CX 29073

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 Bu Princeton U	uilding Owner/C University	perator	(2)	2012 SEP 20			
Month/Day/Year				-						4:8	3
Agency Notified T	ype Notification	on :	- 9	Street Add	ress		Δ	SBESTOS & LICE			
EPA	x Initia	ıl		P.O. box 21				10010108	COL	VIRO	<u> </u>
DEP	Not	ificatio	n	City, State	, Zip Code			a LICE	NSIA	IG "	L .
DCA	Ame	nded		Princeton !	NJ 08543		4.		-		
рон	Not	ificatio	n	Name of Co	ontact			Telephone Nu	mber		
-	Cano	ellatio	n	Robert Ote	ego				s=voc		
				FACILIT	TY INFORMAT	TON		•			
Name of Facility Where Abatem	ent is Taking P	lace (3	3)				Type of Facility	(4)			
Princeton University - Archite	ctual Lab 1st fl	bathr	oom a	nd storage ar	ea			(K12)			
Timeeton carrottony								pter 8 (Other			
Street Address					-			(i. e. Private &		rcial	
Princeton University							build	ings, homes, etc.			
2011-1-2017-0-1-2017-1-2017-1-2017-1-2017-1-2017-1-2017-1-2017-1-2017-1-2017-1-2017-1-2017-1-2017-1-2017-1-201							Square Feet	# of Floors	Bldg.	Age	
City (5)	Cour	ity (6)			County Code	350	10000	3	50+		
Princeton					(STATE USE ONLY	()	Current Use (Pr	ior if being dem	olished	1)	
					Logist	115.	University	4 - 4 - (0)			
Name of Monitoring Firm Hired	I by Building O	wner	(8)		ASCM No.	11	of Abatement Con lated Specialty Con				
Pennoni Associates Inc						Associ	ated Specialty Col	ntracting			
Street Address	***		100000				Address				
515 Grove Street Suite 1B						98 La	Crue Avenue				
City, State, Zip Code						City. S	State, Zip Code				
Haddon Heights NJ							Mills, PA 19342				
	T71			Telephone	Number	-	none Number		Licen	ce Numb	er
Project Manager of Monitoring	ririii			856-547-05			64-9622		1103		
Alan Lloyd											
Scheduled Start Date (10)		Scheo	i. Com	pletion Date	(11)	1	of OSHA Monitor	r			
10/01/12				10/03/12		Criter	ion Labs				
Month/Day/Year		L		onth/Day/Yea	ır	1			-		
Occupancy Status During Abate	ment (Check o	nly one	e)	000 min to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Address				
Facility Closed/Vacated				atement			Progresive Drive				
x Abatement Performed O			ility			11	State, Zip Code				
Hours - Describe: 8	3:00 AM - 5:00	PM				Bensa	lem PA 19020				
Other - Describe:					_			e e			
Scope of work (Check all that ap	pply)						Full Containmen	nt with Negative	Pressu	re	
Demolition				Renovation	1		Mini - Enclosur	c			
x >3 sf or >3 if							Glovebag Proce	dure			
>160 sf or >260 lf						x	Non-Friable Pro	ocedure			
2100 31 01 1 200 11		Is					Г		atemen	t Type	
	1.0	cation	W 1	Desc	ription of				T	E	E
Location of	1	cauon rmally	75		s-Containing		Amoun	t R		N	N
Asbestos - Containing	0.000	rmany Ised	94.5		rial (ACM)		(Specify	174	R	C	C
Material (ACM)	100	olely			ermal systems		SF or	,	E	A	L
TO BE ABATED	1,000	Main-			surfacing, VAT	۲.	LF)	0	P	P	0
In Facility	(*)	manu-		2000	miscellaneous)	1		v	A	S	S
(13)		stodial	ē i	or other	miocommodus,			A	I	U	U
	0.00	ff (12)						L	R	L	R
			N/A								E
1st floor bathroom	100	x		floor tile			63	x			
1st floor bathroom		x		mastic			63	х			
1st floor storage room	x		floor tile			45	х				
Name of Registered Waste Haul	er		NJDI	EP Waste	Cubic Yards		Name of Registe	red Landfill			
Name of Registered waste frau	CI .			er ID No.	of Waste			N.			
Horizon Disposal					3		GROWS				
		Disposal D					City, State				
City, State		As needed					Morrisville PA				
Trenton NJ			ann :-			Cia	ure /			Date	
Completed By (Print or Type)			Title	-4 M		Signat	2.441			9-19	9-1
Mark Goshow			Proje	ect Manager			Jackson	<u></u>		1/ 1	, ,

