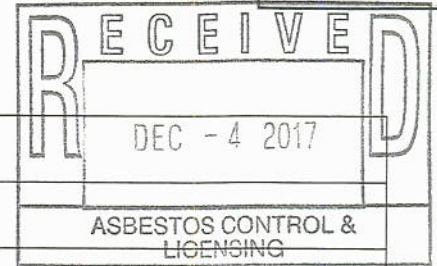


CH 220043 PAID

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

Date of Notification (1) 11/24/17		Name of Building Owner/Operator (2) Maria Scibetta		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC - 4 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgewood, NJ 07450 Name of Contact Maria Scibetta							
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4)						
Street Address [REDACTED]			<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) Ridgewood			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685	License No. 01311					
Start Date (10) 12/04/2017		Scheduled Completion Date (11) 12/05/2017		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)			Street Address 11 Rosengren Avenue						
<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			City, State, Zip Code Totowa, NJ 07512						
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 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
Basement		X		Pipe insulation	160 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ				Disposal Date TBD	City, State Moorisville, PA				
Completed by Oliver Hegedis		Title Project Manager		Signature 	Date 11/24/17				

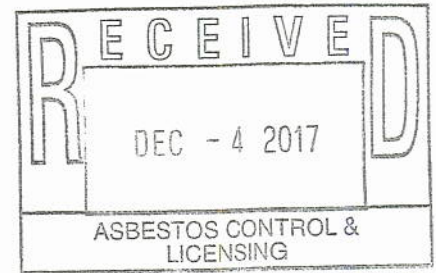


CK88495 PAID

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

Date of Notification (1) 11/29/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
		Name of Contact Glen Stock	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Exxon Mobil Synthetics Plant - Building 6		Type of Facility (4)							
Street Address 2195 Route 27		<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) Edison		Square Feet 10,000	# of Floors N/A						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 68						
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675						
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk							
Occupancy Status During Abatement (Check Only One)		Street Address 133 Beach 98th Street							
<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:		City, State, Zip Code Rockaway Park, NY 11694							
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 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
Exterior			X	Caulking	50 SF	X			
Exterior			X	Tarpaper/Sealant	807 SF	X			
See attached quantity table for additional ACM									
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/17-04/18		City, State Waynesburg, OH 44688					
Completed by Aric Domozick		Title VP	Signature			Date 11/29/17			

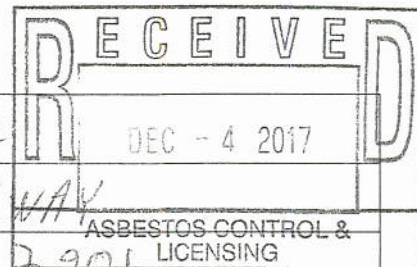
Bldg 6				
			Quantities	
Floor	Location	ACM	SF	LF
B-3	Entire	Pipe Insulation/Fittings		580
B-3	Entire	Transite Hoods	3000	
1	Entire	Transite Pipe		20
1-3	Entire	Cove Molding Mastic	1700	
1-3	Entire	VAT & Mastic	1,840	
B	Entire	Gaskets	100	
B-3	Entire	Fire Doors	100	
Exterior	Entire	Caulking	50	
Exterior	Entire	Sealant	819	
Exterior	Entire	Waterproofing/Mastic	5000	
Roofs	Entire	Roofing/Flashing/Tar	7500	
		Totals	20109	600



CK1379

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

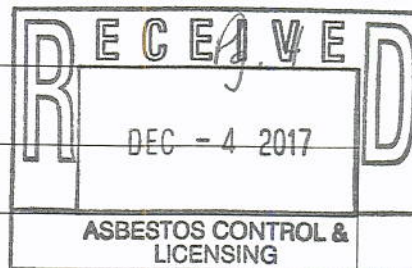


Date of Notification (1) 12.11.2017		Name of Building Owner/Operator (2) Z PROPERTIES LLC		Street Address 15-16 BRIANT PARKWAY		City, State, Zip Code SUMMIT NJ 07901		Name of Contact BRYON		Telephone [blank]	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		ASBESTOS CONTROL & LICENSING							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) 15 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 15 BRIANT PARKWAY						Square Feet 2226		# of Floors 2		Bldg. Age 1961	
City (5) SUMMIT NJ 07901						County (6) UNION COUNTY					
County Code (7) (STATE USE ONLY)						Current Use (Prior, if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRO PRO UNLTD CORP				ASCM No. 63177		Name of Abatement Contractor (9) DIVINE DEVELOPMENT LLC					
Street Address 262 West 38th Street 6th Floor				City, State, Zip Code NEW YORK NY 10018		Street Address 572 S 12th ST AP:1				City, State, Zip Code NEWARK NJ 07103	
Project Manager for Monitoring Firm Yevgeniy Golebchik				Telephone No. 212-858-9449		Telephone No. 917-216-5472				License No. 01346	
Start Date (10) 12.11.2017				Scheduled Completion Date (11) 01.20.2017		Name of OSHA Monitor DIVINE DEVELOPMENT LLC					
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 572 S 12th ST AP:1					
						City, State, Zip Code NEWARK NJ 07103					
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 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)		
			Yes No N/A								
WHOLE HOUSE						SHETROCK JOINTS			3,200 SF		
Name of Registered Waste Hauler NEWARK CARTING/ ATC			NJDEP Waste Hauler ID No. 04589/5W 24310			Cubic Yards of Waste AS NEEDED			Name of Registered Landfill GROWS NORTH LANFIELD MINERVA ENTERPRISES		
City, State NEWARK NJ/Shirley, NY			Disposal Date TBD			City, State MORRISVILLE, PA/WAYNESBURG OH					
Completed by JOVAN SURDOSKI			Title OWNER			Signature [Signature]			Date 11.30.2018		

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

Ch # 3296

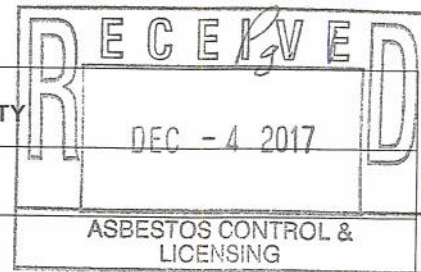


Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #7-12/1/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544 Name of Contact ROBERT ORTEGO Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000							
City (5) PRINCETON, NJ		# of Floors 8							
County (6) MERCER		Bldg. Age 70							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098							
Street Address 3 TERRI LANE		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040							
Start Date (10) 12 / 4 / 17		License No. 00509							
Scheduled Completion Date (11) 12 / 29 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
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 Time of Abatement: 6:00AM-3:00PM/ ____PM- ____AM		Street Address 1123 BEAVER STREET							
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
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
ACCESS OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE/MASTIC	460 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCESS OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	206 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEN'S RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature Brian Scafiro / jf		Date 12/1/17			

