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

			(1 ui	Suant to 110	AC 0.00-7 and	12120	-1)		5	S C	E	N M		
Date of Notification (1)			uilding Owner	Operate	or (2))jr	3 5	1	H 187				
12/02/14				Princeton	Univesity		31							
Month/Day/Year	D NT 4165 41	305	_	0, , , , ,		- 111	111	DE		3 2007				
	Type Notificatio			Street Add				ļU	L	DL		3 2014		
EPA DEP	x Initia	i fication	.	P.O. box 2					+					
DCA	Amer		'	Princeton	e, Zip Code		Ì	-	SBES	TOS C	ONTRO			
DOH		fication	,	Name of C				Teleph	Telephone Number LICENSING					
2011	5.1500	ellation		Robert Ot				Lycichin						
<u></u>					TY INFORMA	TION								
Name of Facility Where Abaten	ant is Taking I	Dlaga (2	2)	FACILIT	TITORNA		Type of Facility	. (4)						
Princeton University	ient is Taking i	riace (3	"					(K12)						
							Subch	apter 8						
Street Address								(i. e. Pri			ercial			
34 Western Way - Princeton NJ	ī.							lings, hor	1000000					
Cit. (5)	Ic.				C	Square Feet		# of Floors Bldg. Ag			ge			
City (5) Princeton	Coun	ty (6)			County Code (STATE USE ONL)		N/A 0 100 + Current Use (Prior if being demolished							
Trinceton					(STATE USE ONL	1)	University	i ioi ii be	ing uc	monsiic	u)			
Name of Monitoring Firm Hire	d by Building C	wner ((8)		ASCM No.	Name	of Abatement Co	ntractor	(9)	1				
Pennoni Associates Inc	700					Assoc	iated Specialty Co	ontracting	5					
Street Address		10-10 P	104		-	Street	Address			1				
515 Grove Street Suite 1B						98 La	Crue Avenue							
City, State, Zip Code						City 9	State, Zip Code	A						
Haddon Heights NJ					Mills, PA 19342									
Project Manager of Monitoring	Firm	-	- 1	Telephone	Number	-	hone Number Licence Num					her		
Alan Lloyd				856-547-05		11	64-9622		531	1103		~		
Scheduled Start Date (10)		Sched	Com	pletion Date	. (11)	Name	of OSHA Monito	r						
12/04/14	Com	12/06/14	. (11)		ion Labs									
				nth/Day/Ye	ar									
Occupancy Status During Abatement (Check only one)						Street	Address							
Facility Closed/Vacated During Entire Period of A				TOPO CONTRACTOR CONTRA			Progresive Drive							
x Abatement Performed O			lity		State, Zip Code	- 기계 : (1) 1 : (1) : (1								
Hours - Describe: 8		PM				Bensa	lem PA 19020							
Other - Describe:					<u> </u>									
Scope of work (Check all that a	pply)					x	Full Containme	nt with N	legativ	e Press	ure			
Demolition			x	Renovation	n		Mini - Enclosur							
x > 3 sf or > 3 if							Glovebag Proce	edure						
>160 sf or >260 lf							Non-Friable Pr	ocedure						
	11 1000	Is							Al	atemen	_			
Location of	270,00	Location			cription of				_		E	E		
Asbestos - Containing Material (ACM)	1.000	mally sed			os-Containing rial (ACM)		Amount (Specify SF or		R E	R	N C	N C		
TO BE ABATED					ermal systems				M	E	A	L		
In Facility					, surfacing, VA	Т.	LF)		0	P	P	ō		
(13)		ance/			miscellaneous)	10000000			v	A	S	S		
	Cus	stodial							A	I	U	U		
		ff (12)							L	R	L	R		
110	Yes		I/A	A	**		100 CT				-	E		
1st floor		X		duct insula	ition		100 SF		x					
									00.000					
		-	+						la constant			-		
					1		<u> </u>							
Name of Registered Waste Hau	ler		7.7	P Waste	Cubic Yards		Name of Regist	ered Lan	dfill					
Horizon Disposal		H	laulei	r ID No.	of Waste		GROWS							
				-55	Disposal Date				4	-				
City, State Trenton NJ					As needed	t	City, State Morrisville PA							
		G-			120 meeded	T C'					ln.			
Completed By (Print or Type) Mark Goshow		1/ 2/22	itle	t Manager		Signat	appel	ken .			Date	200		
		r	rojec	a manager		1111	meson	ne			1/0	214		
ABS-41														