2907.2

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

Date of Notification (1)	-		I Name of D	building Owner	10		- OEIA	- 450			
09/18/12					University	Operato	2012 c	EP 20 PM STOS COM LICENSIA			
Month/Day/Year							5915 2	cr 20 PH	1 4: :	22	
	Type Notificat	ion		Street Add	Iress		4 5 6 5			-	
EPA	x Init	ial		P.O. box 2	158		MODE:	STOS COL	JTDe		ê.
DEP	No	tificat	ion	City, State	e, Zip Code		å	LICENSIA	MILL	IL.	
DCA	Am	ended		Princeton	NJ 08543			0514714	16		
DOH	No	tificat	ion	Name of C	ontact			Telephone Nu	mber		
<u>L</u>	Can	cellati	ion	Robert Ot	ego		2-40-40-40-40-40-40-40-40-40-40-40-40-40-	í	WW. 67-82-8		
				FACILI	TY INFORMA	TION					5
Name of Facility Where Abatem	ent is Taking	Place	(3)				Type of Facility	(4)			
Princeton University - Lawren	ce Low Rise	partn	nents l	oldg 7 apt 204	kitchen			(K12)			
a								pter 8 (Other		- CONT CONT.	
Street Address								(i. e. Private &		ercial	
Alaxender Road								# of Floors		1	
City (5)	Con	nty (6	9		County Code	(7)	Square Feet 10000	3	Bldg.	Age	
Princeton	100	mty (t	"		(STATE USE ONL	5,05	Current Use (Pr	•		d)	
	- 1				(STATE USE ONE	.1,	University	ioi ii being dei	iionsuc	ω,	
Name of Monitoring Firm Hired	by Building (Owner	(8)		ASCM No.	Name	of Abatement Con	tractor (9)			
Pennoni Associates Inc			107			The state of the s	ciated Specialty Cor				
Street Address					J	Strong	t Address				
515 Grove Street Suite 1B						LESS EGG	Crue Avenue				
						1					
City, State, Zip Code							State, Zip Code				
Haddon Heights NJ				-			Mills, PA 19342				
Project Manager of Monitoring		Telephone			hone Number			ce Numi	ber		
Alan Lloyd		856-547-05	05	610-3	64-9622		110	3			
Scheduled Start Date (10)		Sche	d. Co	mpletion Date	(11)	Name	of OSHA Monitor	99			
09/28/12				10/01/12		Criter	rion Labs				
Month/Day/Year	material and a second			Ionth/Day/Yea	r	-					
Occupancy Status During Abater		200					Address				
Facility Closed/Vacated E				oatement			Progresive Drive				
x Abatement Performed O			cility			100000000000000000000000000000000000000	State, Zip Code				
Hours - Describe: 8:	:00 AM - 5:00	PM				Bensa	lem PA 19020				
Other - Describe:					-						
Scope of work (Check all that app	oly)						Full Containmen	t with Negative	Pressu	ire	
Demolition				Renovation	l		Mini - Enclosure				
x >3 sf or >3 if							Glovebag Proceed	lure			
>160 sf or >260 lf						x	Non-Friable Pro	cedure			
		Is			at a constant			Ab	atemen	t Type	
Location of	Lo	cation	1	Desci	ription of					E	E
Asbestos - Containing		rmally			s-Containing		Amount	R		N	N
Material (ACM)	U	sed		Mater	ial (ACM)		(Specify	E	R	C	C
TO BE ABATED	So	lely		(ie. The	rmal systems		SFor	M	E	A	L
In Facility	1,500	Main-		The south red State of State o	surfacing, VAT	Γ,	LF)	0	P	P	0
(13)		nance/		or other i	miscellaneous)			l v	A	S	S
	1 35557	stodia						A	I	U	U
		ff (12)	-					L	R	L	R
BLDG 7 -apt 204 -kitchen	Yes	No x	N/A	floor tile			80	x		 	E
SDOG 7 -apt 204 -kitchen		^		noor the					_		
		14									
ate to the second of		-							_	 	
							L			1	
Name of Registered Waste Hauler	r			EP Waste	Cubic Yards of Waste		Name of Register	ed Landfill			
	Hauler 1						CDOTTO				
Iorizon Disposal					2		GROWS				
City, State		107501		Disposal Date		City, State					
renton NJ					As needed		Morrisville PA				
Completed By (Print or Type)	oleted By (Print or Type) Title					Signati	ure //	2		Date	2 .
Mark Goshow		11.0	Proje	ct Manager		IN	Tarkes	Cres		19-6	8-18
lark Goshow			Proje	ct Manager	11	11	100000	ven		7 6	1

Date of Notification (1) 9/14/2012	Check	#2306			of Building				HIGH SC	201	2 SEP	20	P	M 2	: : :	`
Agencies Notified	Type Notification		1	Street A					11101100	A.50	SEST & LI	OS	Cn	NTI	201	-
EPA DEP DOL	Initial Amended Amendment	#		City, Sta	ate, Zip Co h Plains,	de			- 		œ F16	CEI	¥311	VG	VUL,	
X DOH X DCA	Emergency (justification) Cancellation	including		Name o	f Contact Piaseck		•			Tel	ephone	Num	ber			
		51 (A)		FAC	ILITY INFO	RMAT	ION									
Name of Facility Where Union Catholic Reg									of Facility (School (K-1	12)						
Street Address 1600 Martine Aven	ue							Ħ	Subchapter Other (i.e. petc.)					dings,	home	es,
City (5) Scotch Plains, NJ			: 1000	-000				Squa 80,0	re Feet 000	# o	f Floors		10,150	ldg. <i>A</i> 5+	ge	
County (6) UNION					Code (7) USE ONLY)			Curre	ent Use (Pri ool	or if bei	ng demo	olish	ed)			
Name of Monitoring Firm McCabe Environme		Owner (8)		ASCN 0011					tement Cor es Corpo			-				
Street Address 464 Valley Brook A	venue							Addre 69th	ss Street							
City, State, Zip Code Lyndhurst, NJ 0707	71						W. T. S.	ip Code g, NJ 070	093	•		-				
Project Manager for Mor Jim Ruff	nitoring Firm		Telepho 201-43	ne No. 38-4839		Teleph	none N 295-1	0.		Licens 01074).		*****		
Start Date (10) 9/14/2012		Scheduled 9/16/20		pletion	Date (11)				HA Monitor	ration						
Occupancy Status Durin	g Abatement (Chec	k Only One	:)				Street	Addre	ss							
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm								ibove ip Code			-		100		
Scope of Work (Check A												-			-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti				×	Mir	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					e	
		14 STATE	ocati							77				Abate		
Location Asbestos-Containing		Used		y by	Ashest		scription		(ACM)	Δ	mount			1,		
TO BE AB In Facil (13)	ATED lity	Custo	(12)	taff?		therma surfa	l systems icing, VA miscellar	s insula T, or		(5	pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement (Corridor	Yes	No X	N/A	2x4 wh	ite pe	erforate	d ceil	ing tile	34	0 SF		x		-	
Name of Registered Was	ste Hauler		I N.	JDEP W	aste [Cubic	Yards	-	Name of I	Registe	red Land	dfill				
Atlantic Carting	II.			auler ID 6085	No.	of Wa tbd	ste	20	IESI Be	10000 TO 1000			Cor	р		
City, State Wayne, NJ						Dispo tbd	sal Date	_	City, State Bethleh		4					
Completed by Gina Salvador			5	Signature (i in	uas			Date 9/1	4/20	12					

