

CK 29073

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

RECEIVED

2012 SEP 20 PM 4:29

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09/19/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Notification <input type="checkbox"/> Amended <input type="checkbox"/> Notification <input type="checkbox"/> Cancellation	Street Address P.O. box 2158 City, State, Zip Code Princeton NJ 08543 Name of Contact Robert Otego	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - Architectual Lab 1st fl bathroom and storage area			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Princeton University			Square Feet 10000		
City (5) Princeton			County (6)		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.		Name of Abatement Contractor (9) Associated Specialty Contracting
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 10/01/12 Month/Day/Year		Sched. Completion Date (11) 10/03/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8:00 AM - 5:00 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 if <input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			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 E
1st floor bathroom		<input checked="" type="checkbox"/>		floor tile	63	<input checked="" type="checkbox"/>			
1st floor bathroom		<input checked="" type="checkbox"/>		mastic	63	<input checked="" type="checkbox"/>			
1st floor storage room		<input checked="" type="checkbox"/>		floor tile	45	<input checked="" type="checkbox"/>			

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 9-19-12

CK
2907.2

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

RECEIVED

2012 SEP 20 PM 4:23

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 09/18/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	Telephone Number
	<input type="checkbox"/> Cancellation	Robert Otego	

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) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Alaxender Road			Square Feet 10000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 3
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Bldg. Age 50+		
Street Address 515 Grove Street Suite 1B			Current Use (Prior if being demolished) University		
City, State, Zip Code Haddon Heights NJ			Name of Abatement Contractor (9) Associated Specialty Contracting		
Project Manager of Monitoring Firm Alan Lloyd			Street Address 98 LaCrue Avenue		
Telephone Number 856-547-0505			City, State, Zip Code Glen Mills, PA 19342		
Scheduled Start Date (10) 09/28/12 Month/Day/Year			Licence Number 1103		
Sched. Completion Date (11) 10/01/12 Month/Day/Year			Name of OSHA Monitor Criterion Labs		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8:00 AM - 5:00 PM Other - Describe:			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)	Renovation	Full Containment with Negative Pressure
<input checked="" type="checkbox"/> Demolition		Mini - Enclosure
<input type="checkbox"/> >3 sf or >3 if		Glovebag Procedure
<input type="checkbox"/> >160 sf or >260 lf		<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 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			R E M O V E L	R E P A I R	E N C A P S U L E	E N C L O S U R E
BLDG 7 -apt 204 -kitchen		<input checked="" type="checkbox"/>		floor tile	80	<input checked="" type="checkbox"/>			

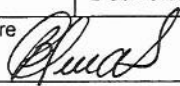
Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 9-18-12

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

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2012 SEP 20 PM 2:19

**ASBESTOS CONTROL
& LICENSING**

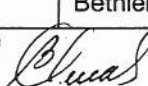
Date of Notification (1) 9/14/2012		Check #2306		Name of Building Owner/Operator (2) UNION CATHOLIC REGIONAL HIGH SCHOOL					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1600 Martine Avenue					
				City, State, Zip Code Scotch Plains, NJ 07075					
				Name of Contact Karen Piasecki					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union Catholic Regional High School				Type of Facility (4)					
Street Address 1600 Martine Avenue				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Scotch Plains, NJ				Square Feet 80,000	# of Floors 2				
County (6) UNION				County Code (7) (STATE USE ONLY) _____	Bldg. Age 75+				
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				Street Address 426 69th Street					
City, State, Zip Code Lyndhurst, NJ 07071				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm Jim Ruff		Telephone No. 201-438-4839		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)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 3:00 PM				same as above					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Corridor		x		2x4 white perforated ceiling tile	340 SF	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP 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			

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

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2012 SEP 20 PM 2:17

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 9/14/2012		Check#2308		Name of Building Owner/Operator (2) St Aloysius Elementary School					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		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				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 721 West Side Avenue									
City (5) Jersey City, NJ 07304				Square Feet 80,000	# of Floors. 3				
				Bldg. Age 75+					
County (6) HUDSON		County Code (7) (STATE USE ONLY) _____		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 464 Valley Brook Avenue		Street Address 426 69th Street							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm Jim Ruff		Telephone No. 201-438-4839		Telephone No. 201-295-1700	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) <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: _____				Street Address same as above					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 401 and Room 408		x		PopCorn Ceiling Plaster	1,140 SF	x			
Room 401 and Room 408		x		9" Floor Tile & Mastic	1,140 SF	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP 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			

