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

CR# 3075

				V		11235 135			-,	(XT	1	30	7	5					
Date of Notification (1)					Nam	e of Buildir	ng O	wner/Operator	(2)											
8 /	5 /	16			Pr	inceton l	Jniv	ersity-Office	of Design and	Con	struct	iom	E		M	E				
Agencies Notified EPA	Type Notific	cation			Stree	et Address 0 Elm Dr.						. 16	_ <u>L</u> _	11	U					
□ DOLWD □	☐ Amende				City.	State, Zip	₩	111	AllC	4	0 1	2016	-							
☑ DHSS	Amenda	· ·	1 12			inceton,			П		AUG	1	U	-010	-					
	☐ Emerge justificat		iuaing	g	_	e of Contac	Tel	enhone	Numh	er										
(Cancella				Ro	bert Orte	ao		"	ephone		~~	1C	ITRO	S JC					
								RMATION		LIGHNOING										
Name of Facility Where	Abatement is	Taking	Place	(3)	T A	CILITTI	NFO	RIVIATION	Type of Engility	(A)										
Princeton Universi				(0)					Type of Facility ☐ School (K-12	3335										
Street Address	ty i nooton	CLIDIC	ar y						Subchapter 8) B (Oth	ner than	K-12)								
Washington Rd									Other (i.e., proposed homes, etc.)	ivate	and co	mmer	cial b	uildin	gs,					
City (5)					- 8-				Square Feet	1#	of Floor	·c	B	ldg. A	00					
Princeton					1,000,000						8	3		70	ige					
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Pri	or if b	peing de	emolisi								
MERCER								Library												
Name of Monitoring Firm	(8)	ASCM		Name of Abatement Contractor (9)																
	ATC Group Services LLC						00098 BRISTOL ENVIRONMENT						ΓAL, INC.							
	reet Address						0.550.5	reet Address												
	Three Terri Center						1123 BEAVER STREET													
City, State, Zip Code				ty, State, Zip Co																
Burlington, NJ 0801								BRISTOL, PA	19007											
Project Manager for Moni	toring Firm				phone		1000000	lephone No.		100-7/20	cense N	lo.								
Michael Keehn		0 1 1		A New		-8800		215-788-6040			00509									
Start Date (10) 8 / 22 /		Schedu a				16 (11)	1	me of OSHA M			_									
					_ ′ .	10			VIRONMENTAL	., IN	J.									
Occupancy Status During					1		100	reet Address												
☐ Facility Closed/Vacate ☐ Abatement Performed						cribo	2	1123 BEAVER												
Time of Abatement: 7	:00AM-3:30	PM/	PI	VI	AM	scribe	3	y, State, Zip Co												
Scope of Work (Check all								BRISTOL, PA	19007							4				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	шас арріу)	-		novati molitic																
			Is	Locat	ion		A 1-1-1							atem	ent T	vne				
Location	The state of the s			lorma d Sole	-	200200000000000000000000000000000000000		Description of					-	-		T				
Asbestos-Containing N TO BE ABA		1)		intena				Containing Mat ermal systems i			Amount (Specify		Removal	Repair	Encapsulate	Enclosure				
IN Facilit			Cust	odial	Staff?	(,.0		surfacing, VAT,			F or LF		oval	=	nsc	SUD				
(13)		+	Yes	(12) No	N/A	-	ot	her miscellaned	ous)						ate	CD				
Level A Former RBSC	:		X			Floortile	e an	nd mastic		2	,650 S	F		П	П					
Level A Former RBSC	;		\boxtimes			Pipe Ins	sula	tion			950 LF									
Level A Former RBSC	Plaster					130 SF	:													
Level A Former RBSC	;	[X	П		Spline (Ceili	ina		2	,520 S	F		П		П				
Name of Registered Wast				IN	JDEP V			bic Yards of												
BRISTOL ENVIRON		NC.		(30)	auler II 18706	No.	Wa		G.R.O.W.S.				LL							
City, State BRISTOL, PA 19007							Dis	posal Date	City, State	l F	PA 101	067								
Completed By (Print or Ty		T:41-						Cinarit	MORRISVILLE, PA 19067											
Brian Scafiro	he)	Title Est	imat	or				Signature	Scofero 1	1.	2			//	6					