Date of Notification (1) 9/14/2012	경영한 전통 경영 (1985년 1987년 1987년 1987년 1987년)						Operator ary Sch			1012 S	EP 2	0	PM	2: 1	7	
Agencies Notified	Type Notification			Street A 721 W	ddress est Side	Aver	nue		A	SBE	STOS LICE	S C	ONT	Rn	,	
EPA EPA DEP DOL	Amended Amendment		_ [ate, Zip Co / City, N)4		35 (4) (5)	u	-16 <u>-</u>	N3	ING	.10	L	
DOH DCA	Emergency justification) Cancellation	**************************************			f Contact oseph D)'Amic	:0			T Tel	ephone	Num	ber			
				FACI	LITY INFO	ORMAT	ION									
Name of Facility Where St Aloysius School	Abatement is Takin	g Place (3))						of Facility (School (K-1	2)						
Street Address 721 West Side Ave	nue							Ħ	Subchapter Other (i.e. p etc.)					dings,	home	es,
City (5) Jersey City, NJ 073	304							Squa 80,0	re Feet 00	# o	f Floors	•	1888	ldg. A 5+	ige	
County (6) HUDSON					Code (7) USE ONLY			Curre	ent Use (Pri ool	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm McCabe Environme		Owner (8)		ASCN 0011					tement Cor es Corpo					W-W		
Street Address 464 Valley Brook A	venue			<u> </u>			Street 426 6		ss Street							
City, State, Zip Code Lyndhurst, NJ 0707	······································								ip Code g, NJ 070	93						
Project Manager for Mor				Telepho 201-43	ne No. 38-4839		Teleph		0.		Licens 0107).			
Start Date (10) 10/06/2012	Schedule 10/16/2		pletion	Date (11)		100000000000000000000000000000000000000		HA Monitor es Corpo	ration		<u> </u>					
Occupancy Status Durin	g Abatement (Chec						Street									
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of A	batem				same	as a	ibove ip Code							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Mir	Il Containme ni-Enclosure ovebag Prod n-Exempted	e edure	-				9	
		1 1-1	4		Γ			4 140	II-Excilipted	1 () an	4	ilabi		Abate		
Location	. of		Locati ormall			De	scription	of.						Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Used Mair	d Sole ntenar odial S (12)	y by nce/		tos Con therma surfa	taining N I systems icing, VA miscellan	laterial s insula T, or		(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			0 !!!				10.05				rte	0
Room 401 and	Х				Ceiling				40 SF		x					
Room 401 and	Room 408		X		9'	" Flooi	Tile &	Mast	ic	1,1	40 SF		x	- 5		
									-005							
Name of Registered Was Atlantic Carting	ste Hauler		H	JDEP W auler ID 3085	70-70-70-70-70-70-70-70-70-70-70-70-70-7	of Wa	Yards ste		Name of I				Cor	р		
City, State Wayne, NJ				-		100 E 170	sal Date		City, State Bethleh		 4					
Completed by Gina Salvador		Title Office	Man	ager			Signature	18	luas			Date 9/1	4/20	12		
								~	·ww		- 1			-		

CK 2436

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

, , , , , , , , , , , , , , , , , , ,	(Pursuant to NJAC 8:60 and 12:	:120)	2012 00		-
•	Name of Building Owner/Open	ator (2)	ZUIZ SEI	20 p	1 2-
ate of Notification (1)	Merck+ Co	1110	Builton		Z:
. 8/2/1/2	Street Address	10 la NA	en DigESI	OS COL	ITO
gencles Notified Type Notification	1101 1 1000			GENSIN	KIKO
I Initial Till 10	City, State, Zip Code	Lus Jors	our OIL	75831N	G ·
1 FPA Amended	- Kahway.	Lun Jie	lephone Number	-	,
Amendment #	Name of Contact	18	lebitotie realities		N 2
(ustilication)	Jerry Petti				
DOH Garicellation	FACILITY INFORMATION	1			
		1)po. o	*		
lame of Facility Where Abatement is Taking Place		School (K-12) Subchapter 8 (Ol	her than K-12)	Laman	
Mocel + CO TUE	<u>, , , , , , , , , , , , , , , , , , , </u>	Subchapter 8 (Other (i.e. private	& commercial building	ude' uourae!	
Street Address	Lienit	. B(C)	of Floors Blo	ig. Age .	
IN CAST UNCOVI	1000	Squate	0111001 .	40	
100 J	in a Cond 5	+20,000 Current Use (Prior if)			
/ / \\\(\alpha(\beta((County Code (7)	Current Usp (Prior ii)	o	• .	
County (8)	(STATE USE ONLY)	_ office bld)].
		Name of Abatement Contrac	Sew O	5 Inc	
Name of Monitoring Firm Hired by Building Owner	1000	TIM lakes aut	2010.0	1.	1
avionmental Hea	MC CO.	Street Address	with state	et.	<u> </u>
Street Address 2012 1	Tout !	Street Address 450 30 44 R	MAGK OF	· - 1	7
Substance	Yar	City, State, Zip Code	M2.0	الص	
City, State, Pip Code	10801 II	Therenseer		0.	7
Shicks Ulewan	Telephone No.	Telephone No.	License No.	-8] .
Project Manager for Monttoring Firm	973-729-5649	SO193103/3		•	
William derbit Ison	eduled Completion Date (11)	Name of OSHA Monitor			
Start Date (10)	11/22/12	NA			1
	Ju One)	Street Address		·	٦.
During Abatement Cortons	is determined	Of the Tin Code			
Occupancy Status During Flooding Entire Period Facility Closed/Vacated During Entire Period Facility Closed/Vacated Outside of Normal F	d of Apatement	City, State, Zip Gode			4
Abatement Performed Outside of Northan	\$	<u> </u>			
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facilities Other - Describe: Arra of Firms		, , ,	nt with Negative Press	sure ·	1.
That Apply	Renovation .	☐ Mril-Enclosure	II MILL 1140		
- sa efor≥3 lf	Demolition	Glovebag Proce	edure (*) and Non-Friable P	rocedure	_
≥160 sf or ≥260 lf		· D Non-Exempled	Tanu ivers		
·	Is Location		<u>.</u>	Type	-4.
		Description of	Amount	_ ' g'	m :
Location of	· I Ised Solely by Asbestos C	ontaining Material (ACM) nal systems insulation,	(Specify	Encapsulate Repair	Enclosure
Containing Material (ACM)		Macinii. VALLVI	SF or LF)	pair sult	ST.
TO BE ABATED In Facility	(12) oth	er miscellaneous		= 8	D :
(13)	Tai Taira				-
	Yes No N/A	T & MASTIC	435	<u> </u>	-
	VA		1	v	
Storage fooms	V VA	TI MASTIC	170	7	\square
		7 2 /1	. 85.		
SW Corridor	VAI		l : ' · l	<u> </u>	
Janitors Closet		ubic Yards Name o	Registered Landfill		
	1 M II IPP VYGOLO	Waste (, a (D same of	مو لاه	xu
Name of Registered Waste Hauler	The Hauler ID No.	20.	White -	ð	
1- 1-12 (MACHA &	J-1410	Isposal Date City, St	Diamol dela	Da /	7/
Hee	8cc 0 708	· 47.60	12 X3 11.15.	10 T	-
City State 1 2 (Cu)	0 1	Signature	X 77 Day	12/10	1-1

