State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # \$439 2012-160 B & G proj. #: Name of Building Owner/Operator (2) 2012 AUG 29 PM 1:25 Date of Notification (1) 0 8 1/12 17 1/11 2 Ken Chung 45BESTOS CONTROL & LICENSING Type Notification Street Address Agencies Notified EPA 55 Montrose Avenue M Initial ☐ DEP City, State, Zip Code Amendment DOL. Summit, NJ 07901 Telephone Number Name of Contact **⊠** DOH Cancellation Ken Chung DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Street Address # of Floors Bldg. Age Square Feet 55 Montrose Avenue County Code (7) County (6) Current Use (Prior if being demolished) City (5) (State use only) residential Union Summit, NJ 07901 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 9/8/2012 9/8/2012 105 Ryerson Road Occupancy Status During Abatement (Check only one) ☑ Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf \times >3 sf or >3 lf E E Is location normally used solely е e Amount n Location of m by maintenance/custodial Description of asbestos-containing C (Specify SF or asbestos-containing 0 a staff(12) a material (ACM) material to be p abated in facility (13) N/A Yes No X 38 sf VAT laundry room/furnace room Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 1 yard 19563 B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 9/10/2012 Lincoln Park, NJ 07035 Date Signature Gordana Luna Completed by (Print or Type) Title 8/27/2012 Treasurer Gordana Luna

