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

Date of Notification (1)
09/19/12

Name of Building Owner/Operator (2)
Princeton University

Agency Notified
EPA
DEP
DCA
DOH
Type Notification
Initial
Notification
Amended
Notification
Cancellation

Name of Facility Where Abatement is Taking Place (3)
Princeton University — Architectural Lab 1st fl bathroom and storage area

Name of Monitoring Firm hired by Building Owner (8)
Pennoni Associates Inc

Name of Abatement Contractor (9)
Associated Specialty Contracting

Type of Facility (4)
School (K12)
Subchapter 8 (Other than K12)
Other (i.e., Private & commercial buildings, homes, etc.)

Square Feet
10000

# of Floors
3

Bldg. Age
50+

Current Use (Prior if being demolished)
University

Facility Information

City (5)
Princeton

County (6)

County Code (7)
STATE USE ONLY

ASCM No.

Telephone Number
856-547-0505

License Number
1103

Name of OSHA Monitor
Criterion Labs

Name of OSHPD Monitor

Project Manager of Monitoring Firm
Alan Lloyd

Scheduled Start Date (10)
10/01/12

Sched. Completion Date (11)
10/03/12

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: 8:00 AM - 5:00 PM

Other - Describe:

Scope of Work (Check all that apply)

Demolition

> 3 sf or >3 if

> 160 sf or >260 if

Non-Friable Procedure

Renovation

Full Containment with Negative Pressure

Mini - Enclosure

Glovebag Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility (13)

Location

Description of Asbestos-Containing Material (ACM)

Amount

Location Normally Used

Solary

by Maintenance/Custodial Staff (12)

SF or LF

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill

Horizon Disposal

City, State
Trenton NJ

Disposal Date
As needed
City, State
Morrisville PA

Completed By (Print or Type)
Mark Goshaw

Title
Project Manager
Signature

ABS-41
JUN 95

RECEIVED
2012 SEP 20 PM 4:29

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

Date of Notification (1)  
09/18/12  

Name of Building Owner/Operator (2)  
Princeton University  

Name of Contact  
Robert Otero  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Princeton University - Lawrence Low Rise Apartments bldg 7 apt 204 kitchen  

Type of Facility (4)  
School (K12)  

Subchapter 8 (Other than K12)  

x Other (i.e. private & commercial buildings, homes, etc.)  

Square Feet  
10000  

# of Floors  
3  

Bldg. Age  
50+  

Current Use (Prior to being demolished)  
University  

City (5)  
Princeton  

County (6)  

county Code (7)  

(State Use Only)  

Name of Monitoring Firm Hired by Building Owner (8)  
Pennaoni Associates Inc  

ASCM No.  
ASCM  

Name of Abatement Contractor (9)  
Associated Specialty Contracting  

Street Address  
98 LaCrue Avenue  

City, State, Zip Code  
Glen Mills, PA 19342  

Telephone Number  
610-364-9622  

Licence Number  
1103  

Name of OSHA Monitor (10)  
Criterion Labs  

Street Address  
3370 Progressive Drive  

City, State, Zip Code  
Bensalem PA 19020  

Scheduled Start Date (10)  
09/28/12  

Sched. Completion Date (11)  
10/01/12  

Occupancy Status During Abatement (Check only one)  
Facility Closed/Vacated During Entire Period of Abatement  

x Abatement Performed Outside of Normal Facility  

Hours - Describe: 8:00 AM - 5:00 PM  

Other - Describe:  

Scope of Work (Check all that apply)  
Demolition  

x >3 sf or >3 if  

>160 sf or >260 sf  

x Non-Friable Procedure  

Renovation  

Full Containment with Negative Pressure  

Mini - Enclosure  

Glovebag Procedure  

Abatement Type  

Location of Asbestos-Containing Material (ACM) TO BE ABATED (12)  