	NOTIF (P	ICATIO	ON OF A	New Jersey ASBESTOS AE JAC 8:60 and 1	2:120)			R	ECE	9 4 0 6		66	-
e of Notification (1)		Name BR (of Build	ding Owner/Opum Urban R	erator (2) al Compa	ny, LLQ	2012 St	Pon	0	- 14		
/15/12 encies Notified Type Notification		Stree	t Addres	ss ington Blvd.	, Suite	200	A	SAFO	700	PM ?	2: i	4	
EPA DEP DOI DOI Initial Amended Amendment #_ 5		City.	State, Z	Cip Code CT 06902				& L	ICENS	ONT	ROL		-
DOL Emergency (including justification) Cancellation	ng	Nam	e of Cor	ntact		E		Tolonbo	a Kirimnai				$\frac{1}{2}$
DCA L		F	ACILITY	INFORMATIO	N	Type of F	acility (4)						1
me of Facility Where Abatement is Taking Place he Orpheum Building	e (3)					Scho	ool (K-12)	Other th	an K-12)	م مائد د	a hor	noe	
reet Address 4 Beacon Way			142			Othe etc.	er (i.e. priv	# of Flo	mmerciai D	Bldg.			
ty (5)						Square F 250,000)	22	= 1000 E	50+			
ersey City		Cou	inty Cod	de (7)		Current U	Jse (Prior	if being o	lemolished	1)			
ounty (6) Iudson			ATE USE	ONLY)	Name	of Abatem	nent Contra	actor (9)					
ame of Monitoring Firm Hired by Building Owne	r (8)	1	4SCIVI IV		Star	nmark Co	ontractor	s, LLC					_
N/A street Address					Stree	t Address Edsall Dr	ive						_
					City,	State, Zip	Code 07461						
City, State, Zip Code		1=	lephone	No	1	phone No.			icense No.				
Project Manager for Monitoring Firm					973	8-864-202 e of OSHA		0	1137				-
Start Date (10)	eduled /20/12		letion Da	ate (11)		eriSci	(IVIOI IIIO)						_
05/08/12 TO Occupancy Status During Abatement (Check Or					Stre	et Address 7 East 30	th Stree	t					
Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal F	nd of Ab	ateme	nt		City	, State, Zip w York,	Code						
Other – Describe:	X Re	enovati				X Full Mini	Containme -Enclosure /ebag Prod -Exempted	ent with N		le Proc		ment	
	ls l	Locatio	on								Ту		_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormally Solel ntenan odial S (12)	y by ice/ itaff?	Asbestos C (i.e. them	nal syst	tion of ng Material tems insula , VAT, or ellaneous)	(ACM) tion,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	
	Yes	No	N/A										
PLEASE SEE ATTACHED LETTER													-
			T							-	-	-	-
				1	ıbic Yaı	rde	Name o	f Registe	ered Landfi	11			L
Name of Registered Waste Hauler Pro-Tech, LLC		1	JDEP V lauler II 90713	No. of	Waste 0		Miner	va Land					
City, State				Or	sposal com	pletion		eşburg		Date	yesen He		_
New Haven, CT Completed by Marko Stankovic	Title Pres	sident			Sign	arko	Na	una	40	09/15	/12		_

STATE RECEIVED

GONTO SONS 1 1312 SEP 20 PM 2: 14

458ESTOS CONTRO 27 Edsall Drive, Sussex, NJ 07461 & LICENSING 973-864-2022 * Fax: 973-864-2205

NOTIFICATION OF ASBESTOS ABATEMENT Page #2

Location	Is Location Normally Used Solely by Maintenance/ Custodial Staff?	Description of ACM	Amount	Asbestos Type
Bridge				
Between Orph				
And Main Bld	lg. no	Pipe Insulation	45 L.F.	Removal
All Floors	no	Window calking	892 windows	s Removal
2 nd & 19 th Floo	rs no	Pipe Insulation	275 L.F.	Removal
17 th Floor	no	Paper insulation board	390 S.F.	Removal
Throughout th Building – 140 places	no	wall mastic waterproofi	ng 560 S.F.	Removal
Paramount BldgGymnas	ium no	pipe insulation	70 L.F.	Removal

			CATIO	tate of Ne N OF ASE t to NJAC	ESTOS	ABATE			R	20 1	9.6	(#	18	345
Date of Notification (1) 09/14/12				of Building as Regio				<i>₹₩</i>	12 SE	20		ED		
Agencies Notified Type Notification EPA DEP Amended Amendment Emergency (justification)		J	301 P City, St Ruthe Name of	Address At. 17 No ate, Zip Co erford, No of Contact	ode J 0707)	# 58 €	EST CLICA	S COA	7 2.	13		
DCA Cancellation	1120000			ILITY INF		ION			╝.		-			
Name of Facility Where Abatement is Taking Trinitas Regional Medical Center Street Address 225 Williamson Street	Place (3)	TAC	ILIT INF	ORWAI		×	of Facility School (K- Subchapte Other (i.e.	12) r 8 (Oth	er than K-	-12) rcial bu	iilding	s, hon	nes,
City (5) Elizabeth							Squa	etc.) are Feet ,000	# 0	f Floors 9		Bldg. 50+	10.00	
County (6) Union			County (STATE	Code (7) USE ONLY	,			ent Use (Pri		ng demoli	ished)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)	ASCI	M No.				atement Co Contract						
Street Address														
City, State, Zip Code				Zip Code NJ 07461										
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-8				License 01137	No.			
Start Date (10) 09/15/12	Schedul 09/25/		mpletion	Date (11)		Name of Amer		HA Monitor						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F	- 5	- 35	nent			Street /		ss 30th Stre	et					
Abatement Performed Outside of Norm Other – Describe: during and after norm	al Facilit	y Hour	S			1999 400 100		ip Code , NY 100	16	************				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	CONTRACTOR	Renova Demoli				×	Mir Glo	Il Containm ni-Enclosure ovebag Prod n-Exempte	e cedure				re	
1	1	Locat											emen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole iintena todial ((12)	ly by nce/		tos Cont thermal surfac	scription aining Ma systems cing, VAT niscellane	aterial insula r, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
7th Floor North side	X	1,0	1.07		lose	floor til	es		30	S.F.	x	-	-	
7th Floor North side			arpets) S.F.	x						
											-	-	-	
Name of Registered Waste Hauler		1000	JDEP W		Cubic '			Name of I	Register	ed Landfi	11			
Pro-Tech, LLC			auler ID 90713	No.	of Was	te -7		Minerva	Land	fill			40	
City, State New Haven, CT					on cor		n	City, State Waynes		ОН				
w Haven, CT on completion Waynesburg, OH mpleted by Title Signature Date rko Stankovic President ACIAO FAULUATION 09/14/12														

