address
 126 E. LINCOLN AVENUE

City, State, Zip Code
 RAHWAY, NEW JERSEY 07065

Name of Contact
 MARY BETH BAKER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 MERCK SHARP & DOHME CORPORATION

Street Address
 126 EAST LINCOLN AVENUE - BUILDING 71

City (5)
 RAHWAY

County (6)
 UNION

County Code (7)
 (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
 ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address
 655 WEST SHORE TRAIL

City, State, Zip Code
 SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm
 WILLIAM S. KERBEL

Expected State Date (10)
 5 / 24 / 12

Sched. Completion Date (11)
 8 / 24 / 12

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe:
 Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
 Demolition
 >3SF OR LF
 >160 SF OR

Renovation

Full Containment with Negative Pressure
 Mini-Enclo.,
 Glovebag Procedure
 Non-Friable Procedure

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (ie. private & commcl. bldgs., homes, etc)

Square Feet
 39,250

of Floors
 3

Bldg
 7

Current Use (Prior if being demolished)
 COMMERCIAL OFFICE

Name of Abatement Contractor (9)
 PAR ENVIRONMENTAL CORPORATION

Street Address
 313 SPOOK ROCK ROAD

City, State, Zip Code
 SUFFERN, NEW YORK 10901

Telephone Number
 845-369-7500

License Number
 460

Name of OSHA Monitor
 AMERISCI LABORATORIES INC. #11480

Street Address
 117 EAST 30TH STREET

City, State, Zip Code
 NEW YORK, NEW YORK 10016

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE
THROUGHOUT			X	PIPE INSULATION & ELBOWS	2,320 LF	X		
THROUGHOUT			X	LAB BENCH TOPS	1,600 SF	X		
THROUGHOUT			X	FLOOR TILE & MASTIC	21,030 SF	X		
THROUGHOUT			X	TRANSITE FUME HOOD LINING	800 SF	X		
THROUGHOUT			X	CEILING TILE MASTIC DABS	4,045 SF	X		
THROUGHOUT			X	MASTIC ON CORK DUCT INSULATION	150 SF	X		
THROUGHOUT			X	TAR PAPER ON DUCTWORK & EXTERIOR	1,900 SF	X		
THROUGHOUT			X	ROOF FLASHING	2,100 SF	X		
THROUGHOUT			X	EXTERIOR DIDDING TRANSITE	900 SF	X		
THROUGHOUT			X	WINDOW GLAZING	600 SF	X		
THROUGHOUT			X	WATERPROOFING	1,100 SF	X		
THROUGHOUT			X	CAULK	50 SF	X		

Name of Registered Waste Hauler
 FREEHOLD CARTAGE, INC.
 825 HIGHWAY 33
 City, State
 FREEHOLD, NEW JERSEY 07728-5010

NJDEP Waste Hauler ID No.
 15939

Cubic Yards of Waste
 60

Disposal Date

Name of Registered Landfill
 LYCOMING COUNTY RESOURCE MANAGEMENT
 447 ALEXANDER DREIE/ROUTE 15
 City, State
 MONTGOMERY, PA 17752

Completed by (Print or Type)
 BENJAMIN SANCHEZ

Title
 DIRECTOR OF OPERATIONS

Signature

Date
 5/10/12

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



Date of Notification (1)
 5 / 10 / 12

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial Notification
 Amended Notification
 Cancellation
 On Hold
 EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
 MERCK SHARP & DOHME CORP.

Street Address
 126 E. LINCOLN AVENUE

City, State, Zip Code
 RAHWAY, NEW JERSEY 07055

Name of Contact
 MARY BETH BAKER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 MERCK SHARP & DOHME CORPORATION

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
 126 EAST LINCOLN AVENUE - BUILDING 47

Square Feet: 50,100 | # of Floors: 2 | Bldg.: 82

City (5): RAHWAY | County (6): UNION | County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8)
 ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.: 17

Name of Abatement Contractor (9)
 PAR ENVIRONMENTAL CORPORATION

Street Address
 655 WEST SHORE TRAIL

Street Address
 313 SPOOK ROCK ROAD

City, State, Zip Code
 SPARTA, NEW JERSEY 07871

City, State, Zip Code
 SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
 WILLIAM S. KERBEL, CIH

Telephone Number
 973-729-5649

Telephone Number
 845-369-7500

License Number
 460

Expected State Date (10)
 5 / 24 / 12

Sched. Completion Date (11)
 8 / 24 / 12

Name of OSHA Monitor
 AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe:
 Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Street Address
 117 EAST 30TH STREET

City, State, Zip Code
 NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

Demolition
 >3SF OR LF
 >160 SF OR 260 LF

Renovation

Full Containment with Negative Pressure
 Mini-Encl.
 Glovebag Procedure
 Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
THROUGHOUT			X	PIPE INSULATION & ELBOWS	730 LF	X			
THROUGHOUT			X	FLOOR TILE AND MASTIC	16,425 SF	X			
ROOF			X	ROOF FLASHING	2,300 SF	X			
WINDOWS THROUGHOUT (11)			X	WINDOW GLAZING	11 SF	X			

Name of Registered Waste Hauler
 FREEHOLD CARTAGE, INC.
 825 HIGHWAY 33
 City, State
 FREEHOLD, NEW JERSEY

NJDEP Waste Hauler ID No.
 15939

Cubic Yards of Waste
 50

Disposal Date
 5/24-8/24/2012

Name of Registered Landfill
 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
 447 ALEXANDER DRIVE/ROUTE 15
 City, State
 MONTGOMERY, PA 17752

Completed by (Print or Type)
 BENJAMIN SANCHEZ

Title
 DIRECTOR OF OPERATIONS

Signature

Date
 5/10/12