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

Date of Notification (1)				Nam	o of Buildin	as Owner/Operator /	(2)	IN E 6	3	W	E	10
	16			1		ng Owner/Operator (Property Manag	188	10/				
Agencies Notified Type Noti ☐ EPA ☐ Initial	fication				et Address W. State	Street, 3rd Flr.		H AUG	10	2016)	L
☑ DOLWD ☐ Amend					State, Zip							
	dment #				enton, N.			ASBESTO:			OL 8	ž.
	ency (includation)	uding			e of Contac				ENSIN	IG_		
(NJAC 5:23-8) justific					ck Ferrer			Telephone Nun	nber			
				FA	CILITY II	NFORMATION						
Name of Facility Where Abatement i	s Taking F	Place	(3)				Type of Facility	, ,				
Residential Building			- 3				School (K-1	 8 (Other than K-1) 	2)			
Street Address								orivate and comme		uildin	gs,	
City (5)			-	3 3			Square Feet	# of Floors	В	ldg. A	ge	
Wayne, NJ 07470												
County (6) Passaic				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demoli	ished)			Н
Name of Monitoring Firm Hired by Bu	ilding Ow	ner (8	3) [ASCM	No	Name of Abateme	ent Contractor (0	1				
Bio Terra Solutions	anding Ow	1101 (6	"	7100111	110.		NAGEMENT L					
Street Address						Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code		15		. S. 14		City, State, Zip Co	ode					
Union, NJ	<		57 54			Garfield, NJ	07026					
Project Manager for Monitoring Firm				ephone		Telephone No.		License No.				
Rick Eustaquio					1-3762	973-928-4888		1188				
Start Date (10) 08 /09 /16	Schedule 08		1000	etion Da 5 /		Name of OSHA M ALL PRO MA		LC				
Occupancy Status During Abatement	(Check o	nly or	ne)		-5/	Street Address			-			
☐ Facility Closed/Vacated During Er					j, ŝ	27 Outwater I	_ane					
Abatement Performed Outside of						City, State, Zip Co	de					
Time of Abatement:AM			_PIVI-	_	AM	Garfield, NJ	07026					
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Ren				☐ Mini-Encl	Procedure	gative Pressure				
		Is L	ocat	tion	T	□ 14011-EXE	inpled () and No	in-i nable i locedo		ateme	opt T	un o
Location of		No	orma	lly		Description of	F				201925 90	
Asbestos-Containing Material (AC TO BE ABATED	(M)	Main		ely by ince/		stos Containing Mat ., thermal systems in		Amount	Removal	Repair	nc	Enclosure
IN Facility	(Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	ova	H.	psu	nso
(13)		'es	(12) No	N/A		other miscellaned		•	-		Encapsulate	o o
Exterior - Roof				N/A	Flashin	a		10 SF			П	
		5 1			T Idomin	9		10 01				
						El Company						
		-							12			
N		ا ا ل			<u>. </u>					Ш	Ц	Ц
Name of Registered Waste Hauler ATC				JDEP \ auler I[Cubic Yards of Waste	Name of Regis					
City, State				1A-37		As Needed		IMIIII				
Shirley, NY						Disposal Date TBD	City, State Morrisville	, PA	i	1		
Completed By (Print or Type)	Title					Signature	11	Da	ate	1		
Allen Monchik	Proj	ect N	lana	ager		141	Ma	Da	17	16	7	
SB-41 AN 13	* Do	not us	se th	is form	for asbest	os licensure exempt	ed activities.		and the same			