Location  

Is Normally Used Solely by Maintenance/Custodial Staff  

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)  

x 80  

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No.  
2  

Name of Registered Landfill  
GROWS  

City, State  
Morrisville PA  

Completed By (Print or Type)  
Mark Goshow  

Title  
Project Manager  

Signature  
Mark Goshow  

AB-40  
JUN 95  

Cubic Yards of Waste  
Name of Registered Landfill  

City, State  
Morrisville PA  

Completed By (Print or Type)  
Mark Goshow  

Title  
Project Manager  

Signature  
Mark Goshow  

G-4667  

2012 SEP 20 PM 4:23
Date of Notification (1) 9/14/2012  
Check #2306  
Name of Building Owner/Operator (2) UNION CATHOLIC REGIONAL HIGH SCHOOL  
Agencies Notified  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
- Initial  
- Amended  
- Amendment #  
- Emergency (including justification)  
- Cancellation  
Street Address 1600 Martine Avenue  
City, State, Zip Code Scotch Plains, NJ 07075  
Name of Contact Karen Plasacki  
Name of Facility Where Abatement Is Taking Place (3) Union Catholic Regional High School  
Type of Facility (4)  
- School (K-12)  
- Subchapter 8 (Other Than K-12)  
- Other (i.e. private & commercial buildings, homes, etc.)  
Square Feet 80,000  
# of Floors 2  
Bldg. Age 75+  
County (6) UNION  
County Code (7) (STATE USE ONLY)  
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental  
ASCM No. 00118  
Name of Abatement Contractor (9) EA Services Corporation  
Street Address 464 Valley Brook Avenue  
City, State, Zip Code Lyndhurst, NJ 07071  
Project Manager for Monitoring Firm Jim Ruff  
Telephone No. 201-439-4839  
Telephone No. 201-295-1700  
License No. 01074  
Start Date (10) 9/14/2012  
Scheduled Completion Date (11) 9/16/2012  
Name of OSHA Monitor EA Services Corporation  
Occupancy Status During Abatement (Check Only One)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other – Describe: 300 PM  
Scope of Work (Check All That Apply)  
- 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 (15)  
<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ 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 SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>2x4 white perforated ceiling tile</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name of Registered Waste Hauler Atlantic Carting  
City, State Wayne, NJ  
NJDEP Waste Hauler ID No. 26085  
Cubic Yards of Waste tbd  
Name of Registered Landfill IESI Bethlehem Landfill Corp  
City, State Bethlehem PA  
Disposal Date tbd  
Completed by Gina Salvador  
Date 9/14/2012  
Title Office Manager  
Signature * Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

#### Date of Notification (1)
9/14/2012

#### Check#2308
Check

#### Name of Building Owner/Operator (2)
St Aloysius Elementary School

#### Agencies Notified
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [x] DCA

#### Type Notification
- [x] Initial
- [x] Amended
- [x] Emergency (including justification)

#### Street Address
721 West Side Avenue

#### City, State, Zip Code
Jersey City, NJ 07304

#### Name of Contact
Rev. Joseph D'Amico

#### Telephone Number

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
St Aloysius School

#### Street Address
721 West Side Avenue

#### City (5)
Jersey City, NJ 07304

#### County (6)
Hudson

#### County Code (7)
01

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

#### Square Feet
80,000

#### # of Floors
3

#### Bldg. Age
75+

#### Current Use (Prior if being demolished)
School

#### Name of Monitoring Firm Hired by Building Owner (8)
McCabe Environmental

#### ASCM No.
00118

#### Name of Abatement Contractor (9)
EA Services Corporation

#### Street Address
454 Valley Brook Avenue

#### City, State, Zip Code
Lyndhurst, NJ 07071

#### Telephone No.
201-438-4839

#### Telephone No.
201-285-1700

#### License No.
01074

#### Start Date (10)
10/06/2012

#### Scheduled Completion Date (11)
10/16/2012

#### Name of OSHA Monitor
EA Services Corporation

#### 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:

#### Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 if
- [x] ≥150 sf or ≥250 if
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility

#### (13)

<table>
<thead>
<tr>
<th>Room 401 and Room 408</th>
<th>PopCom Ceiling Plaster</th>
<th>1,140 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 401 and Room 408</td>
<td>9&quot; Floor Tile &amp; Mastic</td>
<td>1,140 SF</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
Atlantic Carting

