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

Date of Notification (1) 8 / 5 / 16

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Street Address
200 Elm Dr.
City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortega

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library

Street Address
Washington Rd

City (5)
Princeton

Square Feet
1,000,000

County (9)
MERCER

County Code (7)(STATE USE ONLY)

Current Use (Prior to being demolished)
Library

Name of Monitoring Firm Hired by Building Owner (8)
ATC Group Services LLC

ASCM No.
00098

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10) 8 / 22 / 16

Scheduled Completion Date (11) 9 / 9 / 16

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00AM-3:30PM/PM-AM

Scope of Work (Check all that apply)

- 20 SF or 20 ft
- 160 sf or 260 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

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Floortile and mastic</td>
<td>2,650 SF</td>
</tr>
<tr>
<td>A</td>
<td>Pipe insulation</td>
<td>950 LF</td>
</tr>
<tr>
<td>A</td>
<td>Plaster ceiling</td>
<td>130 SF</td>
</tr>
<tr>
<td>A</td>
<td>Spline ceiling</td>
<td>2,520 SF</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste
Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date
City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date 8/5/16

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

State of New Jersey

Date of Notification (1)
08 / 08 / 16

Name of Building Owner/Operator (2)
Division of Property Management & Construction

Agencies Notified
☒ EPA
☒ DOLWD
☒ DOH
☐ DCA
(NJAC 5:23-8)

Type Notification
☐ Initial
☐ Amended
☐ Amendment #_____
☒ Emergency (Including justification)
☐ Cancellation

Street Address
20 W. State Street, 3rd Flr.

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Rick Ferrera

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential Building

City (5)
Wayne, NJ 07470

County (6)
Passaic

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
P.O. Box 1224

City, State, Zip Code
Union, NJ

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
Rick Eustaquito

Telephone No.
973-494-3762

License No.
973-928-4888

Start Date (10)
08 / 09 / 16

Scheduled Completion Date (11)
08 / 15 / 16

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM - PM/PM - AM

Name of OSHA Monitor

ALL PRO MANAGEMENT LLC

Scope of Work (Check all that apply)
☒ ≥ 3 ft or ≥ 3 sq ft
☐ ≥ 160 sq ft or ≥ 260 sq ft

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

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

Yes No N/A

Exterior - Roof

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

Amount (Specify SF or LF)
10 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
ATC

Disposal Date
TBD

Name of Registered Landfill
Grows Landfill

City, State
Shirley, NY

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Date
8/7/16

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**
8/8/16

**Name of Building Owner/Operator (2)**
Timely Property Solutions, LLC

**Street Address**
3587 R19 N
Freehold, NJ 07728

**City, State, Zip Code**
Freewill, NJ 07728

**Name of Contact**
John Demchak

**Telephone Number**
(732) 564-6000

---

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Little Silver, NJ

**County (6)**
Monmouth

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

**Type of Facility (4)**

**Square Feet**
1800

**# of Floors**
2

**Bldg. Age**
75+/-

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

**PO Box 341**
Crosswick, NJ 08515

**City, State, Zip Code**

**Name of OSHA Monitor**
MECS

**Street Address**
PO Box 341

**City, State, Zip Code**
Crosswick, NJ, 08515

**Project Manager for Monitoring Firm**
Bill Weissgarber

**Telephone No.**
(609) 298-4070

**Start Date (10)**
8/19/16

**Scheduled Completion Date (11)**
8/31/16

---

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Outage - Describe:
- Other - Describe:

---

**Scope of Work (Check all that apply)**
- Renovation
- Demolition
- Thermal Pipe insulation
- Wrap and Cut

---

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

- Basement

---

**Amount (Specify SF or LF)**
120 LF

**Abatement Type**
- Encapsulation
- Removal
- Repair

---

**Name of Registered Abatement Contractor**
Stevens Environmental Services, Inc.

**NJDEP Waste Hauler ID No.**
18292

**Cubic Yards of Waste**
2 CU

**Name of Registered Landfill**
GROWS Landfill

**City, State**
Allentown, NJ

**Disposal Date**
8/31/16

**City, State**
Morrisville, PA

**Completed By**
Mahlon E. Stevens

**Title**
Project Manager

---

*Do not use this form for asbestos licensure exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
[04/18/16]

Name of Building Owner/Operator (2)
carl kirshen

Agencies Notified
- DOL
- DOH
- DCA
- EPA
- DEP
- DOL
- Emergency
- Amendment #:
- Initial
- Amended
- Cancellation

Street Address

City, State, Zip Code
HOBOKEN, NJ 07030

Name of Contact
carl kirshen

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
carl kirshen

City (5)
HOBOKEN

County (6)
hudson

County Code (7)

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs/Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (6)

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
08/16/16

Scheduled Completion Date (11)
09/15/16

Occupancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
- >500 sf or >5,000 sf
- >160 sf or >260 sf
- Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff

Yes

No

N/A

Description of asbestos-containing material (ACM)

Description

Amount (Specify SF or LF)