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

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2012 SEP 20 PM 2:16

Date of Notification (1) 8/31/12		Name of Building Owner/Operator (2) Cherck + Co. Inc.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 126 East Lincoln Avenue		City, State, Zip Code Kahway, New Jersey 07065	
Name of Contact Jerry Pettit		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Cherck + Co. Inc.		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 126 East Lincoln Avenue		Square Feet +20,000	# of Floors 3
City (5) Kahway, New Jersey 07065		Bldg. Age 40	
County (6) Union		Current Use (Prior if being demolished) office bldg	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health		ASCM No. 00104	Name of Abatement Contractor (9) Applied Env. Serv. Co. Inc.
Street Address 655 West Shore Trail		Street Address 150 South River Street	
City, State, Zip Code Kahway, New Jersey 07065		City, State, Zip Code Hackensack, NJ 07601	
Project Manager for Monitoring Firm William Kerkel		Telephone No. 973-709-5649	Telephone No. 201-981-0313
Start Date (10) 9/28/12		License No. 01148	
Scheduled Completion Date (11) 11/22/12		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Area off limits		Street Address	
Scope of Work (Check All That Apply) <input type="checkbox"/> < 23 sf or < 23 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Abatement Type	
Yes No N/A		Removal Repair Encapsulate Enclosure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Storage rooms		VAT & Mastic	
SW Corridor		VAT & Mastic	
Janitors Closet		VAT & Mastic	
Amount (Specify SF or LF)		435	
		170	
		85	
Name of Registered Waste Hauler Freehold Waste Inc.		Cubic Yards of Waste 20	Name of Registered Landfill Cyclone City Power
NJDEP Waste Hauler ID No.		Disposal Date	City, State Montgomery, Pa 17752
City, State Freehold, New Jersey 07728		Signature [Signature]	
Title [Title]		Date 9/28/12	

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

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PAGE 1

Date of Notification (1) 09/15/12		Name of Building Owner/Operator (2) BR Orpheum Urban Renewal Company, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 100 Washington Blvd., Suite 200		City, State, Zip Code Stamford, CT 06902	
Name of Contact John Dolan		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Orpheum Building		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 24 Beacon Way		Square Feet 250,000	# of Floors 22
City (5) Jersey City		Bldg. Age 50+-	
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		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC
Street Address		Street Address 27 Edsall Drive	
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461	
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137
Start Date (10) 05/08/12	Scheduled Completion Date (11) 10/20/12	Name of OSHA Monitor AmeriSci	
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:		Street Address 117 East 30th Street	
		City, State, Zip Code New York, NY 10016	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 New Haven, CT		Disposal Date on completion		City, State Waynesburgh, OH	
Completed by Marko Stankovic		Title President	Signature <i>Marko Stankovic</i>	Date 09/15/12	

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

Stammark**Contractors, LLC****RECEIVED**

12 SEP 20 PM 2:14

**ASBESTOS CONTROL
& LICENSING**

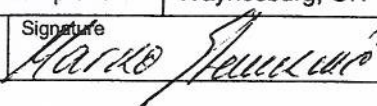
27 Edsall Drive, Sussex, NJ 07461

Phone: 973-864-2022 * Fax: 973-864-2205

NOTIFICATION OF ASBESTOS ABATEMENT**Page #2**

<u>Location</u>	Is Location Normally Used Solely by Maintenance/ Custodial Staff?	Description of ACM	Amount	Asbestos Type
Bridge Between Orpheum And Main Bldg.	no	Pipe Insulation	45 L.F.	Removal
All Floors	no	Window calking	892 windows	Removal
2nd & 19th Floors	no	Pipe Insulation	275 L.F.	Removal
17th Floor	no	Paper insulation board	390 S.F.	Removal
Throughout the Building – 140 places	no	wall mastic waterproofing	560 S.F.	Removal
Paramount Bldg.-Gymnasium	no	pipe insulation	70 L.F.	Removal

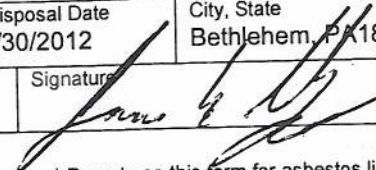
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09/14/12		Name of Building Owner/Operator (2) Trinitas Regional Medical Center							
Agencies Notified	Type Notification	Street Address 301 Rt. 17 North, Suite 800							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rutherford, NJ 07070							
		Name of Contact Robert Perez	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trinitas Regional Medical Center		Type of Facility (4)							
Street Address 225 Williamson Street		<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.)							
City (5) Elizabeth		Square Feet 150,000	# of Floors 9						
County (6) Union		Bldg. Age 50+-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Medical Center							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address		Street Address 27 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137						
Start Date (10) 09/15/12	Scheduled Completion Date (11) 09/25/12	Name of OSHA Monitor AmeriSci							
Occupancy Status During Abatement (Check Only One)		Street Address 117 East 30th Street							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: during and after normal business hours		City, State, Zip Code New York, NY 10016							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
7th Floor North side	x			lose floor tiles	30 S.F.	x			
7th Floor North side	x			carpets	120 S.F.	x			
Name of Registered Waste Hauler Pro-Tech, LLC		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 6-7	Name of Registered Landfill Minerva Landfill					
City, State New Haven, CT		Disposal Date on completion		City, State Waynesburg, OH					
Completed by Marko Stankovic		Title President	Signature 	Date 09/14/12					