#### NJ/DEP Waste Hauler ID No.
26085

#### Cubic Yards of Waste

tbd

#### Name of Registered Landfill
IESI Bethlehem Landfill Corp

#### City, State
Wayne, NJ

#### Disposal Date
tbd

#### City, State
Bethlehem PA

#### Completed by
Gina Salvador

#### Title
Office Manager

#### Signature

#### Date
9/14/2012

*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)** 09/15/12

**Name of Building Owner/Operator (2)** BR Orpheum Urban Renewal Company, LLC

**Street Address** 100 Washington Blvd., Suite 200

**City, State, Zip Code** Stamford, CT 06902

**Name of Contact** John Dolan

---

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

**The Orpheum Building**

**Street Address** 24 Beacon Way

**Square Feet** 250,000

**# of Floors** 22

**Bldg. Age** 50+-

**City (5)** Jersey City

**County (6)** Hudson

**County Code (7)** (STATE USE ONLY)

**Current Use (Prior if being demolished)** vacant

**Name of Monitoring Firm Hired by Building Owner (8)**

N/A

**Name of Abatement Contractor (9)**

Stanmark Contractors, LLC

**Street Address** 27 Edsall Drive

**City, State, Zip Code** Sussex, NJ 07461

**Telephone No.** 973-864-2022

**License No.** 01137

**Name of OSHA Monitor**

AmeriSci

**Street Address**

117 East 30th Street

**City, State, Zip Code**

New York, NY 10016

**Start Date (10)** 05/08/12

**Scheduled Completion Date (11)** 10/20/12

**Occupy Status During Abatement (Check Only One)**

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours

**Scope of Work (Check All That Apply)**

- [ ] 6 ft or 6 ft
- [X] 6 to 10 ft or 6 to 10 ft
- [X] 160 sq ft or 250 sq ft
- [X] Demolition
- [X] Renovation

---

**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 LT)**

**Abatement Type**

- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Frangible Procedure

---

**PLEASE SEE ATTACHED LETTER**

**Name of Registered Waste Hauler**

Pro-Tech, LLC

**NJDEP Waste Hauler ID No.** 190713

**Cubic Yards of Waste** 110

**Name of Registered Landfill**

Minerva Landfill

**City, State** 

Waynesburgh, OH

**Disposal Date on completion**

**Completed by**

Marko Stankovic

**Title**

President

**Signature**

Maria Luongo

**Date** 09/15/12

*Do not use this form for asbestos licensure exempted activities.*
### NOTIFICATION OF ASBESTOS ABATEMENT

**Page #2**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount</th>
<th>Asbestos Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridge Between Orpheum And Main Bldg.</td>
<td>no</td>
<td>Pipe Insulation</td>
<td>45 L.F.</td>
<td>Removal</td>
</tr>
<tr>
<td>All Floors</td>
<td>no</td>
<td>Window calking</td>
<td>892 windows</td>
<td>Removal</td>
</tr>
<tr>
<td>2nd &amp; 19th Floors</td>
<td>no</td>
<td>Pipe Insulation</td>
<td>275 L.F.</td>
<td>Removal</td>
</tr>
<tr>
<td>17th Floor</td>
<td>no</td>
<td>Paper insulation board</td>
<td>390 S.F.</td>
<td>Removal</td>
</tr>
<tr>
<td>Throughout the Building - 140 places</td>
<td>no</td>
<td>wall mastic waterproofing</td>
<td>560 S.F.</td>
<td>Removal</td>
</tr>
<tr>
<td>Paramount Bldg.-Gymnasium</td>
<td>no</td>
<td>pipe insulation</td>
<td>70 L.F.</td>
<td>Removal</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

Date of Notification (1) 09/14/12

Name of Building Owner/Operator (2)
Trinitas Regional Medical Center

Street Address
301 Rt. 17 North, Suite 800

City, State, Zip Code
Elizabeth, NJ 07207

Name of Contact
Robert Perez

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Trinitas Regional Medical Center

Address
225 Williamson Street

City (5) Elizabeth

County (6)
Union

County Code (7)
STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
N/A

Name of Abatement Contractor (9)
Stanmark Contractors, LLC

ASCM No.

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
150,000

Bldg. Age
50+-

# of Floors
9

Current Use (Prior if being demolished)
Medical Center

Project Manager for Monitoring Firm

Telephone No.