Remove

Repair

Encaps

ENC

BASEMENT and bathroom

PIPE INSULATION

120 f

Registered Waste Hauler
D & S RESTORATION, INC.
NUDEP Hauler ID
13506
Cubic Yards of Waste
2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
08/17/16

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
08/05/2016

* Do not use this form for asbestos licensure exempted activities
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
01 8 17 12 9 11 6 1

Name of Building Owner/Operator (2)  
barry thosten

Agencies Notified  
☑ DOL  ☑ DOH  ☑ DCA

Type Notification  
☑ Initial  ☑ Amended  ☑ Emergency (including justification)

Amendment #:  

City, State, Zip Code  
woodbridge, nj 07095

Name of Contact  
barry thosten

Telephone Number  

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
barry thosten

Street Address  

City (5)  
woodbridge

County (6)  
middlesex

County Code (7)  
(State use only)

Type of Facility (4)  
☐ School (K-12)  ☑ Subchapter B (Other than K-12)  ☑ Other (Private/Commercial Bldgs/Homes, etc.)

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)  

Name of Abatement Contractor (9)  
D & S RESTORATION, INC.

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

Telephone Number  
973-345-8020

License Number  
01169

Name of OSHA Monitor  
D & S Restoration, Inc.

Street Address  
20 California Avenue

City, State, Zip Code  
Paterson, NJ 07503

Project Manager for Monitoring Firm  

Phone Number  

Start Date (10)  
08/09/16

Sched. Completion Date (11)  
09/05/16

Occupancy Status During Abatement (Check only one)  
☐ Facility closed/vacated during entire period of abatement.  ☑ Abatement performed outside of normal facility hours-

Describe:  
Other-Describe:  NORMAL HOURS

Scope of Work (check all that apply)  
☐ >3 sf or >3 lf  ☑ Renovation  ☑ Demolition

☐ ≥160 sf or ≥260 lf  ☑

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)  

Amount (Specify SF or LF)  

BASEMENT BOILER  

☑  

BOILER INSULATION  

40 sq ft  

☐ Full Containment w/negative pressure  ☐ Mini-enclosure  ☑ Glovebag procedure  ☑ Non-Exempted (*) and Non-frangible procedure

Registered Waste Hauler:  
D & S RESTORATION, INC.  
NJDEP Hauler ID# 13506

Cubic Yards of Waste  
1 yd.

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATerson, NJ 07503

Disposal Date  
08/10/16

City, State  
TULLYTOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC  
Title  
PRESIDENT  
Signature  

Date  
07/29/16
**State of NJ**
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
08/18/16

**Name of Building Owner/Operator (2)**
JORDAN VACCARI

**Agencies Notified**
- [x] EPA
- [x] DOL
- [x] DOH

**Type Notification**
- [x] Emergency (including justification)

**Amendment #:**

**Street Address**

**City, State, Zip Code**
FRANKLIN LAKES, NJ 07417

**Name of Contact**
JORDAN VACCARI

**Telephone Number**

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
JORDAN VACCARI

**Street Address**

**City**
FRANKLIN LAKES

**County**
BERGEN

**County Code (7)**

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

**ASCM No.**

**Type of Facility (4)**
- [x] School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Name of Abatement Contractor (9)**
D & S RESTORATION, INC.

**Street Address**
20 California Ave.

**City, State, Zip Code**
Paterson, NJ 07503

**Telephone Number**
973-345-8020

**License Number**
01169

**Name of OSHA Monitor**
D & S Restoration, Inc.

**Street Address**
20 California Avenue

**City, State, Zip Code**
Paterson, NJ 07503

**Start Date (10)**
08/09/16

**Scheduled Completion Date (11)**
08/30/16

**Occupancy Status During Abatement**
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours:
  - Describe:
  - Other/Describe: NORMAL HOURS

**Scope of Work (check all that apply)**
- [x] Renovation
- [x] Demolition

**Location of asbestos-containing material (acm) to be abated in facility (13)**

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td></td>
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<tr>
<td>BASEMENT BOILER</td>
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</tr>
<tr>
<td>BASEMENT</td>
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<tr>
<td>BASEMENT</td>
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</tbody>
</table>

**Description of asbestos-containing material (AOM)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>Encd</th>
<th>Encr</th>
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<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>450 LF FT</td>
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<tr>
<td>BOILER INSULATION (JACKET)</td>
<td>60 SQ FT</td>
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<td>FLUE PIPE INSULATION</td>
<td>24 SQ FT</td>
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<td>chimney thimble packing</td>
<td>6 SQ FT</td>
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<tr>
<td>GASKET BET. FIREBOX</td>
<td>60 L FT</td>
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</tbody>
</table>

**Registered Waste Hauler**
D & S RESTORATION, INC.

**NJDEP Hauler #**
13506

**Cubic Yards of Waste**
7 YDS

**Name of Registered Landfill**
TULLYTOWN, RESOURCE RECOVERY

**City, State**
Paterson, NJ 07503

**Disposal Date**
08/10/16

**Completed by (Print or Type)**
BOGDAN JOLDZIC

**Title**
PRESIDENT

**Signature**

**Date**
08/05/2016