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	E	ricsson,	Inc. forr	nerty	H2.8	Pia Po	haologi	es, In	с.			-00.000	
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		ily, State,	Zip Codo		- CC 1	ICEN	SING	80.903.0					
uding -								ا حمامه	nhone Numb	er			
	_ IV			MATIC)N								
lace (3)		PACILIT	TIMPOR	IIAIIO		Type of F	acility (4)						
						Sub	chanter 8	Othe	r than K-12) commercial	buildir	igs, h	omes	
						etc.)			Bld	g. Age	€	
						N/A		4	a domolishe		Yea	rs +	
	(County Co	de (7) E ONLY)		_	Current	unicatio	ns	ig demonstre	:u)			
/ner (8)		ASCM N N/A	No.		East	Coast I	nent Cont Haz Mat	ractor Rem	(9) loval, Inc.				
							treet						
					City, S	State, Zip	Code	L					
		Telephone	No.				0.000).			
		732-290)-2217						00507				
Scheduled Septemb	Comper 3	30, 2012	ate (11))					
					Stree	t Address							
ai Facility r	dours	nent s			City,	State, Zip	Code						
× Re						X Mini-	Enclosur	e cedure		le Prod	cedure		
Used Mai	d Sole ntena odial	ely by ance/ Staff?	Asbest (i.e.	os Cor therma surf	ntaining al syster acing, \	Material ms insulat /AT, or	(ACM) tion,		Specify	Removal	Repair	Encapsulate	Enclosure
Yes	No	N/A	1	Din	o Incu	lation		<u> </u>	250 LF	x			
X	147 () = 200			Pip	e msu	llation	-						
			1.4	- A 112		*	-						
				10:	la Varia		Name o	f Regis	tered Landfi				
		Hauler ID		122783569		5							
Title	ect N	Manager			Signat	ture	4	11			012		
	Septembor Only One eriod of Atal Facility Inch. Rm.) Representation of Atal Facility Inch. Rm.) Representation of Atal Facility Inch. Rm.) Is Inch. Rm.	Inding Scheduled Conseptember Only One) Priod of Abateral Facility Hoursch. Rm.) Renovation September Only One of Abateral Facility Hoursch. Rm.) Renovation September Only One of Abateral Facility Hoursch. Rm.) Tittle	Street Addrone Telor City, State, Piscataw Name of Community Community Constraints (STATE US) (Scheduled Completion Dependence of Abatement at Facility Hours (Ch. Rm.) Renovation Demolition	Street Address One Telcordia Dr City, State, Zip Code Piscataway, NJ 0 Name of Contact Mr. Eric Fox FACILITY INFORM Telephone No. 732-290-2217 Scheduled Completion Date (11) September 30, 2012 Only One) eriod of Abatement al Facility Hours ch. Rm.) Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NJDEP Waste Hauler ID No. 11222	Street Address One Telcordia Drives, City, State, Zip Code Piscataway, NJ 08854 Name of Contact Mr. Eric Fox FACILITY INFORMATION Telephone No. 732-290-2217 Scheduled Completion Date (11) September 30, 2012 Only One) eriod of Abatement al Facility Hours ich. Rm.) Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A NJDEP Waste Hauler ID No. 11222 Disy 9/3 Title	Street Address One Telcordia Drive 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Street Address One Telcordia Drive SESTOS City, State, Zip Code Piscataway, NJ 08854 Name of Contact Mr. Eric Fox FACILITY INFORMATION Type of F Sch Sub Oth Sub Ot	Street Address One Telcordia Drive 5 SESTOS CONTECTIVE, State, Zip Code Piscataway, NJ 08854 Name of Contact Mr. Eric Fox FACILITY INFORMATION Type of Facility (4) Subchapter 8 Other (i.e. prietc.) Square Feet N/A County Code (7) (STATE USE ONLY) OTHER ONLY Street Address 494 E. 41 Street City, State, Zip Code Paterson, NJ 07504 Telephone No. 732-290-2217 Scheduled Completion Date (11) September 30, 2012 Only One) Street Address City, State, Zip Code Paterson, NJ 07504 The same as above Control of Abatement City, State, Zip Code City, State, Zip Code Paterson, NJ 07504 The same as above City, State, Zip Code City, State, Zip Code Paterson, NJ 07504 The same as above City, State, Zip Code City City City City City City City City	Street Address One Telcordia Drive LICENSING City, State, Zip Code Piscataway, NJ 08854 Name of Contact Mr. Eric Fox FACILITY INFORMATION Type of Facility (4) Subchapter 8 (Other Other (i.e. private & etc.) Square Feet N/A ASCM No. N/A ASCM No. N/A Telephone No. 732-290-2217 Scheduled Completion Date (11) September 30, 2012 Only One) Fred of Abatement all Facility Hours ch. Rm.) Renovation Demolition Renovation Demolition Street Address Aghe L. 41 Street City, State, Zip Code Paterson, NJ 07504 Telephone No. 732-290-2217 Street Address Aghe L. 41 Street City, State, Zip Code Paterson, NJ 07504 Telephone No. 732-290-2217 Scheduled Completion Date (11) September 30, 2012 The same as above Street Address City, State, Zip Code City, State, Zip Code Paterson, NJ 07504 The same as above Street Address City, State, Zip Code Paterson, NJ 07504 The same as above Street Address City, State, Zip Code Code Code Code Code Code Code Code Code	One Telcordia Drive® \$\(\frac{3}{2} \) \$\(\frac{2}{2} \) \$\(\frac{1}{2} \) \$\(1	Street Address One Telcordia Drive 5.3 ESTOS CONTROL City, State, Zip Code Piscataway, NJ 08854 Name of Contact Mr. Eric Fox FACILITY INFORMATION lace (3) School (K-12)	Street Address One Telcordia Drive \$ 3 E STOS CONTROL. Piscataway, NJ 08854 Name of Contact Mr. Eric Fox FACILITY INFORMATION lace (3) Talenhone Number FACILITY INFORMATION Iace (3) Talenhone Number FACILITY INFORMATION Iace (3) Talenhone Number FACILITY INFORMATION Iace (3) Square Feet N/A County Code (7) (STATE USE ONL') Current Use (Prior if being demolished) Communications For ASCM No. NAMe of Abatement Contractor (9) East Coast Haz Mat Removal, Inc. Street Address 494 E. 41 Street City, State, Zip Code Paterson, NJ 07504 Telephone No. 732-290-2217 973-345-0022 Only One) Telephone No. The same as above Street Address City, State, Zip Code Paterson, NJ 07504 The same as above City, State, Zip Code Completion Date (11) Name of OSHA Monitor The same as above City, State, Zip Code Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and No	Street Address One Telecordia Drive \$ 38 ESTOS CONTROL City, State, Zip Code Piscataway, NJ 08854 Name of Contact Mr. Eric Fox School (K-12) School (K-12) Subchapter 8 (Other than K-12) Other (ie., private & commercial buildings, homes etc.) State Use Only (is. private & commercial buildings, homes etc.) State Use Only (is. private & commercial buildings, homes etc.) State Use Only (is. private & commercial buildings, homes etc.) State Use Only (is. private & commercial buildings, homes etc.) State Use Only (is. private & commercial buildings, homes etc.) State Use Prior if being demolished County Code (7) (is. private & commercial buildings, homes etc.) State Use Prior if being demolished County Code (7) (is. private & commercial buildings, homes etc.) State Address Street Address Street Address City, State, Zip Code Paterson, NJ 07504 Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Tothe No. Toth