License No.
01137

Name of OSHA Monitor
AmeriSci

Street Address
27 Eadsall Drive

City, State, Zip Code
Sussex, NJ 07461

Start Date (10) 09/15/12

Scheduled Completion Date (11) 09/25/12

Occuancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: during and after normal business hours

Scope of Work (Check All That Apply)

≥23 sf or ≥23 if

Renovation

≥160 sf or ≥260 if

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 Normaly 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

Endorse

7th Floor North side

lose floor tiles

30 S.F.

7th Floor North side

carpets

120 S.F.

Name of Registered Waste Hauler
Pro-Tech, LLC

Cubic Yards of Waste
6-7

Name of Registered Landfill
Minerva Landfill

City, State
New Haven, CT

Disposal Date on completion

City, State

Signature

Date

09/14/12

ASB-41 (R-06-06)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:27A-1)

Date of Notification (1)
9/14/2012

Name of Building Owner/Operator (2)
Eriksen, Inc. formerly Telecordia Technologies, Inc.

Street Address
One Telecordia Drive

City, State, Zip Code
Piscataway, NJ 08854

Name of Contact
Mr. Eric Fox

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Telecordia Technologies, Inc.

Street Address
One Telecordia Drive (Bldg. 3)

City (5)
Piscataway

County (6)
Somerset

County Code (7)
STATE USE ONLY

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

ASCM No.
N/A

Name of Abatement Contractor (9)
East Coast Haz Mat Removal, Inc.

Street Address
494 E. 41 Street

City, State, Zip Code
Paterson, NJ 07504

Project Manager for Monitoring Firm
Mr. Tom Geiger

Telephone No.
732-290-2217

Telephone No.
973-345-0022

License No.
00507

Name of OSHA Monitor
The same as above

Start Date (10)
September 14, 2012

Scheduled Completion Date (11)
September 30, 2012

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Unoccupied Area (Mech. Rm.)

Scope of Work (Check All That Apply)

- Asbestos Removal
- Demolition
- Renovation
- Full Encapsulation
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Amount (Specify SF or LF)
Pipe Insulation
250 LF

Bldg. 3 Penthouse Mechanical Rm.

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility

Name of Registered Waste Hauler
Newark Carting, Inc.

Disposal Date
9/30/2012

Name of Registered Landfill
IESI - Bethlehem, Landfill

Completed by
James E. Unger

Title
Project Manager

Signature

Date
9/14/2012

ASB-41 (R-06-08)

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

**State of New Jersey**

**Name of Building Owner/Operator:** Telcordia Technologies, Inc.

**Agency**
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- [X] DCA

**Type Notification**
- [X] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Address**
- **Street Address:** One Telcordia Drive
- **City:** Piscataway
- **State:** NJ
- **Zip Code:** 08854

**Name of Contact:** Mr. Eric Fox

**Telephone Number**
- N/A

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
- Telcordia Technologies, Inc.

**Street Address**
- One Telcordia Drive (Bldg. 3)

**City:** Piscataway

**County:** Somerset

**County Code:** N/A

**Square Feet:** N/A

**# of Floors:** 4

**Bldg. Age:** 50 Years +

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

**Current Use (Prior to being demolished):** Communications

**Name of Monitoring Firm HIred by Building Owner:**
- Environmental Tactics, Inc.

**Name of Abatement Contractor:**
- East Coast Haz Mat Removal, Inc.

**Street Address**
- 64 Broad Street

**City, State, Zip Code:** Matawan, NJ 07747

**Telephone No.:** 732-230-2217

- **License No.:** 00507

**Project Manager for Monitoring Firm:**
- Mr. Tom Geiger

**Street Address:** 494 E. 41 Street

**City, State, Zip Code:** Paterson, NJ 07504

**Start Date:**
- September 14, 2012

**Scheduled Completion Date:**
- September 30, 2012

**Occupancy Status During Abatement (Check Only One):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [X] Other – Describe: Unoccupied Area (Mech. Rm.)