BS17024

Ck # 3296

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



Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 7-12/1/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544 Name of Contact ROBERT ORTEGO Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000							
City (5) PRINCETON, NJ		# of Floors 8							
County (6) MERCER		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098							
Street Address 3 TERRI LANE		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040							
Start Date (10) <u>12</u> / <u>4</u> / <u>17</u>		License No. 00509							
Scheduled Completion Date (11) <u>12</u> / <u>29</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
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 Time of Abatement: 6:00AM-3:00PM / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET							
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
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
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro / jl</i>		Date 12/1/17			

CL# 3296

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

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY		<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 16px; font-weight: bold;">DEC - 4 2017</div> <div style="border: 1px solid black; padding: 5px; font-size: 12px; font-weight: bold;">ASBESTOS CONTROL & LICENSING</div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 7-12/1/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 200 ELM DRIVE					
		City, State, Zip Code PRINCETON, NJ 08544				Name of Contact ROBERT ORTEGO					
						Telephone Number					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY				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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD				Square Feet 1,000,000							
City (5) PRINCETON, NJ				# of Floors 8							
County (6) MERCER				Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE		Street Address 1123 BEAVER STREET									
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007									
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800		License No. 00509							
Start Date (10) <u>12</u> / <u>4</u> / <u>17</u>		Scheduled Completion Date (11) <u>12</u> / <u>29</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
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 Time of Abatement: 6:00AM-3:00PM / ____ PM - ____ AM				Street Address 1123 BEAVER STREET							
				City, State, Zip Code BRISTOL, PA 19007							
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 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) 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			
								Removal	Repair	Encapsulate	Enclosure
PHASE 6 - LEVEL 1		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		ACOUSTICAL CEILING PLASTER		6075 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		PIPE INSULATION		200 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		SPLINE CEILING TILES		4050 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRUSTEES READING RM MEZZ.		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		ACOUSTICAL PLASTER CEILING		450 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE				Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro / jlc</i>				Date 12/1/17			

Cb# 3296
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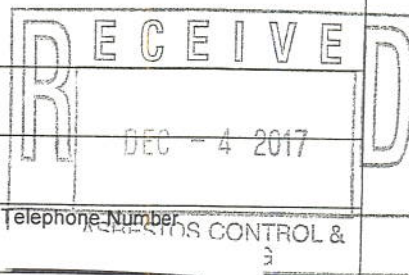
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC - 4 2017 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7-12/1/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 200 ELM DRIVE			
		City, State, Zip Code PRINCETON, NJ 08544				Name of Contact ROBERT ORTEGO			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY				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 and commercial buildings, homes, etc.)					
Street Address 1 WASHINGTON ROAD				Square Feet 1,000,000					
City (5) PRINCETON, NJ				# of Floors 8					
County (6) MERCER				Bldg. Age 70					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800		License No. 00509					
Start Date (10) <u>12</u> / <u>4</u> / <u>17</u>		Scheduled Completion Date (11) <u>12</u> / <u>29</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
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 Time of Abatement: 6:00AM-3:00PM / <u> </u> PM - <u> </u> AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
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 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL OUTSIDE COTSEN LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESERVATION ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL 1 STAIR #4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE (WRAP & CUT)	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro / jl</i>			Date 12/1/17		

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

CL# 3280
Pg 1

Date of Notification (1) <div style="text-align: center;">2 / 27 / 17</div>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6-10/11/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE	
		City, State, Zip Code PRINCETON, NJ 08544	
		Name of Contact ROBERT ORTEGO	
		Telephone Number ASBESTOS CONTROL &	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)	
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	
City (5) PRINCETON, NJ		# of Floors 8	Bldg. Age 70
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE		Street Address 1123 BEAVER STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800	License No. 00509
Start Date (10) <div style="text-align: center;">3 / 13 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 13 / 17</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
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 Time of Abatement: 6:00AM-2:30PM PM- AM OFF SITE + ON HOLD 10/14/17		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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) 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
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date	City, State WAYNESBURG, OH		
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro</i>		Date 10/11/17	

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CK # 3280

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

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6-10/11/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544 Name of Contact ROBERT ORTEGO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000							
City (5) PRINCETON, NJ		# of Floors 8	Bldg. Age 70						
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>10</u> / <u>13</u> / <u>17</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
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 Time of Abatement: 6:00AM-2:30PM PM- AM OFF SITE & ON HOLD 10/14/17		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" 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	Enclosure
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL PLASTER CEILING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date	City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro</i>			Date 10/11/17			

CL# 3280
Pg 3

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

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6-10/11/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544 Name of Contact ROBERT ORTEGO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000							
City (5) PRINCETON, NJ		# of Floors 8	Bldg. Age 70						
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>10</u> / <u>13</u> / <u>17</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
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 Time of Abatement: 6:00AM-2:30PM PM- AM OFF SITE & ON HOLD 10/14/17		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
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 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL OUTSIDE COTSEN LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESERVATION ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL 1 STAIR #4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE (WRAP & CUT)	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date	City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro</i>			Date 10/11/17			

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

Pg 1

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5-9/22/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544 Name of Contact ROBERT ORTEGO Telephone Number DEC - 4 2017							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000							
City (5) PRINCETON, NJ		# of Floors 8	Bldg. Age 70						
County (6) MERCER		County Code (7) (STATE USE ONLY) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098							
Street Address 3 TERRI LANE		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040							
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>		License No. 00509							
Scheduled Completion Date (11) <u>ON HOLD</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
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 Time of Abatement: <u>4:00AM-12:30PM</u> PM- <u> </u> AM		Street Address 1123 BEAVER STREET							
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
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
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro/jl</i>		Date <u>9/22/17</u>			

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

Pg 2

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC - 4 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5-9/22/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE							
City, State, Zip Code PRINCETON, NJ 08544									
		Name of Contact ROBERT ORTEGO		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY				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 and commercial buildings, homes, etc.)					
Street Address 1 WASHINGTON ROAD									
City (5) PRINCETON, NJ				Square Feet 1,000,000	# of Floors 8				
				Bldg. Age 70					
County (6) MERCER		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>		Scheduled Completion Date (11) <u>ON HOLD</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
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 Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
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 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL PLASTER CEILING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE				Disposal Date	City, State WAYNESBURG, OH				
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro / js</i>		Date 9/22/17			