C1<# 25243

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

Data of NatiSection (4)								IIN) E C	E	1	17 1	31			
Date of Notification (1)	/8/16			Nam	e of Buildin	ng Owner/Operator		IN TIC		0 (5			
Agencies Notified	Type Notification			Ctro	et Address		Property So	lutions, LLC				- 11			
☐ EPA	Initial	1		Sile	et Address		3587 Rt 9	L LI AUG	10	20	16				
DEP	Amended			City.	State, Zip	Code	3307 Kt 7	14		_	_	- 1			
⊠ DOL	Amendment :		20	,,	- i.i.(-),p		NTE	101	٦						
⊠ DOH	justification)	irolaali	19	Nam	e of Conta		VG	IUL.	&						
□ DCA	☐ Cancellation		12.		J	ohn Demchak		S S	200		- 0	_			
	-			FA	CILITY IN	NFORMATION									
Name of Facility Where	Abatement is Takir	ng Plac	æ (3)				Type of Facilit	tv (4)							
	Res	ident	ial				School (K-								
Street Address							☐ Subchapte	r 8 (Other than K-1	2)						
							homes, etc	private & commerc	ial bui	ldings	,				
City (5)		20.0/2/1	com easily				Square Feet	# of Floors	E	Bldg. A	\ge				
	Little	Silve	r, NJ				_ 1800 _ 2 _ 75								
County (6)				Cou	inty Code (EONLY)	7) (STATE	Current Use (F	Prior if being demoli	shed)						
Name of Monitoring Firm	nmouth	O1		1								_			
(0)	MECS	Owner		ASCM	M No. Name of Abatement Contractor (9) Stevens Environmental Services										
Street Address	MECS		_			Street Address	ens Environ	mental Servic	es, I	nc.					
on contributions	PO Box 34	1				Street Address	PΩ	Box 322							
City, State, Zip Code	10 200 5 1	1				City, State, Zip C		DOX 322	_		_				
	rosswick, NJ (0851:	5			Oity, Otate, Zip o		n, NJ 08501							
Project Manager for Mor	itoring Firm		Tele	phone	No.	Telephone No.		License Ne-				_			
Bill We	isgarber		(60	9) 29	8-4070	(609) 25	9-9688		049	3					
Start Date (10)	Sche	duled (Comple	tion Da	ate (11)	Name of OSHA N	Monitor					_			
8/19/16			8/31/	16			N	IECS							
Occupancy Status Durin						Street Address									
Facility Closed/Vacate	ed During Entire Pe	eriod of	Abate	ment				Box 341							
Abatement Performed Other - Describe:	Outside of Norma	ıl Facili	ty Hou	rs		City, State, Zip C		i levesco versentario							
	II 4b a4 a 1 A						Crosswicl	ks, NJ 08515							
Scope of Work (Check a	ii that appiy)					☐ Full Con	tainment with Ne	egative Pressure							
≥3 sf or ≥3 if ≥160 sf or ≥260 If			enovati				closure	gativo i resoure							
			emolitio	n		Gloveba	g Procedure empted (*) and N	on-Friable Procedu	re						
			Locatio				() 4.14		T	Abate	ment				
Location of	ıf	 postport/900 	omally Soleh			Description of									
Asbestos-Containing M	laterial (ACM)	Mai	ntenan	ce/	Asbest	os Containing Mate	erial (ACM)	Amount			ш				
TO BE ABAT IN Facility	<u>ED</u>	10000	ustodia Staff?	I	(i.e.,	thermal systems in surfacing, VAT,	nsulation,	(Specify	Re	٦,	ince	Enc			
(13)			(12)			other miscellaneo		SF or LF)	Remova	Repair	Encapsulate	Enclosure			
		Yes	No	N/A			₹\$.		l'al	7	late	ıre			
Dagama	nt				Tri		1	120.10				\vdash			
Baseme	ш	×			Inc	ermal Pipe Ins		120 lf	X						
						@ Wrap and	Cut								
Name of Registered Waste Hauler NJDEP V															
5. S.			1.11	JDEP \ auler IC		of Waste									
Stevens Environmental Services, Inc. 18292						GROWS Landfill									
City- State	A 11					Disposal Date City, State									
Completed By	Allentown, N	1.3				8/31/16.	1_/_/	Morrisville,	PA			_			
Mahlon E. Stev	/ens Title	D.	oject	Man	ager	Signature Date					3/8/16				
CD 44		11	Oject	iviali	agel	-///	1/	8/8/16							