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Dec. 2. 2014 11:09AM State of New Jersey notification of asbestos abatement (Pursuant to NJAC 8:60-7 and 12:-120-7) Name of Building Owner/Operator (2) Date of Notification (I) Princeton University 12/02/14 Month/Day/Year ROL& Street Address SING Agency Notified Type NodAcedian P.O. box 2158 Initial EPA City, Brace, Zip Code Nothcarles DEP Princeton NJ 08543 Amended DCA Telephone Number Name of Contact DOH Notification Cancellation Robert Otogo FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Pince (3) School (K12) Princeton University Subchapter I (Other than K12) Other (i. e. Private & commercial Street Address buildings, liomes, etc.) 34 Western Way - Princeton NJ of Floors Square Pcot Bidg. Agc 100 + County Code (7) Chinny (6) City (5) Current Use (Frier if being demolished) (F.Ino seu state) Princeton University Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Buildid Owner (8) A modered Specialty Contracting Pennoni Associates Inc Street Address Street Address 98 LaCrue Avenue \$15 Grave Street Buise 1B City, State, Zip Code City, State, Zip Code Glon Mills, PA 19342 Haddon Heights NJ Liconce Number Taleshous Number Project Manager of Municoving Firm Talephone Number 1103 856-547-0505 610-364-9632 Alan Lloyd Name of OSHA Mobitor School, Completion Date (11) Beheduled Start Date (10) Criterian Labo 12/06/14 12/04/14 Month/Day/Year Month/Day/Year Street Address Occupancy Status Daring Abatement (Check only one) 3370 Progresive Drive Facility Closed/Vacared During Entire Period of Abatement City, State, Zip Code K Abstraces Performed Ontaide of Normal Facility Denselom PA 19020 Henre - Describe: ___ 8:00 AM to 4:30 PM Other - Describe: Full Containment with Negative Protente Scope of work (Check all that apply) Mini - Enclosuro Repoverion Demolition Glovebag Procedure 11 E< 10) & E< Non-Friable Pracedure >160 of or >260 if Abatement Type E Description of Location Location of としい N Amount Appearos-Comtaining Mormally Albentos - Containing E C Material (ACM) (Enecit bank y Material (ACM) M B A (ic. Thermal systems SF or TO BE ABATED Solely Ô 2 r 0 LF) ingulation, surfacing, VAT. by Main-In Facility V 9 g A or other miscellancous) tennoce/ (13) U A 1 U Custodial R R Btaff (12) Yes No LOS ST dect tusulation lat floor Navas of Registered Landfill NJDEP-Waste Cuble Yarda Name of Registered Waste Haulor Hauler ID No. of Waste GROWS Merizon Disposel City, State Disposal Date City, State Morrisville PA A's needed Trenton NJ Signomic Tille Complaint By (Print or Typs) Project Manager Mark Gothow ANS-41 04607

CK 005/120

D&S Proj. #: 2014-491

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

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		DEC		<u>3</u>	2014		
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	olon	none	Num	her			
.	cicp	none		oei —			
Type of I		ity (4)	(K - 1	2)			