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:26)

RECEIVED

No check

Date of Notification (1) 9/14/2012		Name of Building Owner/Operator (2) Ericsson, Inc. formerly Telcordia Technologies, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address One Telcordia Drive		City, State, Zip Code Piscataway, NJ 08854							
Name of Contact Mr. Eric Fox		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Telcordia Technologies, Inc.		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 One Telcordia Drive (Bldg. 3)		Square Feet N/A	# of Floors 4						
City (5) Piscataway		Bldg. Age 50 Years +							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Communications							
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 64 Broad Street		Street Address 494 E. 41 Street							
City, State, Zip Code Matawan, NJ 07747		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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Unoccupied Area (Mech. Rm.)		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Bldg. 3 Penthouse Mechanical Rm.	X			Pipe Insulation	250 LF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 5	Name of Registered Landfill IESI - Bethlehem Landfill					
City, State Newark, NJ 07105		Disposal Date 9/30/2012		City, State Bethlehem, PA 18015					
Completed by James E. Unger		Title Project Manager		Signature 		Date 9/14/2012			

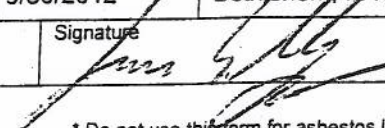
* Do not use this form for asbestos licensure exempted activities.

Check #
7806

Print Form

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

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2012 SEP 20 PM 2:13
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 8/31/2012		Name of Building Owner/Operator (2) Telcordia Technologies, Inc.							
Agencies Notified	Type Notification	Street Address One Telcordia Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mr. Eric Fox	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Telcordia Technologies, Inc.		Type of Facility (4)							
Street Address One Telcordia Drive (Bldg. 3)		<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.)							
City (5) Piscataway		Square Feet N/A	# of Floors 4						
County (6) Somerset		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50 Years +						
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 64 Broad Street		Street Address 494 E. 41 Street							
City, State, Zip Code Matawan, NJ 07747		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									
Start Date (10) September 14, 2012	Scheduled Completion Date (11) September 30, 2012	Name of OSHA Monitor The same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Unoccupied Area (Mech. Rm.)		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg. 3 Penthouse Mechanical Rm.	X			Pipe Insulation	650 LF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 10	Name of Registered Landfill IESI - Bethlehem Landfill					
City, State Newark, NJ 07105		Disposal Date 9/30/2012		City, State Bethlehem, PA 18015					
Completed by James E. Unger		Title Project Manager		Signature 			Date 8/31/2012		

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

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 09/17/12		Name of Building Owner/Operator (2) TransBank International							
Agencies Notified	Type Notification	Street Address 12 Cork Hill Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Franklin, NJ 07416							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Jeffrey Fletcher	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Boiler House		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 12 Cork Hill Road		Square Feet 2,000	# of Floors 1						
City (5) Franklin		Bldg. Age 50+-							
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) WAREHOUSE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) STANMARK CONTRACTORS, LLC						
Street Address		Street Address 27 EDSALL DRIVE							
City, State, Zip Code		City, State, Zip Code SUSSEX, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137						
Start Date (10) 09/28/12	Scheduled Completion Date (11) 10/05/12	Name of OSHA Monitor AMERISCI							
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 type="checkbox"/> Other - Describe:		Street Address 117 EAST 30TH STREET							
		City, State, Zip Code NEW YORK, NY 10016							
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 House	x			pipe insulation	160 L.F.	x			
Boiler House	x			breeching insulation	190 S.F.	x			
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		Disposal Date On Completion		City, State WAYNESBURG, OH					
Completed by MARKO STANKOVIC		Title PRESIDENT		Signature <i>Marko Stankovic</i>		Date 09/17/12			

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/17/12		Name of Building Owner/Operator (2) PSE+G							
Agencies Notified	Type Notification	Street Address 4000 HADLEY RD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 08080							
		Name of Contact RICHARD BARTHOLOMEW							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE+G		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. 1 & PIERSON AVE.		Square Feet APPX 16000	# of Floors 3						
City (5) METUCHEN		Bldg. Age APPX 73 YRS							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
		License No. 01111							
Start Date (10) 10/1/12	Scheduled Completion Date (11) 10/1/12	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied by necessary operators		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st. Flr. Control Room		X		TRANSITE PANELS	72 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 9	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date 10/2/12		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature Carol Raimo	Date 9/17/12					