D&S Proj. #: 16-242

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

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Total Control Control	AUG	1	0	2016	te belle en company and	

						14	U A	UG 1	0 21	016		7/
Date of Notification (1)	Name of B	uilding Owr	ner/Operator (2	2)		\top					1	1
10 18 /10 15 /11 16	carl kirs	hen					ASBES	TOSC	ONT	ROL	8	
Agencies Notified Type Notification	Street Add	ress						HOEN(आंपड			\pm
_											la in reason	
Amendment #:	City, State	Zip Code										
DOL ☐ Emergency ☐	— HOBO	KEN, NJ (07030									
DOH (including justification)	Name of Co						Telephone	e Numbe	r			
DCA Cancellation	carl kir	shen										
		FAC	ILITY INFORM	MOITA	1						-20	
Name of facility where abatement is	taking place (3)				I	Туре	of Facility (4					
carl kirshen							=	(K - 12)		han V	10)	
Street Address	The second secon							pter 8 (C Private/C			-12)	
							Bldgs./l	Homes, e	etc.		da A	
City (5)	County (6)			Cou	nty Code (7)	Squa	re Feet	# of Floo	rs	ы	dg. A	ge
HOBOKEN	hudoon				te use only)	Curre	ent Use (Pr	or if bein	g dem	olishe	ed)	
Name of Monitoring Firm Hired by B	hudson ldg. Owner (8)	ASCM No.	Ь,	Name of Abatement	Contract	or (9)			_		_	
			D & S RESTOR		18 80							
Street Address			_	Street Address								
<u> </u>					20 California A	-						
City, State, Zip Code					City, State, Zip Code							
Project Manager for Manitering Firm	To				Paterson, NJ 07	7503						
Project Manager for Monitoring Firm	l ^P	hone Numb	er		Telephone Number 973-345-8020			License	Numb 1169	er		
					Name of OSHA Mon				1109	_		
Start Date (10)	Sched. Complet	ion Date (11	1)		D & S Restorat							
08/16/16	09/15/16				Street Address							
Occupancy Status During Abatement					20 California A	venue						
Facility closed/vacated during e Abatement performed outside o					City, State, Zip Code							
Describe:NORMAL HO				-1	Paterson, NJ 07	1502						
Scope of Work (check all that apply)	CKG					191A						
N 0-1-011	Renovation				H	Mini-enc	ainment w/	negative	press	ure		
	Demolition				\boxtimes		g procedure	3				
						Non-Exe	mpted (*) a	ind Non-	_			
	ls location normally by maintenance/cus		1				Amount		e e	R	E	E
material (acm) to be	staff(12)		material (sbestos-containing		(Specify SF	or	m o	р	С	n
abated in facility (13)	Yes No	N/A	isomeoni de la constanti de la	#110000010C.YV			LF)		v	a i	a p	L
BASEMENT and bathroom		1	PIPE INSU	TATI	ON	120	1 ft		e	r	П	\vdash
			THEHOO	2.111		120	110	×		H	+	H
						\dashv			H	H	片	H
		i		******					H	H	Ħ	Ħ
		1					***************************************		Ħ	Ħ	Ħ	
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler 13506		ubic Yards of V	Vaste	Name of Registered		DOE DE	201155	ر ا		_	
City, State		Disposal D	yds.		TULLYTOWN, City, State	KESUU	KCE RE	LOVER	Y	-		-
PATERSON, NJ 07503		08/17/16			TULLYTOWN.	PA						
Completed by (Print or Type)	Title		Signature		10001101111			Date				
	PRESIDENT							08/05/	2016			
∆ SR-∆1 * [o not use this form	tor asbesto	s licensure exe	emnted	activities							