RECEIVED
DEC - 4 2017
ASBESTOS CONTROL & LICENSING
Telephone Number

ASB-41
JAN 13

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

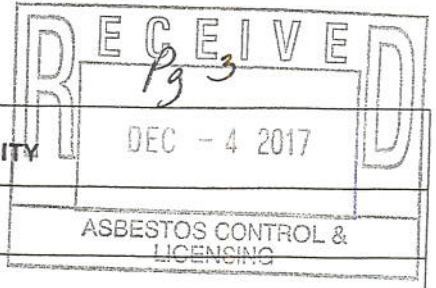
Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4-8/30/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE							
		City, State, Zip Code PRINCETON, NJ 08544							
		Name of Contact ROBERT ORTEGO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD									
City (5) PRINCETON, NJ		Square Feet 1,000,000	# of Floors 8						
		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800	Telephone No. 215-788-6040						
		License No. 00509							
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>9</u> / <u>29</u> / <u>17</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
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 Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
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 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
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro</i>			Date <u>8/30/17</u>		

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

Pg 2

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4-8/30/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544 Name of Contact ROBERT ORTEGO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>9</u> / <u>29</u> / <u>17</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
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 Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
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 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL PLASTER CEILING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date	City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro / jlc</i>			Date 8/30/17			

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



Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4-8/30/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code PRINCETON, NJ 08544	
		Name of Contact ROBERT ORTEGO	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)	
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8
City (5) PRINCETON, NJ		Bldg. Age 70	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE		Street Address 1123 BEAVER STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800	License No. 00509
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>9</u> / <u>29</u> / <u>17</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
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 Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

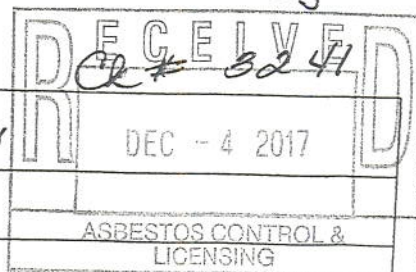
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL OUTSIDE COTSEN LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESERVATION ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date	City, State WAYNESBURG, OH		
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro</i>	Date <u>8/30/17</u>		

Pg. #1

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



Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3-7/20/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 ELM DRIVE
			City, State, Zip Code PRINCETON, NJ 08544
		Name of Contact ROBERT ORTEGO	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)	
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8
City (5) PRINCETON, NJ		Bldg. Age 70	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE		Street Address 1123 BEAVER STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800	License No. 00509
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC
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 Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

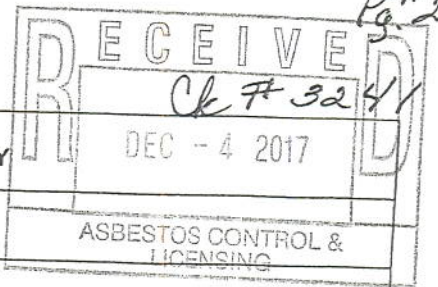
Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <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) 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
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH	
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro</i>		Date 7/20/17	

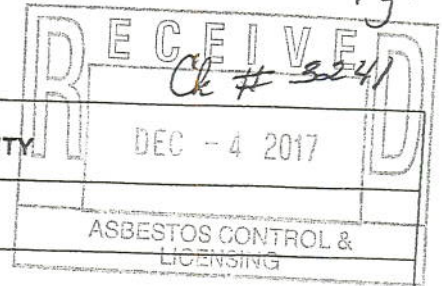
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-7/20/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 ELM DRIVE						
			City, State, Zip Code PRINCETON, NJ 08544						
		Name of Contact ROBERT ORTEGO	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
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 Time of Abatement: 4:00AM-12:30PM / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL PLASTER CEILING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date	City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro</i>			Date 7/20/17			

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

Pg #3



Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3-7/20/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544							
		Name of Contact ROBERT ORTEGO	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
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 Time of Abatement: <u>4:00AM-12:30PM</u> PM- AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
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 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				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL OUTSIDE COTSEN LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESERVATION ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date	City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro/jc</i>			Date 7/20/17			

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

CR# 3220

Pg 1



Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-6/16/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE							
		City, State, Zip Code PRINCETON, NJ 08544							
		Name of Contact ROBERT ORTEGO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)								
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 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>1</u> / <u>17</u>								
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 Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler WASTE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
State WYOMING, DE		Disposal Date		City, State WAYNESBURG, OH					
Prepared By (Print or Type) JOHN SCAFIRO		Title ESTIMATOR		Signature <i>John Scafiro</i>		Date <u>6/11/17</u>			

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

CR# 3220



Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-6/16/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE	
		City, State, Zip Code PRINCETON, NJ 08544	
		Name of Contact ROBERT ORTEGO	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)	
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8
City (5) PRINCETON, NJ		Bldg. Age 70	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY 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 3 TERRI LANE		Street Address 1123 BEAVER STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800	Telephone No. 215-788-6040
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>		Scheduled Completion Date (11) <u>8</u> / <u>1</u> / <u>17</u>	License No. 00509
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 Time of Abatement: <u>4:00AM-12:30PM</u> PM- <u> </u> AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <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) 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
BASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL PLASTER CEILING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
State NEW CASTLE, DE	Disposal Date	City, State WAYNESBURG, OH	
Completed By (Print or Type) MIAN SCAFIRO	Title ESTIMATOR	Signature <i>MIAN SCAFIRO</i>	Date <u>11/16/17</u>

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

CL# 3226

RECEIVED
DEC - 4 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1)
2 / 27 / 17

Name of Building Owner/Operator (2)
TRUSTEES OF PRINCETON UNIVERSITY

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

Type Notification
☒ Initial
☒ Amended
Amendment #2-6/16/17
☐ Emergency (including justification)
☐ Cancellation

Street Address
200 ELM DRIVE
City, State, Zip Code
PRINCETON, NJ 08544

Name of Contact
ROBERT ORTEGO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PRINCETON UNIVERSITY - FIRESTONE LIBRARY

Street Address
1 WASHINGTON ROAD

City (5)
PRINCETON, NJ

County (6)
MERCER

County Code (7) (STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☒ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
1,000,000
of Floors
8
Bldg. Age
70

Current Use (Prior if being demolished)
UNIVERSITY 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
3 TERRI LANE

Street Address
1123 BEAVER STREET

City, State, Zip Code
BURLINGTON, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
MICHAEL R. KEEHN

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
3 / 13 / 17

Scheduled Completion Date (11)
8 / 1 / 17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

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: **4:00AM-12:30PM** / PM - AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☒ 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)			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
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
PRIVACY TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