State of NJ Notification of Asbestos Abatement

B & G proj. #:	2012-162	_	(Pi	irsuant t	o NJAC 8:	60-7 a	nd 12:120-7)	يو داد	Check #	5438				
							js-c ²	Hart 1	Check #					
Date of Notification	(1)	Nam	e of Buildir	ng Owner/0	Operator (2)									
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Agencies Notified	Type Notification	Stree	et Address											
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☐ DEP			State, Zip	Code	THE STATE OF STREET		Óι	LILE	DMISM	12				
☑ DOL	☐ Amendme	ent C	ranford, 1	NJ 07016					Telephone	Number				
☑ DOH	_	11	e of Conta	ct					Telephone	INGITIDEI				
☐ DCA	Cancellati	on E	eth Ferli	echi					VERNOR (N					=
				FACILI	TY INFORMA	ATION	Т	T=-	-f Facility (A)					
Name of facility w	here abatement is	taking place	: (3)					Type	of Facility (4)	(K - 12)				
			529							oter 8 (Ot	her tha	n K-1	2)	
same									Other (F	rivate/Co	mmerc	ial		
Street Address								Carr		omes, etc	-	Bldd	g. Age	
3 Tulip Street				му — резирас				Squ	ale reet #	01110010			, ,	
City (5)		County	(6)				ty Code (7) e use only)		rrent Use (Pri	or if being	demo	lished	i)	
Cranford, NJ	07016	Union	1					10000	idential					
Name of Monitorin	ng Firm Hired by B	ldg. Owner	(8)		ASCM No.		Name of Abatemen							
n/a							B & G Restorat	ion, Inc	S					
Street Address							Street Address	a a d						
							105 Ryerson Ro City, State, Zip Code		~	-	-			
City, State, Zip Co	de						Lincoln Park, 1		35	•				
			Inha	ne Numbe			Telephone Number			License	Numbe	er		
Project Manager fo	or Monitoring Firm		Pho	ne Numbe	:1		973-696-6869			0378				
				D-t- (11)			Name of OSHA Mo							
Scheduled Start D	ate (10)	Sched.	Completion	n Date (11)		B & G Restora	tion, In	c.					-
9/7/2012		9/7/20					Street Address							
Occupancy Status	During Abatemen	t (Check on	ly one)				105 Ryerson R	-						
Abatement	ed/vacated during performed outside	of normal fa	d of abaten acility hours	nent. S-			City, State, Zip Coo							
Describe: Other-Desc	ribe:						Lincoln Park,	NJ 070	35				_	
	check all that apply	()										20		
☐ Demolition		Renovation	1				ull Containment w/r	negative	pressure	Glove				
$\times 3$ sf or >3	If \square	≥160 sf or ≥	260 If			⊠ ı	Mini-enclosure		l	Non-f	riable p			
Location of		Is location	normally u	sed solely					Amount		e	R	E n	E
asbestos-c	ontaining	by mainter staff(12)	nance/cust	odiai			sbestos-containing		(Specify S	SF or	m o	p a	C	n c
material to abated in fa		Yes	No	N/A	material	(ACIVI)			LF)		V	i	a p	L
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basement				LX	pipe insul				6 lf			H	H	〒
crawl space				LX.	pipe insul				10 lf			ī	H	盲
garage area				I X	pipe insula	ation	<u> </u>	-	10.1		一			
	Hauler	INTIDE	P Hauler I	D# 10	Cubic Yards o	f Waste	Name of Register	red Lan	dfill		-1			-
Registered Waste B & G Restora	ation, Inc.	195			1 1/2 yards	21/07	Tullytown Re	source	& Recovery	Center			-	
City, State				Disposal D			City, State	A		1				
Lincoln Park,				9/10/20			Tullytown, P.			Date				
Completed by (P		Title			Signature		Gordana Lun	a		8/27/	2012			
Gordana Lun	a	Treasure	Г			_				1-				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 8/24/12					e of Buildin	g Owner/Operato	Tom Sheeh	an 2012	144	7		Jan.	
Agencies Notified	Type Notification	1		Stree	t Address	130	01 SW Centra	an <i>2012 AUG 2</i> al Ave.	29	PH	<i> : </i>	10	
DEP DOL	Amended Amendment #		_	City,	State, Zip (Code Sea	side Park, NJ	MadESIN	SC		RO		
M DOH □ DCA	justification) Cancellation			Name	e of Contac T		Telephone Num	ber	HVG	þ			
	San	****		FA	CILITY INF	ORMATION				1000			
Name of Facility Where A		ng Place idenc	0.000				Type of Facility School (K-1:	2)	2)				
Street Address 415 Main Street						Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)							
City (5)					Square Feet # of Floors Bldg. A					\ge			
					nty Code ((7) (STATE Current Use (Prior if being demolished) residence							
					No.	Name of Abater	ment Contractor (9					_	
[[- [[- [- [- [- [- [- [- [-	MECS		_			Stevens Environmental Services, I							
Street Address PO Box 341						Street Address PO Box 322							
City, State, Zip Code	osswicks, NJ	0851	5			City, State, Zip C	Code Allentow	n, NJ 08501	-				
Project Manager for Monitoring Firm Telephone No.					No.	Telephone No.	711011071	License No.				_	
William We			(60	9) 29	8-4070	(609) 2:	59-9688		049	3			
Start Date (10) 9/17/12	Sche	duled C	omple 9/18/		ate (11)	Name of OSHA		ECS					
Occupancy Status During	g Abatement (Che			1 60		Street Address							
☐ Facility Closed/Vacate								341					
☐ Abatement Performed Cother - Describe: 8.			y Hou	rs		City, State, Zip C		cs, NJ 08515					
Scope of Work (Check at	I that apply)		enovati emolitio			☐ Mini-En	ag Procedure	gative Pressure	re				
	and a second sec		ocatio						T	Abate Typ			
Location o Asbestos-Containing M <u>TO BE ABATI</u> IN Facility	aterial (ACM)	Used Mair Cu	Solely tenanustodia Staff?	by by		Description of stos Containing Material (ACM) Amount (Specify surfacing, VAT, or other miscellaneous)				Repair	Encapsulate	Enclosure	
(13)		Yes	(12) No	N/A		other miscellaned	ous)		<u>a</u>		sulate	ure	
basemer	nt			×	3 0	pipe insulat	ion	_170 LF_	×				
						-							
Name of Registered Wast	e Hauler			JDEP \		Cubic Yards	Name of Regis	stered Landfill	1				
Stevens Environm	ental Service	s Inc.	_ H	auler ID 182	No. 292	of Waste 2 CU		T.R.R.F., Ir	ıc.		77	-	
City, State	Allentown, N	 JJ	- 2			Disposal Date 9/18/12	City/ State	Tullytown, l	PA		Ti-		
Completed By Mahlon E. Stev	Title		oject	Man	ager	Signature	1111	Date	8/24	/12	1)		