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**
- Bldg. 3 Penthouse Mechanical Rm.
- Pipe Insulation
- Amount: 650 LF

**Name of Registered Waste Hauler:**
- Newark Carting, Inc.

**Waste Hauler ID No.:** 11222

**Cubic Yards of Waste:** 10

**Name of Registered Landfill:**
- IESI - Bethlehem Landfill

**City, State:** Bethlehem, PA 18015

- **Disposal Date:** 9/30/2012
- **Name of Registered Landfill:**
- **City, State:**

**Completed by:**
- James E. Unger
- Project Manager

**Date:** 8/31/2012

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:92 and 12:120)

**Date of Notification (1)**
09/17/12

**Name of Building Owner/Operator (2)**
TransBank International

**Agency Notified**
- EPA
- DEP
- DOL
- DOH
- DCA

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

**Facility Where Abatement is Taking Place (3)**
Boiler House

**Street Address**
12 Cork Hill Road

**City, State, Zip Code**
Franklin, NJ 07416

**Name of Contact**
Jeffrey Fletcher

**FACILITY INFORMATION**

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

**Square Feet**
2,000

**# of Floors**
1

**Bldg. Age**
50+-

**Current Use**
WAREHOUSE

**Name of Monitoring Firm Hired by Building Owner (8)**
N/A

**ASCM No.**

**Name of Abatement Contractor (9)**
STANMARK CONTRACTORS, LLC

**Street Address**
27 EDSALL DRIVE

**City, State, Zip Code**
SUSSEX, NJ 07461

**Telephone No.**
973-864-2022

**License No.**
01137

**Telephone No.**

**License No.**

**Name of OSHA Monitor**
AMERISCI

**Street Address**
117 EAST 30TH STREET

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

**Start Date (10)**
09/28/12

**Scheduled Completion Date (11)**
10/05/12

**Occupancy Status During Abatement**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe:

**Scope of Work (Check All That Apply)**
- 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)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler House</td>
<td>x</td>
<td>pipe insulation</td>
<td>160 L.F.</td>
</tr>
<tr>
<td>Boiler House</td>
<td>x</td>
<td>breaching insulation</td>
<td>190 S.F.</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
PRO-TECH, LLC

**NJDEP Waste Hauler ID No.**
190713

**Cubic Yards of Waste**
15

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
WAYNESBURG, OH

**Completed by**
MARKO STANKOVIC

**Title**
PRESIDENT

**Signature**

**Date**
09/17/12

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/7/12</td>
<td>PSE-G</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>X DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>X MOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>X DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>X DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4000 HADLEY RD</td>
<td>SOUTH PLAINFIELD, NJ</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSE-G</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RT. 1 x PIERSON AVE.</td>
<td>MIDDLESEX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPX 16000</td>
<td>3</td>
<td>APPX 93</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWITCH STATION</td>
</tr>
</tbody>
</table>

### ENVIRONMENTAL TACTICS

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No. 0045</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIQU EXPRESS SYSTEMS OF AMERICA INC.</td>
</tr>
</tbody>
</table>

### OCCUPANCY STATUS DURING ABATEMENT

<table>
<thead>
<tr>
<th>Check Only One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

### SCOPE OF WORK

- ≥36 sf or ≥3 ft
- ≥160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

### LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)

- Location: 1st Flr. Control Room
- Description: TRANSITE PANELS
- Amount: 22 SF

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Flr. Control Room</td>
</tr>
</tbody>
</table>

### WASTE MANAGEMENT

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASTE MANAGEMENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPX 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS NORTH</td>
</tr>
</tbody>
</table>

### COMPLETED

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAROL RAIMO</td>
<td>OFFICE MGR</td>
<td>CAROL RAIMO</td>
</tr>
</tbody>
</table>
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