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) NOVARTIS PHARMACEUTICALS CORPORATION					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation					
Street Address 1 HEALTH PLAZA		City, State, Zip Code EAST HANOVER, NJ 07936					
Name of Contact KEN PIROZZI		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) NOVARTIS		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., homes, etc.)					
Street Address 1 HEALTH PLAZA		Square Feet N/A					
City (5) EAST HANOVER	County (6) MORRIS	County Code (7)	Building Age 40+				
Current Use (Prior if being demolished) OFFICE/RESEARCH							
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMAN ENVIRONMENTAL		Name of Abatement Contractor (9) LVI Environmental Services Inc.					
Street Address 1600 ROUTE 22 EAST		Street Address 462 Getty Avenue					
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code Clifton, NJ 07011					
Project Mngr. For Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-688-7800					
Sched. Start Date (10) 10 / 15 / 12		Sched. Completion Date (11) 11 / 09 / 12					
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI - 7:00AM - 3:30PM		Telephone Number 973-772-3660					
		License Number 00117					
Name of OSHA Monitor LVI Environmental Services Inc.		Street Address 462 Getty Avenue					
		City, State, Zip Code Clifton, NJ 07011					
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> >3sf or >3lf <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				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 - 1ST FL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	256 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B407 - 2ND FL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B407 - 2ND FL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TRANSITE/DUCT	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B407 - 3RD FL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA				
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 09/19/12		

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2012 SEP 20 PM 2:05

ASBESTOS CONTROL & LICENSING

Location of Asbestos Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				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
	YES NO N/A						
B407 - 3RD FL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE/DUCT	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B407 - 4TH FL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B407 - 4TH FL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE/DUCT	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2945

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

RECEIVED

2012 SEP 20 PM 2:02

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 9-19-12		Name of Building Owner/Operator (2) Veolia Energy Trenton, L.P.				
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 320 South Warren Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Scott Matthews Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) NJ Dept of Labor and Workforce Development-Pipe Tunnel		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 1 John Fitch Plaza		Square Feet 7500	# of Floors 3			
City (5) Trenton		Bldg. Age +/-100				
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office bldg.				
Name of Monitoring Firm Hired by Building Owner (8) Pars Environmental	ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.				
Street Address 500 Horizon Drive, Suite 540		Street Address 2251 Fraley Street				
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Philadelphia, PA 19137				
Project Manager for Monitoring Firm Bernie Bryson	Telephone No. 215-755-2305	Telephone No. 215-533-5155	License No. 00848			
Start Date (10) 9-28-12	Scheduled Completion Date (11) 10-5-12	Name of OSHA Monitor Pars Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address 500 Horizon Drive, Suite 540 City, State, Zip Code Robbinsville, NJ 08691				
Scope of Work (Check all that apply) *abatement prior to demo*						
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing 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
Fan Room/Loop #2		X	ACPI & ACPF (patch and repair - o&m)	11 LF	X	
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage		
City, State Morrisville, PA		Disposal Date		City, State Libson, OH		
Completed by Jennifer Niven	Title Dir. of Operations	Signature		Date 9-19-12		

ASB-41

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

No check

State of New Jersey
NOTIFICATION OF ABATEMENT

RECEIVED

Date of Notification (1)

9-17-12

Name of Building Owner (2)

2012 SEP 20 PM 1:54

Agency Notified

☐ EPA
☐ DEP
☐ DOL

☐ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended

☐ Emergency (including justification)
☐ Cancellation

Street Address

City, State, Zip Code

Name of Contact

Elham

ASBESTOS CONTROL & LICENSING
Clayton NJ

Name of Facility Where Abatement is Taking Place (3)

MARY and BARBS BAR

Street Address

Intersection of Delsea + Academy

City (5)

CLAYTON NJ

County (6)

Gloster

County Code (7) (STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter S (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior to being demolished)

BAR

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Street Address

ARI JOE Abatement

City, State, Zip Code

Street Address

1212 Burlington Ave

City, State, Zip Code

Delanco NJ 08075

Telephone No.

6092460916

License No.

01070

Start Date (10)

9-18-12

Scheduled Completion Date (11)

9-30-12

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Name of OSHA Monitor

Self

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☐ 25 sf or 2 1/2 ft
☐ 160 sf or 2 280 ft

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (?) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

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

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

Enclosure
Removal
Re-surf

First Floor
ON SITE during
demo

Floor tile
two man-

300 sq ft

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

City, State

WM of PA

Disposal Date

City, State

Completed by

Joseph T Hill

Title

VP

Signature

Tellertown PA

Date

8-31-12

Do not use this form for asbestos licensure exempted activities

Fax And HardCopy
Sent And Call Karl P.

9-17-12