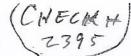
State of New Jersey OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Тур	e Notificatio	n	Antony Pic	lding Owne erno	r / Operator (2)	ASOFS!	t'n	IROL
Agencies Notified			Street Addre			æ / /	US 1/2	*/
X EPA	Emer	gency Notificati	on 90 Coley S	treet		-/(ENSU	TRO.
X DEP		Notification	City, State &	Zip Code			7.00	3.101
X DOL	Amen	ded Notification	Woodbridg	e, NJ070	95			
X DOH	Cance	ellation	Name of Cor	ntact				Telephone Number
DCA			Anthony P	icerno				Telephone (valide)
			FACILIT	Y INFORM	ATION			
Name of Facility When	e Abatemer Re	nt is Taking Pla sidence	ce (3)	Ту	pe of Facility (4 School (K-12)			
*	90 C	oley Street		х	Other (i.e., pr		-12) rcial build	lings, homes, etc.
D:L. (E)			T		uare Feet	# of Floors		Bldg. Age
City (5)		County (6)	County Code (7		2000	2		60
Woodbridg		Middlesex			rrent Use (Prior	if being demo	lished)	
Name of Monitoring Fi Environmental Tac	rm Hired by	Building Owne	r (8) ASCI	M No. Na	me of Abateme	nt Contractor (9)	
Street Address	,				obal Abatemo	ent Services,	LLG	
34 Broad Street					3 Schoolhous	eo Poad		
City, State & Zip Code					y, State & Zip C			
/latawan, NJ 07747				Mo	onroe Townsl	nin N.I 08831	1	
Project Manager for M F om Geiger	onitoring Fi		Telephone Number 732-290-2217	er Te	lephone Numbe 2-605-9062	er	License	M 100 000 000 000 000 000 000 000 000 00
Scheduled Start Date	(10) IS		oletion Date (11)		me of OSHA Mo	opitor	1	00714
9/5/12			9/7/12		obal Abateme		LLC	
Occupancy Status Dur X Facility Closed	ing Abatem	ent (Check only	one)		eet Address			
A hotomant Da	vacated Di	uring Entire Per	riod of Abatement		3 Schoolhous			
Abatement Per	tormed Out	side of Normal	Facility Hours -		y, State & Zip C			
Other - Describ	ea isolate	ed During Aba	atement	Mo	nroe Townsh	nip, NJ 08831		
cope of Work (Check		lv)						
Demolition Demolition	all triat app	X Renovation	n		Full Co	ntainment with	Negative	Draccura
Large Project					Mini-En	closure	ivegative	riessule
X Quantity is ≥ 3	SF or ≥ 3 L	F ACM				ag Procedure		
Quantity is ≥ 1						Clean up		
Loca	tion of		Is Location		Description of		mount	Abatement Type
	Containing	1	Normally Used	Asb	estos-Containin	20.00	pecify	(Specify: Removal,
	I (ACM) ABATED		Solely by		laterial (ACM)	Squa	are Feet	Repair, Encapsulation
	acility	322	Maintenance or		thermal system	Charles Control	or	or Enclosure)
	3)		Custodial Staff? (12)	insulat or oth	ion, surfacing, \ er miscellaneou	/AT Line	ar Feet)	
	Garage		N/A		TSI Pipe	5	0 LF	Removal
				-		5.9		
ame of Registered Wa	aste Hauler	 NI	JDEP Waste Hau	lor ID#	lou Vale tree			Harrison III
Freehold Cartage		IN.	18693	IELID#	Cu. Yds. of W	aste Name		tered Landfill
ity, State					Disposal Date	City,	State	
Freehold, NJ ompleted By (Print or					9/7/12		rtown, P	a
imploted By / Drint or	(vne)	Title			Signature			
Dominick Tringal	. , , ,	Pres.			Signature			Date