Date of Notification			lame of B	uilding Ow	ner/Operator	(2)									
Agencies Notified			brown re						THE PARTY OF			ل			
EPA	Initial	OII S	treet Addi	ress	45	oes aman	LICENSING								
☐ DEP	Amended		2 tracey												
☑ DOL	Amendment #:	0	ity, State,	Zip Code			>>> 1110054	0/1/2							
_	M Emergency		Newark	c, NJ 0710											
☑ DOH	(including justification)	N	ame of Co	ontact				Telephone	e Numbe	r					
☐ DCA	Cancellation		brown	residence											
				FAC	CILITY INFOR	RMATION	1								
Name of facility wh	here abatement is	s taking pla	ace (3)					Type of Facility (4	4)						
									(K - 12)	(4)					
brown residence	e				- www.			2000	apter 8 (C			-12)			
Street Address									Private/C Homes, e		rcial				
2 tracey avenue	e								# of Floor		BI	dg. Aç	ge		
City (5)		Coun	nty (6)				inty Code (7)								
NI						(Sta	te use only)	Current Use (Pr	ior if bein	g dem	olish	ed)			
Newark Name of Monitorin	g Firm Hired by F	esse			ASCM No.		Name of Abatement	Contractor (0)							
rame of worthorn	g r iiiii r iiied by E	nag. Owne	n (0)		ASCIVI INO.										
Street Address					l		D & S RESTOR Street Address	ATION, INC.							
Street Address				20 California A											
City, State, Zip Cod	le						City, State, Zip Code	ve.			e Accessive		-		
,,, <u></u> p						-	Paterson, NJ 07	1503							
Project Manager for Monitoring Firm Phone Number							Telephone Number	303	License	Numb	er				
							973-345-8020		. 0	1169					
Start Date (10)		ISched	Complet	ion Date (1	11)		Name of OSHA Mon	itor							
3.32240-0.02011.020330.				ion Dato (,		D & S Restorati	ion, Inc.							
11/28/14		12/10					Street Address			1000000					
Occupancy Status I		:8					20 California Av								
	d/vacated during e erformed outside						City, State, Zip Code								
Describe:	be: NORMAL HO						Determen NI 07	1502							
THE STATE OF THE S							Paterson, NJ 07								
Scope of Work (ch			_					Full Containment was Mini-enclosure	/negative	press	ure				
		Renovatio						Glovebag procedur	е						
≥160 sf or ≥2	60 If	Demolition						Non-Exempted (*)				edure			
Location of		by mainte		used sole stodial						R	R	E n	E		
asbestos-con material (acm		staff(12)				ption of a al (ACM)	sbestos-containing	Amount (Specify SI	For	m	р	С	n		
abated in faci	ility (13)	Yes	No	N/A	- Indiana	ai (/ 10111)		ĹF)		o v	a i	a p	Ľ		
DACEMENT					T DIDE DIG	TT A TO	OM	00 1001 6		e	-	-	P		
BASEMENT			_X		PIPE INS	OLAI	UN	80-120 ln ft			무	片	H		
				4	4					╬	片	 -	H		
				-	-					#	부	片	H		
				+	-					H	片	H			
Registered Waste H	lauler	NJDE	P Hauler	ID# I (Cubic Yards o	of Waste	Name of Registered	Landfill							
D & S RESTOR		135		1500,000	2 yds			RESOURCE RE	COVER	Y			1-11-11-11-11-11-11-11-11-11-11-11-11-1		
City, State				Disposal			City, State								
PATERSON, N.				12/01/			TULLYTOWN,	, PA				_			
Completed by (Print BOGDAN JOLI	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Title PRESIDI	ENT		Signature				Date	/2014					
ACD 44				for asbes	tos licensure	exempte	d activities.		11/26	2014		-	-		