State
W CASTLE, DE

Disposal Date

City, State
WAYNESBURG, OH

Prepared By (Print or Type)
AN SCAFIRO

Title
ESTIMATOR

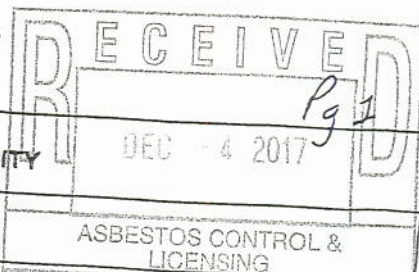
Signature

Brian Scifiro

Date

12/16/17

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



Date of Notification (1)
2 / 27 / 17

Name of Building Owner/Operator (2)
TRUSTEES OF PRINCETON UNIVERSITY

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

Type Notification
☒ Initial
☒ Amended
Amendment # 1-3/27/17
☐ Emergency (including justification)
☐ Cancellation

Street Address
200 ELM DRIVE

City, State, Zip Code
PRINCETON, NJ 08544

Name of Contact
ROBERT ORTEGO

Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PRINCETON UNIVERSITY - FIRESTONE LIBRARY

Street Address
1 WASHINGTON ROAD

City (5)
PRINCETON, NJ

County (6)
MERCER

County Code (7) (STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☒ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
1,000,000

of Floors
8

Bldg. Age
70

Current Use (Prior if being demolished)
UNIVERSITY 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
3 TERRI LANE

Street Address
1123 BEAVER STREET

City, State, Zip Code
BURLINGTON, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
MICHAEL R. KEEHN

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
3 / 13 / 17

Scheduled Completion Date (11)
8 / 1 / 17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

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: 4:00AM-12:30PM / PM - AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Type of Work (Check all that apply)

☐ <3 sf or <3 lf
☐ >160 sf or >260 lf

☒ 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)			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
5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
CE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

ASTLE, DE

Disposal Date

City, State
WAYNESBURG, OH

By (Print or Type)

Title

Signature

Date

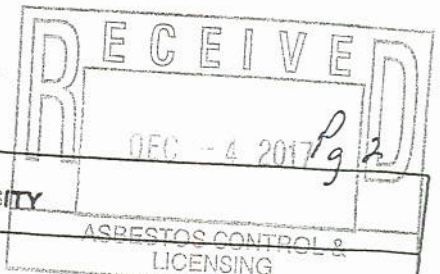
SCAFIRO

ESTIMATOR

[Signature]

12/13/17

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



Date of Notification (1)
2 / 27 / 17

Name of Building Owner/Operator (2)
TRUSTEES OF PRINCETON UNIVERSITY

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

Type Notification
☒ Initial
☒ Amended
 Amendment # 1-3/27/17
☐ Emergency (including justification)
☐ Cancellation

Street Address
200 ELM DRIVE
 City, State, Zip Code
PRINCETON, NJ 08544
 Name of Contact
ROBERT ORTEGO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PRINCETON UNIVERSITY - FIRESTONE LIBRARY

Street Address
1 WASHINGTON ROAD

City (5)
PRINCETON, NJ

County (6)
MERCER

County Code (7) (STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☒ Subchapter B (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
1,000,000
 # of Floors
8
 Bldg. Age
70

Current Use (Prior if being demolished)
UNIVERSITY 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
3 TERRI LAKE

Street Address
1123 BEAVER STREET

City, State, Zip Code
BURLINGTON, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
MICHAEL R. KEEHN

Telephone No.
609-386-8800

Telephone No.
215-786-6040

License No.
00509

Start Date (10)
3 / 13 / 17

Scheduled Completion Date (11)
8 / 1 / 17

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

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: 4:00AM-12:30PM PM-___AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Type of Work (Check all that apply)

☐ <3 sf or <3 lf
☐ >160 sf or >260 lf

☒ 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)			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
E 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
CE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

ASTLE, DE

Disposal Date

City, State
WAYNESBURG, OH

By (Print or Type)
SCAFIRO

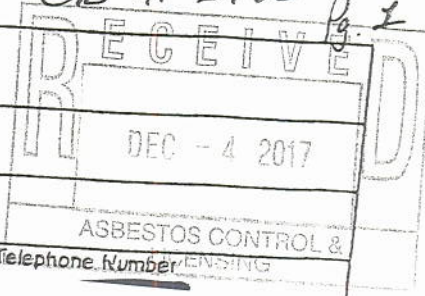
Title
ESTIMATOR

Signature

Date, / /

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

Ch # 3/65 Pg. 1



Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA 2298 <input checked="" type="checkbox"/> DOLWD 2250 <input checked="" type="checkbox"/> DOH 2267 <input checked="" type="checkbox"/> DCA 2274 (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 200 ELM DRIVE		City, State, Zip Code PRINCETON, NJ 08544	
Name of Contact ROBERT ORTEGO		Telephone Number ENDING	

Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY			
Street Address 1 WASHINGTON ROAD		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 and commercial buildings, homes, etc.)	
City (5) PRINCETON, NJ		Square Feet 1,000,000	# of Floors 8
County (6) MERCER	County Code (7) (STATE USE ONLY)	Bldg. Age 70	
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		Current Use (Prior if being demolished) UNIVERSITY LIBRARY	

Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 TERRI LANE	Street Address 1123 BEAVER STREET
City, State, Zip Code BURLINGTON, NJ 08016	City, State, Zip Code BRISTOL, PA 19007
Project Manager for Monitoring Firm MICHAEL R. KEEHN	Telephone No. 609-366-8800
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>1</u> / <u>17</u>
Telephone No. 215-755-6040	License No. 00509
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	

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 Time of Abatement: <u>7:00AM-3:30PM</u> / _____ PM - _____ AM		Street Address 1123 BEAVER STREET
Type of Work (Check all that apply) <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" 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		City, State, Zip Code BRISTOL, PA 19007

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
5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20980	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State WYNEBURG, OH	Disposal Date	Signature <i>[Signature]</i>	Date <u>10/10/17</u>

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

CRH 3165 Pg. 1

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>			Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544 Name of Contact ROBERT ORTEGO Telephone Number _____	
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY					
Street Address 1 WASHINGTON ROAD City (5) PRINCETON, NJ County (6) MERCER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet 1,000,000 # of Floors 8 Bldg. Age 70 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) UNIVERSITY LIBRARY		
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00088		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 TERRI LANE City, State, Zip Code BURLINGTON, NJ 08016		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007		Telephone No. 215-788-6040 License No. 00509	
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 608-386-8800		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>		Scheduled Completion Date (11) <u>8</u> / <u>1</u> / <u>17</u>		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	
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 Time of Abatement: 7:00AM-3:30PM PM-____ AM					
Type of Work (Check all that apply) 3 sf or ≥3 lf 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 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)	
		Yes No N/A			
6 - LEVEL 1		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		ACOUSTICAL CEILING PLASTER	
6 - LEVEL 1		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		PIPE INSULATION	
5 - LEVEL 1		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		SPLINE CEILING TILES	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Registered Waste Hauler E TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste _____ Name of Registered Landfill MINERVA LANDFILL	
City, State STLE, DE		Disposal Date _____ City, State WAYNESBURG, OH		Signature _____ Date / /	
Title ESTIMATOR					