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Date of Notification (1) 8/31/2012		i i		ne of Buildi codia Te				45	برد اع	20	D.		D
Agencies Notified Type Notifica	ion		1000000	et Address e Telcoro		<u></u>			BE STO	50	~	2.	13
EPA Initial DEP Amende DOL Amendm			City,	State, Zip cataway,	Code				-,	NS/	Y/\/	901	
	cy (includ	ing	Nam	e of Conta	ct			T	elephone	Numb	er	- 4	
DCA Cancella				Eric Fox		TION							
Name of Facility Where Abatement is Ta Telcordia Technologies, Inc.	king Place	(3)	,				Type of Faci						
Street Address One Telcordia Drive (Bldg. 3)								pter 8 (Ot	her than k & comme		uildin	gs, ho	mes,
City (5) Piscataway							Square Feet N/A	(Jul 377)	of Floors 4		and the second second	. Age Year	
County (6) Somerset				y Code (7) E USE ONL			Current Use (ing demo	lished)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	100000	CM No.			of Abatement (Contracto				3.00 = = =	
Environmental Tactics, Inc. Street Address			N/A			Street	Address	wat Kei	novai, ii	IG.			
64 Broad Street City, State, Zip Code							E. 41 Street ate, Zip Code						
Matawan, NJ 07747			7-1			Pater	son, NJ 075	504	License	No			
Project Manager for Monitoring Firm Mr. Tom Geiger			200000000000000000000000000000000000000	ione No. 290-2217	7		one No. 45-0022	-	00507	INO.			
Start Date (10) September 14, 2012			mpletion 30, 20	n Date (11) 112			of OSHA Monito ame as abo						
Occupancy Status During Abatement (Che	ck Only C	ne)				Street A	Address					W/3 27 E3-4	
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Unoccupied Area (mal Facili	y Hour			_	City, Sta	ate, Zip Code		8 4 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Scope of Work (Check All That Apply)						हरण							
23 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				×	Full Contains Mini-Enclose Glovebag Pr Non-Exempt	ire ocedure				-	
	1	s Locat	tion	T			Non-Exemple	eu () and	NOII-FIIA	T	Abat	emen	t
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	ly by	Ashes		cription o	f terial (ACM)	An	nount	\vdash	T .	/pe	
TO BE ABATED In Facility (13)	100	intena todial ((12)			thermal s surfac		nsulation, or		ecify or LF)	Removal	Repair	Encapsulate	Enclosure
<u> </u>	Yes	No	N/A		D: I			65) LF			· co	
Bldg. 3 Penthouse Mechanical Rm	. X		-		Pipe i	nsulatio	on	030	J LF	X			-1
10. idea d'Marta Unidos		LN	JDEP W	facta	Cubic Y	arde	Name of	Registere	d Landfill				_
lame of Registered Waste Hauler ewark Carting, Inc.		H	auler ID 222		of Waste				m Land	fill			
ity, State ewark, NJ 07105				11.5	Disposa 9/30/20		City, Stat Bethleh	e iem/PA	18015				
completed by armes E. Unger	Title	ct Ma	nager			nature	1/1	1/2	Dat	e 1/20	12		
anies E. Ongei					1		1/					ntis siti -	
CB_A1 (R_06-08)					,	Do not us	se this form for	asbestos	licensure	exemp	ted a	ctivitie	:5.