Jan 06 2000 06:02AM NJ	Asbestos	Control	609,63	3.0664		page_1_					
	97334		Notifi	State Cation of Asi	of No	TEO TO TATAL		- 10 Di		32/8	14
Date of Notification (1) 1 1 /(2 6 / (1 4 Agencies Notified Type Notification EPA Initial DEP Amendment #	tion s	orown re reet Addre 2 tracey ly. State,	sidence 183 avenue	ner/Operator J2	BES	LICENSING	WATVE	4/14/	OVE)	
DOH (including Ustification)	11	me of Cor brown re	1/				Telepho	ne Number			
N. C.			FAC	LITY INFORM	ATION	J					
Name of facility where abatement brown residence Street Address 2 tracey avenue	is taking plac	se (3)					5ubo	(4) ol (K - 12) hapter 8 (Oth (Private/Cont.) (Homes, etc.)		-12)	
City (5)	I Count			-			Square Feet	# of Floors	8	dg. Ag	20
Newark	Count 6550					nty Code (7) te use only)	Current Use (I	Prior If being	iamolisha	ıd)	-
Name of Monitoring Firm Hired by Street Address City, State, Zrp Code Project Manager for Monitoring Firm Start Date (10) 11/28/14 Cocupancy Status During Abatement	Sched., 12/10/	Phi Completio	one Numb			Name of Abatemer D & S RESTO Street Addrese 20 California City, State, Zip Cod Paterson, N.I. C Telephone Number 973-345-802 Name of OSHA Mo D & S Restora Street Addrese	Ave. 9 97503 0 entter	License Nu 011			
Facility closed/recated during Absternent purformed gualida Describe: Other-Describe; NORMAL H	entire period of normal te	of abater	nent.		_	20 California A City, State, Zip Cod	G				calife.
Scope of Work (check all that apply					- 11	Paterson, NJ 0					
2 >3 of or >2 N	Renovation Demolition			5 .		8	Full Containment of Mini-englosure Qlovebag procedu Non-Exempted (*)	ine		dure	
Location of asbestor-containing material (acm) to be abated in facility (13)	by mainteni staff(12)	No No	odial)	1	n of as	bestoe-containing	Amount (Specify t	SF or o	' p	II C O II P	Erol
BASEMENT		X		PIPE INSUI	LATI	ON	80-120 ln ft	. 2	7		
7											昌
Registered Waste Hauler	DAY PERSON	Lia-de-1	4	this V							
D& SRESTORATION, INC.	1350	Hauler 10		Vio some of W	/21548	Name of Registers	d Landfill , RESOURCE RE				
City, State PATERSON, NJ 07503		Samuel College Married	12/01/14	alè		City, State TULLYTOWN		COVERY			_
	Title PRESIDE	The state of the s		Signature				Date 11/26/20	14		

ILAMI GACONP. OW

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

		NOT		OF ASBESTO to NJAC 8:60		[1] (12 : 12 : 12 : 12 : 12 : 12 : 12 : 12	EGE		E	F			
Date of Notification (1) 11/25/14			100000000000000000000000000000000000000	Building Owner Realty Corp		(2)	nec_	2 201	A	The second second			
Agencies Notified EPA	Type Notification	Street Address 314 Route 4											
X EPA X DEP X DOL	x Amended Amendment		City, State, Zip Code ASBESTOS CONTROL & LICENSING										
X DOH	Emergency (justification) Cancellation	nciuding	Name of	f Contact			Telephone	Number					
			FACI	LITY INFORM	ATION								
Name of Facility Where A	Abatement is Taking	g Place (3)				Type of Facility School (K	-12)						
Street Address 314 Route 4							er 8 (Other than I private & comm		lings,	home	28,		
City (5) Paramus, NJ						Square Feet	# of Floors	В	ldg. A	ge			
County (6) Bergen County			County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)										
Name of Monitoring Firm	Hired by Building (Owner (8)	ASCN	M No.		of Abatement C Abatement	ontractor (9)						
Street Address					Address 87th Street	Suite A4							
City, State, Zip Code				0.0000	City, State, Zip Code North Bergen, NJ 07047								
Project Manager for Mor	itoring Firm	Telepho	ne No.	Teleph	none No. 293-6305	Licens 0122							
Start Date (10) 11/26/14		Completion	Date (11)	- 1	of OSHA Monito	ULTING LLC							
Occupancy Status Durin	•			Street	Address	ST SUITE 10							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F led Outside of Norm	Period of Aba nal Facility He	itement ours	errient							51-52744		
Scope of Work (Check A	II That Apply)				ON	ON NO 07003							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тист труу		ovation nolition		>	Mini-Enclosu Glovebag Pr	ment with Negati ire ocedure ed (*) and Non-F			2			
		lalla	cation		_	14011-Exempl	T and work	Trable 1 10	Abate		t		
Location		Nor	mally Solely by	Ashastas (Description			-	Туре				
TO BE AB	TO BE ABATED In Facility			(i.e. ther		Material (ACM) s insulation, T, or neous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Main F	loor	Yes 1	No N/A	1	SI/ Clear	מוו מ				to			
Walli	1001				Oir Olour	· up							
		-											
Name of Registered Was			NJDEP W Hauler ID 22430	250000000000 / 1 20700	ubic Yards Waste								
City, State KENILWORTH, NJ			22.400	Di	sposal Date		ate RNY, NJ						
Completed by Bryan Parra		Title Project	Manager		Signatur		<u> </u>	Date 11/25/	14	#1812 (A.M.)			
		1 1-5	3	$\overline{}$	1	1)							