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

Date of Notification (1)		Name of Building Owner/Operator (2) Sherley Gargano Street Address 1025 Lorraine Ave. City, State, Zip Code Union NJ. Name of Contact Jerome D. Petti													
8-27-2012				Sherle	y Garga	ano		I IN PASS		401	2 111			0.15 4	5. J.
Agencies Notified	Type Notification			Street Ad 1025 L	ddress .orraine	Ave.				đ,	~	55	9 A	M11	. ,
DEP X DOL	Initial Amended Amendment		_	City, Sta Union	te, Zip Co NJ.	ode				ď	LIC	75	CO	Vr.	* 47
DOH DCA	Emergency (justification)	including		Name of	Contact e D. Pel	Hti .	W. S. E. S.		I Te	lephone	e Numb	èr V	3/14	$G^{''}$	ÛĮ.
L DCA	Caricellation					ORMATION			1						
Name of Facility Where	Abatement is Taking	g Place (3)	TAOI	LITT HELV	OT CHILD AT TOTAL	\neg	Type of Facility (4)						
House								School (K-1		(Postoru u no sirei n					
Street Address	Val. 100.00 100.00 =	***************************************						Subchapter Other (i.e. p				build	linas.	home	es.
1025 Lorraine ave.								etc.)					20 73 0000		
City (5) Union								Square Feet 6250	1 1	of Floors	5	5	ldg. A S	ige	
County (6)				County (20de (7)		-1	Current Use (Price	1 -	ing den	nolishe				
Union					JSE ONLY)	-	Odirent Ood (i in	<i>y</i> 11 b c	ing don	, ronono				
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCN	I No.			of Abatement Cor							
,						G	Gree	n Environmen	al Se	ervices	3.				
Street Address						Street Address 235 virginia ave									
City, State, Zip Code								, State, Zip Code rsey City NJ 07304							
Project Manager for Monitoring Firm					ne No.			one No. 3338855		Licen 0117	nse No. 74			_	
Start Date (10)		Schedule	ed Co	mpletion [Date (11)			of OSHA Monitor	1	1					
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)		1918-9-1918-9-1	St	treet	Address			-				
Facility Closed/Vac	cated During Entire F ned Outside of Norm	Period of A	bater	ment s		Ci	ity, Si	tate, Zip Code							
	All Th -4 A														
Scope of Work (Check /	All That Apply)	[m] _					×	1 = " - " - "							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emoli				×	Full Containme Mini-Enclosure		n Nega	tive Pre	essur	е		
							×	Glovebag Prod Non-Exempted	edure	d Non-	Eriabla	Dros	adur	Δ.	
		Τ.						1 Non-Exemple	1 () al	IG NOTE	THADIC			ement	<u> </u>
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Locatio Asbestos-Containing			d Sole	ely by			ing M	aterial (ACM)	,	Amount				ш	
TO BE AB				Staff?	(i.e.	thermal sys				Specify F or LF		Ren	Re	ncar	ncl
(13)			(12)			other misc					·	Remova	Repair	Encapsulate	Enclosure
	and the same of	Yes	No	N/A										te	ω
Laundry I	Room.		X				A.T			50sf.		х			
Living R	oom.		X				A.T			180sf.		x			
Basem	ent.		х			AC	CM			6lf.		x			
Garaç			X			AC	CM			6lf.		x	11		
Name of Registered Wa	ste Hauler		100	NJDEP W Hauler ID		Cubic Yar of Waste	rds	Name of							
Tri-state transfer as	sociate.		11000	A456	IVO.	2		Minerva		erprise	es.				
City, State Bronx, New york.						Disposal I 8-28-201		City, State Waynes		-Ohio		1	L.		
Completed by	-	Title	80-	2000			ature			4	Date		142		
Tiffany nunez		OTTICE	ivia	nager		111	-151	INY NUN	23		8-2	1-2L	112	1200-000	