State of NJ

D&S Proj. #: 16-240	CHA	66				s Abatement and 12:120)			E C	E		7 [5			
	(O	1,							<u> </u>	<u>L</u>	<u> </u>				
Date of Notification (1)	- 11	e of Build		er/Operator (2))			ACT (COM + A MARIN ACT (COM + A	AUG	1 (20	16	AND DESCRIPTION OF STREET		
Agencies Notified Type Notification		t Addres	- Cochonolina					1 1 1 1					<u></u>		
DEP Amended	Oite	04-4- 7	- 0- 4-					AS	RESTO	OS C	ONT	ROI	_&_		
DOL Amendment #:		State, Zi		=					LIC	LIVE	JIIVC	1			
□ DOH □ Emergency (including		odbrid of Cont	ge, nj 0	7095	the Artifes			Telephone	e Number	-	94 HVJ				
justification)		erry thos	5550						3 (144)						
Cancellation	11 00	dry dros		LITY INFORM	ATION	J							_		
No of facility or house above and in	4-1/1	/O\	17.01			•	ITV	pe of Facility (1)	_		_			
Name of facility where abatement is	taking place	(3)					1	School	(K - 12)	u	V	10)			
barry thostesen Street Address			-						apter 8 (Ot Private/Co			12)			
Sileet Address								Bldgs./	Homes, et	c.		g. Ag	10		
Cit (5)	County (6)					50	quare Feet	# of Floors		Did	y. ny	C		
City (5)	County	0)				inty Code (7) ite use only)	=	Current Use (Prior if being demolished)							
woodbridge	middle									,					
Name of Monitoring Firm Hired by B	lldg. Owner (8)		ASCM No.		Name of Abatemer									
					_	D & S RESTO	RATIO	ON, INC.			_	_			
Street Address							A								
City, State, Zip Code					_	20 California 2 City, State, Zip Cod				-	-		-1		
City, State, Zip Code						Paterson, NJ (
Project Manager for Monitoring Firm		Pho	ne Numbe	ar .	_	Telephone Number			License	Numb	er	_			
r rojout managor for mornioling r inn		1110	110 (1011)	×.		973-345-802			01	169					
Start Date (10)	Sched. Co	mpletion	Date (11)	-	Name of OSHA Mo		7-3	-						
		5		6		D & S Restora	tion, l	Inc.	and the second second						
08/09/16 Occupancy Status During Abatement	09/05/16	THE RESERVE THE PERSON NAMED IN													
Facility closed/vacated during		27	nent.			20 California A City, State, Zip Coo		e		_		_			
Abatement performed outside						City, State, Zip Coo	10								
Describe: NORMAL HO	OURS				-1	Paterson, NJ	07503								
Scope of Work (check all that apply)								Containment w	/negative	press	ure				
N	Renovation					D	Mini-	enclosure							
_ =	Demolition					F		ebag procedur -Exempted (*)		friahla	nroce	dura			
	Is location no	rmally u	sed solely	1	THE STATE OF THE S		_ Non	-Lxempled ()	and Non	R	R	E			
Location of asbestos-containing	by maintenar				on of a	asbestos-containing		Amount	_	e m	e p	n c	E n		
material (acm) to be abated in facility (13)	staff(12)			material				(Specify S LF)	F or	0	a	a	C		
abated in facility (13)	Yes	No	N/A					,		v e	i r	р	-		
BASEMENT BOILER		X		BOILER II	NSUI	LATION		40 sq ft		X					
					The second secon										
							Щ			부					
								Tell			Ш	Ш			
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP I 13506		500	ubic Yards of yd.	vvaste	Name of Register TULLYTOWN			COVER	Y					
City, State	13300		Disposal D	CONTRACTOR OF THE PARTY OF THE		City, State	1, 111	J J J K CL IV							
PATERSON, NJ 07503			08/10/1			TULLYTOW	N, PA								
Completed by (Print or Type)	Title	· ·		Signature					Date 07/20/	16		N-12-11			