CK 1347

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

Date of Notification (1) 09/17/12				Nam	e of Buil	ding Own k Interna	er/Operato	or (2)	2012	SEP 20) p	W 2		
Agencies Notified	Type Notification	on		Stree	et Addres		auonai 		A 535	STOS	COL	I Co	12	1
DEP DOL	Amended Amendme	nt #	00		State, Zi nklin, N	p Code IJ 07416	3		u į	LICEA	SIN	G	OL,	
DOH DCA	justificatio Cancellatio	n)	·9	Jeffr	e of Cont rey Fle	tcher				lephone			77-69	
Name of Facility Where A Boiler House Street Address	batement is Tak	ing Place	(3)	FA	CILITY	INFORMA	ATION	Type of Facil School (er than K	12)			
12 Cork Hill Road City (5) Franklin								Other (i. etc.) Square Feet	e. private	& comme	rcial b		gs, ho	
County (6) Sussex				Count	y Code (7) W VI		2,000 Current Use (1 Prior if bei		ished)	50+		
Name of Monitoring Firm I N/A	Hired by Building	Owner (8	3)		CM No.		Name	WAREHOU of Abatement (Contractor	(9)				
Street Address							Street	NMARK COI Address DSALL DRIN		rors, i	LLC			
City, State, Zip Code							City, St	ate, Zip Code SEX, NJ 074		-				
	roject Manager for Monitoring Firm tart Date (10) Scheduled						Telepho 973-8	one No. 64-2022	T	License 01137	No.			
09/28/12	Start Date (10) 09/28/12 Scheduled (10/05/12 0ccupancy Status During Abatement (Check Only One)						Name of AMER	of OSHA Monito	or				1	-
Facility Closed/Vacate Abatement Performed	d During Entire	Period of	Abata	ment s			and the second second	AST 30TH S	STREET	ii				
Other - Describe: Scope of Work (Check All T								te, Zip Code YORK, NY	10016					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		28009	Renova Pemoli				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					
Location of		N	Locat	ly		De	scription o		l / ding	TON-T HAL	JIE FIC	Abat	emen /pe	E
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)	terial (ACM) D	Mai	d Sole ntenar odial S (12)	nce/	Asbe (i.e	stos Cont thermal surfac	aining Mai systems in cing, VAT, niscellaned	terial (ACM) nsulation, or	(Spe	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
Boiler House	Yes No Boiler House x						in a l = t' -				2		late	-FF
Boiler House					insulation ng insula		160		x.		_			
							3		130	J.F.	X			-
Name of Registered Waste H	auler		Ha	IDEP Wa Juler ID N 0713		Cubic Y of Was 15		Name of I	Registered					-
City, State						Disposa On Co	al Date mpletion	City, State)		-			\dashv
completed by IARKO STANKOVIC	Т		Sig	natyle ATL	1	est lu	Date	e 17/12	·		\dashv			

CK 2996

194	(Pt	ursuant t	O NJAC 8:60 and	u 12.120	,	REO	·			
Date of Notification (1)			Building Owner/C	Operator	(2)	RECE	EIVE	D		
Agencies Notified Type Notification		Street Ac	GE4G			2012 SEP 20				-
		0.000	000 H	ADA	LEY RELD.	2012 SEP 20	PM 2	: 09	}	
EPA Initial Amended			te, Zip Code	, ,		SESTAS I	AWTA	02		
Amendment # Emergency (incl	uding	Sou Name of	Contact P	AIN	FIELD,	Telephone N		DY.		_
DOH justification) Cancellation		^	PARD BA	ARTH	OLOMEW					
			LITY INFORMAT			<u>, </u>				
Name of Facility Where Abatement is Taking Pl	lace (3)		•		Type of Facility (
Street Address						8 (Other than K	-12)	·		
RT. 1 + PIERSO	ON A	VE.			etc.')	rivate & comme		-		s,
City (5)					Square Feet	# of Floors		ldg. A		
METUCHEN	— г	County C	Code (7)		APP X 16000 Current Use (Pric	or if being demo		<i>θ</i> × '	13 y	25
County (6) MIDDLESEX			JSE ONLY)			TCH 5		01	٠ .	
Name of Monitoring Firm Hired by Building Own	ner (8)	ASCN 0045			of Abatement Cor		CA INC			
ENVIRONMENTAL TACTICS		0048)		Address	JOI AMEN		•		
Street Address 64 BROAD STREET					WHITEHEAD /	AVE.				
City, State, Zip Code					tate, Zip Code	1 00000		8		
MATAWAN, NJ 07747		Talanha	no No		TH RIVER, N.	License	- No			- 0.000
Project Manager for Monitoring Firm TOM GEIGER		Telephon 732-29	90-2217		432-8350	01111			- 61	
	cheduled Co	mpletion	Date (11)		of OSHA Monitor		CAINC	Na:		
10/1/12	10/1	12			QUE SYSTEM: Address	5 OF AIVIERI	CAINC			
Occupancy Status During Abatement (Check C		ment			WHITEHEAD	AVE.				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	Facility Hour	S	serators	100000000000000000000000000000000000000	State, Zip Code					•
Other - Describe: Occupied by	MILLASO	ry o	gerarors	SOL	ITH RIVER, N.	J 08882				
Scope of Work (Check All That Apply)	Renov	etien		F	Full Containm	ent with Negativ	e Pressu	re	9	. 8
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demol			F	Mini-Enclosur	е				
				5	Glovebag Pro Non-Exempte	d (*) and Non-Fr	riable Pro			
	Is Loca								ement /pe	Ů.
Location of	Norma Used Sol			escription	n of Material (ACM)	Amount			m	
Asbestos-Containing Material (ACM) TO BE ABATED	Maintena Custodial	200000000000000000000000000000000000000	(i.e. therma	al system acing, VA	s insulation,	(Specify SF or LF)	Removal	Repair	ncap	Encl
In Facility (13)	(12))		miscella		0. 0. 2. /	lova	pair	Encapsulate	Enclosure
	Yes No	N/A							e e	
1 st. Flr. Contral Room	X		TRANS!1	E P	ANEIS	12 SF	X			
						5 74 31	JE11		,	
Name of Registered Waste Hauler		NJDEP V Hauler ID		c Yards aste		Registered Land	OTH			
WASTE MANAGEMENT		1125	APPX	9						
City, State ELIZABETH, NJ			Dispo	sal Date	City, Star	ie ISVILLE, PA				
- T	Title	-		Signatur	e 1		Date	/	/	
CAROL RAIMO	OFFic	EI	MGR.	La	ral La	mo	1//	71	12	55