MO 237800 391103

PAID

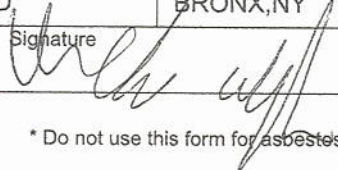
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/28/2017		Name of Building Owner/Operator (2) First Presbyterian Church							
Agencies Notified	Type Notification	Street Address 303 Maplewood							
<input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ, 07013							
		Name of Contact Grace Kim	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Church		Type of Facility (4)							
Street Address 303 Maplewood Ave		<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) Clifton		Square Feet N/A	# of Floors N/A						
County (6) Passaic		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 Franklin Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
Start Date (10) 12/09/2017		Scheduled Completion Date (11) 12/10/2017	License No. 01274						
Name of OSHA Monitor EHW ABATEMENT LLC		Current Use (Prior if being demolished) Church							
Occupancy Status During Abatement (Check Only One)		Street Address 89 Franklin street							
<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: _____		City, State, Zip Code Paterson, NJ 07524							
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 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
BOILER ROOM		X		DUCT INSULATION	15LF			X	
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 111946	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER					
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY					
Completed by VICTOR ESPIRITU		Title PROJECT MANAGER		Signature 		Date 11/29/2017			

chk #3295

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

Amend #1
Change start date

Date of Notification (1) 11 / 16 / 17		Name of Building Owner/Operator (2) Rutgers University / Job #1711-2253 Chk. #4889						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	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 33 Knightsbridge Road City, State, Zip Code Piscataway, NJ 08854 Name of Contact Joan Stanton, PE						
FACILITY INFORMATION		ASBESTOS CONTROL & LICENSING						
Name of Facility Where Abatement is Taking Place (3) Russel Apartments & 11 Bartlet Road		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 and commercial buildings, homes, etc.)						
Street Address 142-162 Bevier Road & 11 Bartlet Road		Square Feet Varies	# of Floors 2 each					
City (5) Piscataway		Bldg. Age 1960's						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 400 Street Road		Street Address 3859 Sylon Boulevard						
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Hainesport, NJ 08036						
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300	License No. 00862					
Start Date (10) 11 / 29 / 17	Scheduled Completion Date (11) 2 / 14 / 18	Name of OSHA Monitor EMSL Analytical, Inc.						
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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
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) 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
SEE ATTACHED SURVEYS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Champion		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Hainesport, NJ			Disposal Date 2/14/18	City, State Penn Argyle, PA				
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator	Signature 		Date 11-28-17			

Roofs

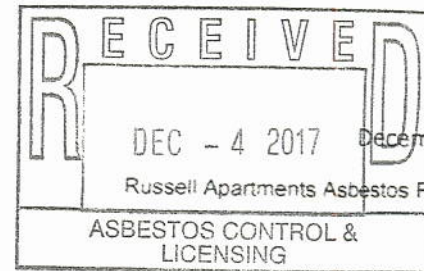


Table 1 - Bulk Sample Analysis Results Limited Asbestos -Containing Roofing Survey Russell Apartments, Building Nos. 3726-3732 Busch Campus, Piscataway, New Jersey				
Sample No.	Material Description	Sample Location(s)	ACM Quantity	Results
01	Root Shingle Upper Layer	Building 3732	N/A	None Detected
02	Root Shingle Upper Layer	Building 3732	N/A	None Detected
03	Root Shingle Bottom Layer	Building 3732	N/A	None Detected
04	Root Shingle Bottom Layer	Building 3732	N/A	None Detected
05	White Flashing Caulk	Building 3732	N/A	None Detected
06	White Flashing Caulk	Building 3732	N/A	None Detected
07	Root Shingle Upper Layer	Building 3731	N/A	None Detected
08	Root Shingle Upper Layer	Building 3731	N/A	None Detected
09	Root Shingle Bottom Layer	Building 3731	N/A	<0.28% Chrysotile
10	Root Shingle Bottom Layer	Building 3731	N/A	None Detected
11	Tar Paper	Building 3731	N/A	None Detected
12	Tar Paper	Building 3731	N/A	None Detected
13	Roofing Tar	Building 3731	12 SF Total	8% Chrysotile
14	Roofing Tar	Building 3731	12 SF Total	8% Chrysotile
15	Root Shingle Upper Layer	Building 3730	N/A	None Detected
16	Root Shingle Upper Layer	Building 3730	N/A	None Detected
17	Root Shingle Bottom Layer	Building 3730	N/A	None Detected
18	Root Shingle Bottom Layer	Building 3730	N/A	None Detected
19	Tar Paper	Building 3730	N/A	None Detected
20	Tar Paper	Building 3730	N/A	None Detected
21	Roofing Tar	Building 3730	36 SF Total	7% Chrysotile
22	Roofing Tar	Building 3730	36 SF Total	10% Chrysotile
23	Replacement Shingle	Building 3730	N/A	None Detected
24	Root Shingle Upper Layer	Building 3729	N/A	None Detected
25	Root Shingle Upper Layer	Building 3729	N/A	None Detected
26	Root Shingle Bottom Layer	Building 3729	N/A	<0.27% Chrysotile
27	Root Shingle Bottom Layer	Building 3729	N/A	None Detected
28	Tar Paper	Building 3729	N/A	None Detected
29	Tar Paper	Building 3729	N/A	None Detected
30	Black/Gray Caulk	Building 3729	12 SF Total	7% Chrysotile
31	Black/Gray Caulk	Building 3729	12 SF Total	7% Chrysotile
32	Root Shingle	Building 3728	N/A	None Detected
33	Root Shingle	Building 3728	N/A	None Detected