State of New Jersey HOTECATION OF ASBESTOS ABATEMENT (PURTUENT TO NIAC 8:60 and 13:131)

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Agencies Notified Ty				Owner/Operator	(3)	THE PARTY	TENT-
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2000	justification)	Hamai	of Conisci		1	I KID OR NOL	202 1110-
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		FAC	INF C	HOITANA			
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				CAY. State. Do	Cool	= N.J	08:12
in, State Zip Code				MAR	LE SHAD		
, 5			110	שו מיסים אם		License No	
order manader la mour	ong Firm	1 stephone	NO	856.7	79-0421	00	
SIGK: Walleder in				Hamenlosh	W HONG		M
	School	ived Competion O	ate (11)	Name of	=PI KIE	707	
5:00 Ocie (10)	1	1/12/1	12	SucciAddie			
Occupancy Status Ouring	Annement IChe	ck only one)				LE AVE	
Bracely Closedy acale	A Dunne Entre Pr	inemated to bons		369			
Transment betamed	Outside of Hom?	y Facility Hours		CAY. State.	co Scrope	· N'J	15452
O miemeur beyamen	Outside of House	STEEDER ST.					
Ci Oinei Describe				□ Fv	Containment with A	16090-6 Biell	
Scope of work (Check)	II NOT 1 DOIN				n. Enclosure		
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∑ 1.60 71 or 1.500 u	ol (ACM)	Maintenancel		Desios Conisina	JO Maleual (VCW)	-	5 5 5
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Cocauon Locauon	Malenal (ACM)	Nomely Used Solely by Maintenance/ Custodial Staff (17)	AS NIA	our wice ingrand ingression in the indrang ingression in the indrang in the indression in the indressi	Material (Acm)	- Amai	
Cocation (100)	Maleral (ACM)	Nomaly Used Solely by Maintenance/ Custodial Staff? (17)		Desios Conisina	Material (Acm)	Amai (Spec	
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TO 61 10 1 260 H	Maleral (ACM)	Nomaly Used Solely by Maintenance/ Custodial Staff? (17)		our wice ingrand ingression in the indrang ingression in the indrang in the indression in the indressi	TATEMS VISUALION VAT 01 VAT 04	Amadi (Special Store	の 中 ×
10 8E ABA (13)	Maleral (ACM)	Nomaly Used Solely by Maintenance/ Custodial Staff (17) Tes Ho	NIA	SIDI	ASTON Name o	Amai (Spec	の 中 ×
Location (1760 m) A COCSTON CONTRACTOR TO BE ABA IN FROM (17)	Material (ACM) VIED TO	Nomaly Used Solely by Maintenance/ Custodial Staff (17) Tes Ho	NIA	CVOICY COVICY COVICY	ASTON Name O	Amadi (Special Store	の 中 ×
(13) 2:160:1101:2760 n Location Location Location 10:8101:2760 n (17) TRAMS	Material (ACM) STED BY ITE Waste Haulet	Nomaly Used Solely by Maintenance/ Custodial Staff (17) Tes Ho	NIA	CODICY OF WASH	ALON Name O	ZOO	
Location (1760 m) A COCSTON CONTRACTOR TO BE ABA IN FROM (17)	Material (ACM) STED BY ITE Waste Haulet	Nomaly Used Solely by Maintenance/ Custodial Staff (17) Tes Ho	NIA O NO	CODICY OTHER MICE	ALON Name O	ZOO	
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(13)	Master Hauter The	Nomaly Used Solely by Maintenance/ Custodial Staff (17) Tes Ho	NIA O NO	Choic A of Marin	aidi Name o aidi Cir, Si aidi Cir, Si	ZOO	