CKHERIGLE

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

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		AUC	1 (9-	2016			
L	SDE	310	SC	Uľ	VIRC)L &		-

								2 1 0	0040						
Date of Notification (1)	Nar	me of Bu	ilding Owr	er/Operator (2)			H L AU	v 1 U	2010		巴	4			
0 8 / 0 5 / 1 6	J(ORDAN	N VACCA	ARI			1000	-							
Agencies Notified Type Notification	Stre	et Addre	ess				ASDEST	OS COI CENSIN	VIK()L &		T			
DEP Amended								OLIVSIN	<u>u</u>						
Amendment #:	City	, State,	Zip Code												
Emergency				KES, NJ 0741	17										
DOH (including justification)	Nam	ne of Co	ntact				Telephon	e Number							
DCA Cancellation	11 .	ORDA	N VACC	ARI											
			FAC	ILITY INFORM	IOITA	N									
Name of facility where abatement i	s taking place	(3)					Type of Facility (4) I (K - 12)							
JORDAN VACCARI								apter 8 (C	ther ti	han K	-12)				
Street Address							Other (Private/C	omme		,				
						1 -	201100	Homes, e # of Floor		BI	dg. A	ne			
City (5)	County	(6)			Cou	unty Code (7)	Oquare r eet	π OI 1 1001	3		ag. n	.gc			
						ate use only)	Current Use (Prior if being demolished)								
FRANKLIN LAKES	BERC														
Name of Monitoring Firm Hired by	Blag. Owner (8)		ASCM No.		Name of Abatement Co									
Street Address					_	D & S RESTORA' Street Address	TION, INC.								
Street Address						0.000 00000000 00 00									
City, State, Zip Code					_	20 California Ave City, State, Zip Code	•			-					
						Paterson, NJ 0750)3								
Project Manager for Monitoring Firm		Ph	one Numb	er	_	Telephone Number)3	License	Numb	er					
				973-345-8020			1169								
Start Date (10)	Sched. C	ompletio	on Date (11	1)	-	Name of OSHA Monito	r								
08/09/16	1	1/0	,	<u> </u>		D & S Restoration	n, Inc.			_					
Occupancy Status During Abatemer	08/30/1				_	Street Address									
Facility closed/vacated during			ment.			20 California Aver City, State, Zip Code	nue								
Abatement performed outside	and the first construction of the first of t					Oity, State, Zip Code									
Describe: NORMAL H	OURS				_	Paterson, NJ 0750)3								
Scope of Work (check all that apply	')					Fu	Il Containment w	/negative	press	ure					
\boxtimes >3 sf or >3 lf	Renovation						ni-enclosure								
≥160 sf or ≥260 lf	Demolition						ovebag procedur on-Exempted (*)		riable	proc	edure	1			
Location of	Is location n			1					R	R	Е	E			
asbestos-containing material (acm) to be	by maintena staff(12)	nce/cust	todial			sbestos-containing	Amount		e m	e	n	n			
abated in facility (13)	Yes	No	N/A	material (ACM)		(Specify S LF)	r or	0 V	a :	а	C			
		140	17/5						е	r	р	-			
BASEMENT BOILER		X		PIPE INSU	-		450 L FT			<u> </u>	브	부			
BASEMENT BOILER BASEMENT		\rightarrow		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUM		ATION (JACKET)	60 SQ FT			ᆜ	님	쓔			
BASEMENT		♦		FLUE PIPE chimney this		THE RESERVE OF THE PARTY OF THE	24 SQ FT 6 SQ FT			무	片	#			
BASEMENT	GASKET B			60 L FT			片	片	ዙ						
Registered Waste Hauler	D# C			Name of Registered La					ш	1					
D & S RESTORATION, INC.	13506		7	YDS		TULLYTOWN, R		COVER	Y						
City, State PATERSON, NJ 07503			Disposal D 08/10/1												
Completed by (Print or Type)	Title			Signature		TOLDITO WIT, I		Date		-					
BOGDAN JOLDZIC PRESIDENT								08/05/2	2016						