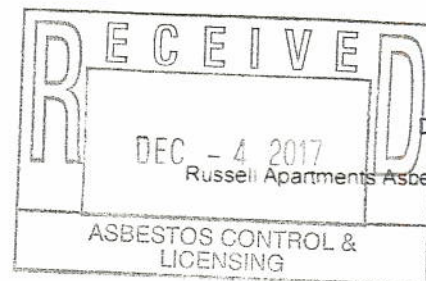
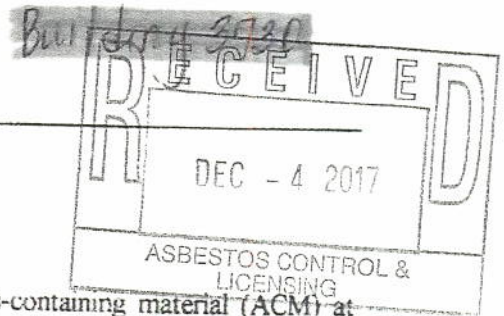


Table 1 - Bulk Sample Analysis Results Limited Asbestos -Containing Roofing Survey Russell Apartments, Building Nos. 3726-3732 Busch Campus, Piscataway, New Jersey				
Sample No.	Material Description	Sample Location(s)	ACM Quantity	Results
34	Tar Paper	Building 3728	N/A	None Detected
35	Tar Paper	Building 3728	N/A	None Detected
36	White Flashing Caulk	Building 3728	N/A	<0.12% Chrysotile
37	White Flashing Caulk	Building 3728	N/A	None Detected
38	Root Shingle Upper Layer	Building 3727	N/A	None Detected
39	Root Shingle Upper Layer	Building 3727	N/A	None Detected
40	Root Shingle Bottom Layer	Building 3727	N/A	None Detected
41	Root Shingle Bottom Layer	Building 3727	N/A	None Detected
42	Tar Paper	Building 3727	N/A	None Detected
43	Tar Paper	Building 3727	N/A	None Detected
44	Black Roofing Tar	Building 3727	36 SF Total	7% Chrysotile
45	White Flashing Caulk	Building 3727	N/A	None Detected
46	Root Shingle Upper Layer	Building 3726	N/A	None Detected
47	Root Shingle Upper Layer	Building 3726	N/A	None Detected
48	Root Shingle Bottom Layer	Building 3726	N/A	<0.35% Chrysotile
49	Root Shingle Bottom Layer	Building 3726	N/A	None Detected
50	Tar Paper	Building 3726	N/A	None Detected
51	Tar Paper	Building 3726	N/A	None Detected
52	White Flashing Caulk	Building 3726	N/A	None Detected
53	Black Roofing Tar	Building 3726	36 SF Total	7% Chrysotile



EXECUTIVE SUMMARY

This inspection report provides a thorough identification of asbestos-containing material (ACM) at Russell Apartments Building 3730 (Apartments 756 - 780) located on Busch Campus, New Brunswick, New Jersey. The survey was performed in accordance with 40 CFR Part 763.85 (a) as well as the requirements of Rutgers University. The investigative survey was conducted on August 17, 1998 by experienced and licensed inspector, Judith A. Smith.

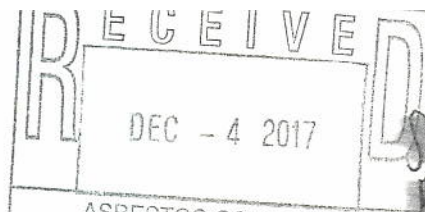
The types and the estimated quantities of ACM that were found are shown on the table below. Section 2.0 contains a further detailed discussion of the ACM.

Material Description	Location	Classification	Total Estimated Quantity (units)
Grey Sink Undercoating	Kitchens	Surfacing/Miscellaneous Material	7 Each
9" x 9" Brown VFT w/White Streaks	Living Rooms, Kitchens, Bedrooms, Corridors	Surfacing/Miscellaneous Material	4,136 Square Feet
9" x 9" Grey VFT w/Black & White Streaks and associated Black Mastic	Living Rooms, Kitchens, Bedrooms, Corridors, Bathrooms	Surfacing/Miscellaneous Material	4,136 Square Feet
Pipe fittings associated with fiberglass insulated piping	Basement laundry room, mechanical room, crawlspace	Thermal Systems Insulation	120 Fittings

The asbestos-containing pipe fittings in the Basement are located on fiberglass insulated piping and were noted to be in good condition.

The non-friable sink undercoating and floor tiles listed above were all noted to be in good condition.

Both types of the non-friable floor tile exist beneath either linoleum or carpeting. Although the mastic associated with the 9" x 9" brown VFT does not contain asbestos, the floor tile are asbestos-containing. Since the tile cannot be feasibly separated from the mastic, it should be treated as an asbestos-containing material (ACM) for removal purposes. Furthermore, the carpeting and/or linoleum covering the asbestos-containing tiles should also be considered as asbestos materials for removal purposes. If these materials will be impacted by planned renovations, removal is recommended. If these materials will not be affected, any areas of exposed mastic should be patched and repaired and addressed under an Operation & Maintenance (O&M) Program.



ASBESTOS CONTROL &
LICENSING
ASBESTOS SURVEY REPORT
RUSSELL APARTMENTS
BUILDINGS 3726, 3727, 3728, 3729, 3731 & 3732
BUSCH CAMPUS
NEW BRUNSWICK, NEW JERSEY

Summary
Buildings

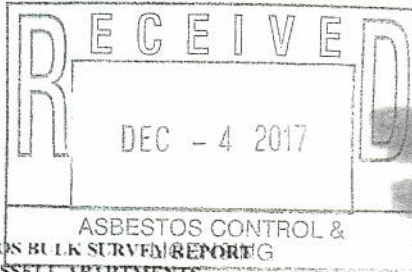
3726 3731
3727 3732
3728
3729

EXECUTIVE SUMMARY

ATC Group Services LLC (ATC) was retained by Rutgers University to perform an asbestos survey of six (6) of the Russell Apartments buildings. This inspection report provides a thorough identification of asbestos-containing materials (ACM) at Russell Apartments Buildings 3726, 3727, 3728, 3729, 3731 & 3732 located on Busch Campus, New Brunswick, New Jersey. The survey was performed in accordance with 40 CFR Part 763.85 (a) as well as the requirements of Rutgers University. The investigative survey was conducted between February 1st and February 15th, 2017 by experienced and licensed inspector, James H. Heron.

The types and the estimated quantities of ACM that were found are shown on the table below. Section 2.0 contains a further detailed discussion of the ACM.