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

PAGE RECTION

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Date of Notification (1) 07/11/12 Month/Day/Year					Name of Building Owner/Operator (2) Princeton University 2012 AUG 29 Pi 1: 03									
	otificati	on		Street Add	lress	CHEST CO.				140	177	1:03		
EPA	Initi	al		P.O. box 2	158		458507							
DEP	No	ificati	on	City, State	e, Zip Code	ZTINO CONTRA								
DCA x	-	nded		Princeton		THE LIVENSING								
DOII		ificati		Name of C			Telephone Number							
	_ Can	cellatio	on	Robert Ot		CION				-	-			
		M	2)	FACILI	TY INFORMAT	ION	Type of Facility (4	D.						
Name of Facility Where Abatement is Princeton University -20 Washingto Street Address		race (1000	School Subchapt							
20 Washington Road								gs, homes,						
20 114011121012			100-22-0-		,		Square Feet # of Floors			Bldg. Age				
City (5)	Cou	nty (6)		County Code		Current Use (Prio	4		50+		-		
Princeton					(STATE USE ONL)	v)	University	i ii being c	icino	nisneu)	(a)			
Name of Monitoring Firm Hired by Bu	ilding (wner	(8)		ASCM No.	Name	of Abatement Contr	actor (9)		1				
ATC Associates, Inc						Assoc	iated Specialty Contr	acting						
Street Address			Street	t Address										
3 Terri Lane						98 La	Crue Avenue							
City, State, Zip Code Burlington NJ 08016				State, Zip Code Mills, PA 19342										
Project Manager of Monitoring Firm	Telephone	Number	0.0000000000000000000000000000000000000	hone Number				e Numb	er					
Mike Keehn	609-386-88	800	610-3	64-9622			1103							
Scheduled Start Date (10)	npletion Date	(11)	Name	of OSHA Monitor										
07/23/12				10/01/12		Crite	rion Labs							
				lonth/Day/Yes	ar	Stroot	t Address							
Occupancy Status During Abatement (Check only one) x Facility Closed/Vacated During Entire Period of Al				patement		50 S (50 S))))))))))))))))))))))))))))))))))))	Progresive Drive				2000			
Abatement Performed Outside of Normal Facility							y, State, Zip Code							
Hours - Describe: 7:00 AM - 3:30 PM						Bensa	lem PA 19020							
Other - Describe:														
Scope of work (Check all that apply)							Full Containment	with Negat	live I	Pressui	e			
Demolition			x	Renovation x										
>3 sf or >3 if						x Glovebag Procedure								
x >160 sf or >260 lf						X	Non-Friable Proce	- Control Control			_			
		Is						-	Aba	tement	Type	E		
Location of		cation rmall		(50-53800)	cription of os-Containing		Amount	F	.		N	N		
Asbestos - Containing Material (ACM)		Ised	ν.	The second secon	rial (ACM)		(Specify	I		R	C	C		
TO BE ABATED	0	olely		(ic. Th	ermal systems		SF or	N	1	E	A	L		
In Facility	20010	Main			, surfacing, VAT	r.	LF			P	P	O S		
(13)		nance/		or other	miscellaneous)					A	U	Ü		
		stodia aff (12						1		R	L	R		
		No	N/A						-			E		
Ground Floor - exterior outside room	1	x		window ca	ulk		170 LF	х						
1st Floor - exterior outside room 101 (:	x		window ca	ulk		170 LF	x						
2nd Floor - exterior outside room 201	G	x		window ca	ulk		170 LF	x						
throughout	1	x		pipe insula	ition		100 LF	x						
Name of Registered Waste Hauler				EP Waste ler ID No.	Cubic Yards of Waste		Name of Registere	d Landfill						
Horizon Disposal					5		GROWS							
City, State Trenton NJ					Disposal Date As needed		City, State Morrisville PA							
Completed By (Print or Type) Mark Goshow			Title Proj	ect Manager		Signa	ture whileture		11		Date	8-12		
Property of the second							The second secon	- 1-1	- 1					

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Princeton University - 20 Washington Lane Additional ACM Sections & LICENSING Amount

	-11.1140		
Location of ACM	Description of ACM	Amount	Abatement
ground floor	floor tile and mastic	400 SF	Removal
ground floor lab 1	gasket material	20 SF	Removal
ground floor lab 1	packing material	84 SF	Removal