**Name of Building Owner / Operator (2):** NOVARTIS PHARMACEUTICALS CORPORATION

**Street Address:** 1 HEALTH PLAZA

**City, State, Zip Code:** EAST HANOVER, NJ 07936

**Name of Contact:** KEN PIROZZI

**Date of Notification (1):** 09/19/12

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
</tbody>
</table>

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

**Street Address:** 1 HEALTH PLAZA

**City (5):** EAST HANOVER

**County (6):** MORRIS

**County Code (7):** N/A

**Square Feet:** N/A

**# Of Floors:** N/A

**Building Age:** 40+

**Name of Monitoring Firm Hired by Bldg. Owner (8):** HILLMAN ENVIRONMENTAL

**Street Address:** 1600 ROUTE 22 EAST

**City, State, Zip Code:** UNION, NJ 07083

**Project Mgr. For Monitoring Firm:** MIKE NEHLSSEN

**Telephone Number:** 908-689-7600

**Occupancy Status During Abatement (Check Only 1):** Facility Closed/Vacated During Entire Period of Abatement

**Other - Describe:** MON-FRI - 7:00AM - 3:30PM

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>B407 - 1ST FL</td>
<td>PIPE &amp; FITTING</td>
<td>250 LF</td>
<td>R E M O V A L</td>
</tr>
<tr>
<td>B407 - 2ND FL</td>
<td>PIPE &amp; FITTING</td>
<td>40 LF</td>
<td>R E M O V A L</td>
</tr>
<tr>
<td>B407 - 2ND FL</td>
<td>TRANSITE/DUCT</td>
<td>60 LF</td>
<td>R E M O V A L</td>
</tr>
<tr>
<td>B407 - 3RD FL</td>
<td>PIPE &amp; FITTING</td>
<td>75 LF</td>
<td>R E M O V A L</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NEWARK CARTING

**Disposal Date:** BETHLEHEM, PA

**Completed by (Print or Type):** STEVEN STILES

**Title:** PROJECT MANAGER

**Signature:**

**Date:** 09/19/12
<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/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 SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>B407 - 3RD FL</td>
<td>□</td>
<td>□</td>
<td>TRANSITE/DUCT</td>
<td>75 LF</td>
</tr>
<tr>
<td>B407 - 4TH FL</td>
<td>□</td>
<td>□</td>
<td>PIPE &amp; FITTING</td>
<td>12 LF</td>
</tr>
<tr>
<td>B407 - 4TH FL</td>
<td>□</td>
<td>□</td>
<td>TRANSITE/DUCT</td>
<td>75 LF</td>
</tr>
</tbody>
</table>

**Received**

ASBESTOS CONTROL

2012 SEP 20 PM 2:05

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

Date of Notification (1)
9-19-12

Name of Building Owner/Operator (2)
Veolia Energy Trenton, L.P.

Agency Notified
DEP
DOL
DOH
DDCA
Type Notification
Initial
Amended
Amendment #
Emergency (including justification)
Cancellation

Street Address
320 South Warren Street

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Scott Matthews

Facility Information
Name of Facility Where Abatement Is Taking Place (3)
NJ Dept of Labor and Workforce Development-Pipe Tunnel

City (5)
Trenton

County (6)
Mercer

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

Square Feet
7500

Floor Count
3

Building Age
+/ - 100

Current Use (Prior if being demolished)
office bldg.

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

ASCN No.

Name of Abatement Contractor (9)
Pepper Environmental Services, Inc.

Street Address
500 Horizon Drive, Suite 540

City, State, Zip Code
Robbinsville, NJ 08691

Project Manager for Monitoring Firm
Bernie Bryson

Telephone No.
215-755-2305

License No.
00848

Name of OSHA Monitor
Pars Environmental

Street Address
2251 Fraley Street

City, State, Zip Code
Philadelphia, PA 19137

Scope of Work (Check all that apply) *abatement prior to demo*
- 3 ft or ≥ 3 ft
- 160 ≤ 260 ft

Location of Asbestos-Containing Material (ACM) TO BE ABATED

IN Facility

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>NR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pan Room/Loop #2</td>
<td>X</td>
<td>ACM &amp; ACPP (patch and repair - O&amp;M)</td>
<td>11 LF</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste

Name of Registered Landfill
A & L Salvage

City, State
Morrisville, PA

Completed by
Jennifer Niven
Dir. of Operations

ASB-41

\* Do not use this form for asbestos literature exempted activities.\*
# Asbestos Control & Licensing

**Facility Information**
- **Name of Facility Where Asbestos is Taking Place:** Mary and Barb's Ema
- **Street Address:** Intersection of Dolan + Academy
- **City:** Clayton
- **County:** Gloucester

**Type of Facility**
- **Type:** School (K-12)
- **Use:** School

**Abatement Contractor**
- **Name:** Joe Abatement
  - **Street Address:** 1212 Burlington Ave
  - **City:** Delran NJ
  - **License No.:** 01072

**Project Manager for Monitoring Firm**
- **Name:** Selden

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility**
- **Floor:** 1st Floor
- **Type:** Demo

**Abatement Type**
- **Type:** Manual with Positive Pressure

**Abatement Method**
- **Type:** Wet Cutting

**Abatement Product**
- **Material:** ACM

**Sent and Call Kyle?**