Material Description	Location	Material Classification	Total Estimated Quantity (units)
9" x 9" Grey Vinyl Floor Tile (VFT) & Associated Mastic	Throughout All Buildings	Miscellaneous	9,396 Square Feet
9" x 9" Brown VFT & Associated Mastic		Miscellaneous	2,677 Square Feet
Black Mastic Applied Directly to Plywood		Miscellaneous	13,810 Square Feet
Mud Fittings on Fiberglass Pipe Insulation		Thermal	1,307 Fittings
Beige Sink Undercoating		Miscellaneous	20 Sinks (~120 Square Feet)
Black Tar Dots	Crawlspaces	Miscellaneous	320 Square Feet
Black Sink Undercoating	Building 3727	Miscellaneous	1 Sink (~6 Square Feet)
12" x 12" Light Brown VFT	Building 3728	Miscellaneous	1,309 Square Feet
Rust Red Vinyl Floor Tile & Associated Mastic	Building 3729	Miscellaneous	144 Square Feet
9" x 9" Dark Red VFT & Associated Mastic	Building 3732	Miscellaneous	4 Square Feet



ASBESTOS CONTROL &
SURVEY REPORT
RUSSELL APARTMENTS
BUILDINGS 3726, 3727, 3728, 3729, 3731 & 3732
BUSCH CAMPUS
NEW BRUNSWICK, NEW JERSEY

3726
3727
3728
3729
3731
3732

1.0 PURPOSE AND SCOPE OF WORK

ATC Group Services LLC (ATC) was retained by Rutgers University to identify and quantify asbestos-containing materials (ACM) at Russell Apartments Buildings 3726, 3727, 3728, 3729, 3731 & 3732 located on Busch Campus, in Piscataway, New Jersey. This survey was performed to facilitate planned demolition of the buildings. ATC, a Rutgers University approved environmental consultant for asbestos bulk surveys, performed the survey in accordance with 40 CFR Part 763, as well as the requirements of the University.

A total of 310 bulk samples were collected of suspect materials and analyzed via Polarized Light Microscopy. An additional 63 samples were further analyzed via Transmission Electron Microscopy (TEM NOB).

2.0 SUMMARY OF FINDINGS

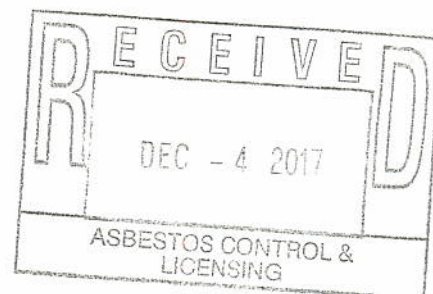
This section discusses our delineation of homogeneous applications of suspect asbestos containing materials and the results of the related bulk samples that were collected and analyzed. Recommendations concerning these materials are presented in Section 3.0. The following Sections 2.1 and 2.2 summarizes pertinent data about homogeneous applications that were classified as asbestos containing and non-asbestos containing material respectively.

2.1 Materials Classified as Asbestos Containing Materials

The following chart lists the material description and quantities of asbestos containing materials identified in each specific building. Specific locations of these materials for each building can be found in the drawings referenced in Appendix C:

BUILDING 3726		
Material Description	Classification	Total Estimated Quantity (units)
9" x 9" Grey Vinyl Floor Tile & Associated Mastic	Miscellaneous	2,296 Square Feet
9" x 9" Brown Vinyl Floor Tile & Associated Mastic	Miscellaneous	346 Square Feet
Black Mastic Applied Directly to Plywood	Miscellaneous	5,750 Square Feet
Mud Fittings on Fiberglass Pipe Insulation	Thermal	375 Fittings

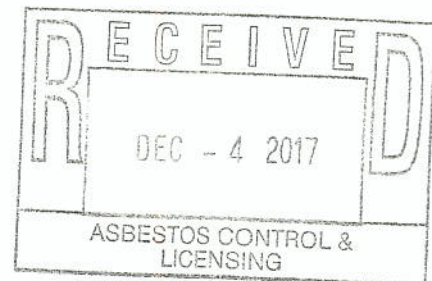
ASBESTOS BULK SURVEY REPORT
 RUSSELL APARTMENTS
 BUILDINGS 3726, 3727, 3728, 3729, 3731 & 3732
 BUSCH CAMPUS
 NEW BRUNSWICK, NEW JERSEY



BUILDING 3726		
Material Description	Classification	Total Estimated Quantity (units)
Beige Sink Undercoating	Miscellaneous	24 Square Feet
Black Tar Dots	Miscellaneous	Unknown

BUILDING 3727		
Material Description	Classification	Total Estimated Quantity (units)
9" x 9" Grey Vinyl Floor Tile & Associated Mastic	Miscellaneous	473 Square Feet
9" x 9" Brown Vinyl Floor Tile & Associated Mastic	Miscellaneous	1,465 Square Feet
Black Mastic Applied Directly to Plywood	Miscellaneous	2,727 Square Feet
Mud Fittings on Fiberglass Pipe Insulation	Thermal	289 Fittings
Beige Sink Undercoating	Miscellaneous	36 Square Feet
Black Tar Dots	Miscellaneous	80 Square Feet
Black Sink Undercoating	Miscellaneous	6 Square Feet

BUILDING 3728		
Material Description	Classification	Total Estimated Quantity (units)
9" x 9" Grey Vinyl Floor Tile & Associated Mastic	Miscellaneous	2,497 Square Feet
Black Mastic Applied Directly to Plywood	Miscellaneous	372 Square Feet
Mud Fittings on Fiberglass Pipe Insulation	Thermal	167 Fittings
Beige Sink Undercoating	Miscellaneous	12 Square Feet
Black Tar Dots	Miscellaneous	80 Square Feet
12" x 12" Light Brown Vinyl Floor Tile & Associated Mastic	Miscellaneous	1,309 Square Feet

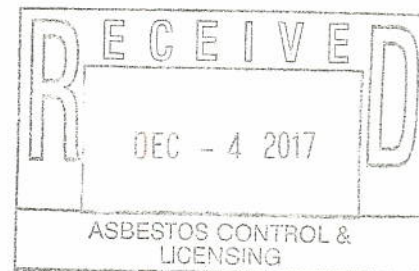


ASBESTOS BULK SURVEY REPORT
 RUSSELL APARTMENTS
 BUILDINGS 3726, 3727, 3728, 3729, 3731 & 3732
 BUSCH CAMPU S
 NEW BRUNSWICK, NEW JERSEY

BUILDING 3729		
Material Description	Classification	Total Estimated Quantity (units)
9" x 9" Grey Vinyl Floor Tile & Associated Mastic	Miscellaneous	842 Square Feet
9" x 9" Brown Vinyl Floor Tile & Associated Mastic	Miscellaneous	866 Square Feet
Black Mastic Applied Directly to Plywood	Miscellaneous	144 Square Feet
Rust Red Vinyl Floor Tile & Associated Mastic	Miscellaneous	144 Square Feet
Mud Fittings on Fiberglass Pipe Insulation	Thermal	69 Fittings
Beige Sink Undercoating	Miscellaneous	12 Square Feet
Black Tar Dots	Miscellaneous	Unknown