X 1755

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

Date of Notification	(1) / 12						S PHARMA			RATION		RE	CEL		
						NOVARTIS PHARMACEUTICALS CORPORATION Street Address							OCH		
Agencies Notified Type of Notification						1 HEALTH	H PLAZA			Z	2012 SEP 20 PM 2				
☑ EPA	V						e, Zip Code		Telephone Number STOS CONTI						
		Amer					NOVER, NJ	07936			4:	in the			
☑ DOH			ndmen		justification	Name of O				Telephoi	ne Num	bec STU	Spa		
□ DOL			ellatio		justification	KEN PIK	JZZI					a LIC	FNOUN		
		Ourio	Cilduo	_	F	ACILITY IN	FORMATIC	ON					- ASTING		
Name of Facility Wh	ere Abatem	ent is	Takin	g P	Place (3)		Type of F	acility (4)							
NOVARTIS								School (K	(-12)						
Street Address				_			1 5		er 8 (Other	than K-12	2)				
1 HEALTH PLAZA							Image: Control of the		, private &						
				_					mes, etc.)						
City (5)	County (6))			County Code	(7)	Square Fe		# Of Floor		Buildi	ng Age 40+	A. 2540544		
EAST HANOVER MORRIS				- 1			N/A Current Use (Prior			/A	ł	404	Ō		
								ESEARCH		ionaneuj	1				
Name of Monitoring	Firm Hired	by BI	da. Ov	vne	er (8)	ASCM NO	Name of A			(9)					
HILLMAN ENVIRON	MENTAL	-,	-g		. (-/				35						
								nmental Se	rvices Inc.						
Street Address							Street Ad	dress							
1600 ROUTE 22 EAS							462 Getty	Δνοσμο							
City, State, Zip Cod UNION, NJ 07083	9							e, Zip Code							
Project Mngr. For M	onitoring F	irm			Telephone Nu	mber	1010,, 01011	, <u></u> ,	S						
MIKE NEHLSEN					908-688-7800		Clifton, NJ	07011	**						
Sheduled Start Date	(10)	Sche	d. Cor	npl	etetion Date (1	1	Telephone	e Number		License	Number				
10 / 15	/12	2	11_	/	09/	12	070.7	70.0000				00447			
7	/		. /Cho	/	Only 1)		The state of the s	72-3660 OSHA Moni	itor			00117			
Occupancy Status I	Juring Abat Josed/Vaca	ted Di	urina E	nti	ire Period of			nmental Se	(T) (T) (T) (T) (T) (T) (T) (T)						
Abateme							Street Ad	dress			-				
		d Out	side o	f N	ormal Facility										
Hours - Describe:MON-FRI - 7:0							462 Getty Avenue City, State, Zip Code								
☑ Other - D	escribe:	MON	-FRI -	7:0	0AM - 3:30PM		Clifton, NJ		•						
Scope of Work (Che	ck All That	Apply	()	-			Ointon, No	01011							
Scope of Work (one	OK All THAT	,,,,,,	,												
☐ Demolition	on		V		Renovation				th Negative	Pressure	•				
						$\overline{\mathbf{Q}}$	Mini - Enclosure Glovebag Procedure								
	r ≥260 lf						Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
							TOTT EXCIT	.p.cou (/ u.							
Location	of		ls			Descript	ion of			Abateme	nt Type	2	_		
Asbestos Con		0.000	cation		As		Containing			R	_	E	E		
Material (A			ormally			Material e., therma			Amount (Specify	E M	R	N C	N C		
TO BE ABA in Facilit		333	Used Solely				facing, VAT, SF or				P	Ā	Ľ		
(13)	у		Main-				ellaneous)		0. 0,	v	A	P	ō		
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			aff (12)									+	R		
B407 - 1ST FL			NO N		PIPE & FITTIN	G			256 LF	V			$+$ \Box		
B407 - 151 FL B407 - 2ND FL		H	10 1	_	PIPE & FITTIN				40 LF	V	H	十十			
B407 - 2ND FL		H	7	_	TRANSITE/DU				80 LF	V	Ö				
B407 - 3RD FL			2	_	PIPE & FITTIN				75 LF	V					
Name of Registered		ler			NJDEP Waste			Registered	Landfill						
NEWARK CARTING					Hauler ID No.	Yards	IESI								
074 01-1-				لــــ	4509	of Waste Disposal	City. State	,							
City, State NEWARK, NJ						Disposal	BETHLAH								
INCANULUM, IAN											0.1-2.1849		*** **********************************		
Completed by (Prin	t or Type)				Title			Signature	_	1 -	_	Date			
STEVEN STILES					PROJECT MAI	NAGER		Dep	er S	LIX		1	00/40/4		
								- Cu	V L J		_		09/19/1		

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	by te	Is ocat orm: Use Sole y Ma enan ustoo	ally d ly in- ce/ dial 12)	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
B407 - 3RD FL	The same of	IVI	N/A						
B407 - 4TH FL	H	13	H	TRANSITE/DUCT	75 LF	V			
B407 - 4TH FL	1	님	H	PIPE & FITTING	12 LF	7			
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2012 SEP 20 PM 2: 05

ASBESTOS CONTROL
& LICENSING

Date of Notification (1)			, ,			AC 8:60 and 1:	Standing State	2		_		- 0			
9-19-1	2			Na V	Name of Building Owner/Operator (2) Veolia Energy Trenton, L.P.						RECE 2012 SEP 20				
Agency Notified	Type Notification	on		St	reet Address	FILETGA	renton,	L.P.			-	20			
O KEPA	©¥nitial				320 South Warren Street						ASHESTOS C & LICENS				
Q E DEP	☐ Amended			Cit	City, State, Zip Code							& LICENS			
Ď DOL	Amendment	#		T	rento	n, NJ 086	508	0.8			LICENS				
©KDOH	☐ Emergency (justification)	_			me of Conf			Telephone Number							
ZKDCA	☐ Cancellation			S	cott 1	Matthews		relephor	ie Number						
				F	ACILITY IN	FORMATION					*				
Name of Facility Where	Abatement is Taki	ng Place	(3)				Type of Fa	cllity (4)							
NJ Dept of Labo	or and Workf	orce I	evel	opmer	nt-Pipe	Tunnel									
Street Address I John Fitc	h Plaza						School (I	ter 8 (Other than	K-12)						
							U Other (I.e	. private & com	mercial bui	ildin	gs,				
City (5)							Square Fee	etc.)			aser Aserta				
Trenton							7500	-		Age					
County (6)				CoL	inty Code (7) (STATE USE		(Prior if being o	+	/-	-10	0			
Mercer				ONI	LY) `	,,(=00_	office	emolished	nolished)						
Name of Monitoring Firm Hired by Building Owner ASCI				CM No.		Name of Abata	office bldg.								
8) Pars Environmental						Pepper	r Environmental Services					_			
reet Address	Dada		-L	_		Street Address		ciicai	set Al	ce	s,	In			
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ly, State, Zip Code Robbinsvill	e NT OOC	0.7				City, State, Zip	Code								
						Philadel	lphia, I	PA 19137							
oject Manager for Moni Bernie Brys	itoring Firm		Teleph			Telephone No.		License No			_				
			215		5-2305	215-533-	-5155	00848							
tart Date (10) Scheduled Completion D						2133	1 00031	5							
	Schedule	ed Compl		ate (11	1)	Name of OSHA	Monitor		3						
9-28-12	10-5	-12	etion D	ate (11			Monitor								
9-28-12 ccupancy Status During	Abatement (Chec	-12 k only on	etion D)	Name of OSHA Pars Env Street Address	Monitor Vironmer	ital							
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