BUILDING 3731		
Material Description	Classification	Total Estimated Quantity (units)
9" x 9" Grey Vinyl Floor Tile & Associated Mastic	Miscellaneous	1,470 Square Feet
Black Mastic Applied Directly to Plywood	Miscellaneous	1,125 Square Feet
Mud Fittings on Fiberglass Pipe Insulation	Thermal	234 Fittings
Beige Sink Undercoating	Miscellaneous	30 Square Feet
Black Tar Dots	Miscellaneous	80 Square Feet

BUILDING 3732		
Material Description	Classification	Total Estimated Quantity (units)
9" x 9" Grey Vinyl Floor Tile & Associated Mastic	Miscellaneous	1,818 Square Feet
Black Mastic Applied Directly to Plywood	Miscellaneous	3,692 Square Feet
Mud Fittings on Fiberglass Pipe Insulation	Thermal	182 Fittings



ASBESTOS BULK SURVEY REPORT
RUSSELL APARTMENTS
BUILDINGS 3726, 3727, 3728, 3729, 3731 & 3732
BUSCH CAMPUS
NEW BRUNSWICK, NEW JERSEY

BUILDING 3732		
Material Description	Classification	Total Estimated Quantity (units)
Beige Sink Undercoating	Miscellaneous	6 Square Feet
Black Tar Dots	Miscellaneous	80 Square Feet
12" x 12" Light Brown Vinyl Floor Tile	Miscellaneous	174 Square Feet
9" x 9" Dark Red Vinyl Floor Tile & Associated Mastic	Miscellaneous	4 Square Feet

11 Bartlett Street, Bldg 255
New Brunswick

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1.0 PURPOSE AND SCOPE OF WORK

ATC was retained by Rutgers, The State University of New Jersey to identify and quantify asbestos-containing materials (ACM) at 11 Bartlett Street located in New Brunswick, New Jersey. The survey was performed prior to planned building demolition. ATC performed the survey in accordance with 40 CFR Part 763.

A total of fifty-five (55) bulk samples of suspect materials were initially collected, all of which were analyzed via Polarized Light Microscopy (PLM). Five (5) of these samples which were non-asbestos via PLM analysis were additionally submitted for Transmission Electron Microscopy (TEM-NOB) analysis. An additional six (6) bulk samples were collected on April 5, 2017, all of which were analyzed via PLM.

2.0 SUMMARY OF FINDINGS

This section discusses our delineation of homogeneous applications of suspect asbestos containing materials and the results of the related bulk samples that were collected and analyzed. Recommendations concerning these materials are presented in Section 3.0. Sections 2.1 and 2.2 summarize pertinent data about homogeneous applications that were classified as asbestos containing and non-asbestos containing material respectively.

2.1 Materials Classified Asbestos Containing Materials

As shown on the following charts, asbestos-containing materials were identified as follows:

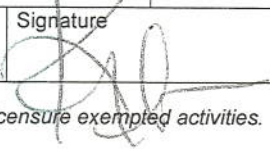
Material Description	Location	Classification	Total Estimated Quantity (units)
Aircell Pipe Insulation	Basement MFR and Rear Room	Thermal Systems Insulation	8 Linear Feet
Transite Siding	Exterior under Aluminum Siding	Miscellaneous Material	2,700 Square Feet
Transite Panel	Basement Rear Room	Miscellaneous Material	4 Square Feet
Debris	Basement Rear Room on Dirt Floor	Thermal Systems Insulation	72 Square Feet
9" x 9" Grey Vinyl Floor Tile	1 st Floor at top of Basement Stairs	Miscellaneous Material	6 Square Feet

Page 1

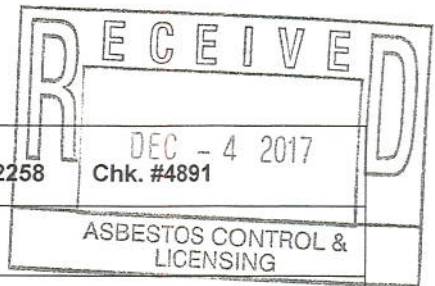
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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DEC - 4 2017	Chk. #4891
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11 / 28 / 17		Name of Building Owner/Operator (2) Republic Bank / Job #1711-2258							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 South 18 th Street, Suite 2400 City, State, Zip Code Philadelphia, PA 19103 Name of Contact Bill Bascou, Builders Inc. Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Republic Bank		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 and commercial buildings, homes, etc.)							
Street Address 1544 Route 38		Square Feet 7600							
City (5) Lumberton		# of Floors 2	Bldg. Age 80						
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code 1 FORMTEXT Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	License No. 00862						
Start Date (10) 12 / 11 / 17	Scheduled Completion Date (11) 12 / 29 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
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 - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
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 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
Front Showroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Showroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	2,160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Showroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	880 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loading Dock Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 12/29/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 11-28-17		

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



Date of Notification (1) 11 / 28 / 17		Name of Building Owner/Operator (2) Republic Bank / Job #1711-2258							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 South 18th Street, Suite 2400							
		City, State, Zip Code Philadelphia, PA 19103							
		Name of Contact Bill Bascou, Builders Inc.	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Republic Bank		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 and commercial buildings, homes, etc.)							
Street Address 1544 Route 38		Square Feet 7600	# of Floors 2						
City (5) Lumberton		Bldg. Age 80							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	License No. 00862						
Start Date (10) 12 / 11 / 17	Scheduled Completion Date (11) 12 / 29 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" 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) <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
Rear Showroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows with glazing	five each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(assumed ACM) Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	panels with ACM conductors	2 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(assumed ACM) Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(assumed ACM) Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interior boiler materials	TBD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 12/29/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 11-28-17		

Ch 48912

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

RECEIVED	
DEC - 4 2017	
Job #4711-2260	Chk. #4892
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11 / 28 / 17		Name of Building Owner/Operator (2) Ms. Barbara D. Shapiro		Job #4711-2260 Chk. #4892	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code Mount Holly, NJ 08060		Name of Contact Mike Kelly, Harriets Oil	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Property				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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet 1360	
City (5) Mount Holly, NJ				# of Floors 2	
County (6) Burlington				County Code (7)(STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental				Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316				Street Address 3859 Sylon Boulevard	
City, State, Zip Code Thorofare, NJ 08086				City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Dave Flanigan		Telephone No. 856-848-0800		License No. 00862	
Start Date (10) 12 / 7 / 17		Scheduled Completion Date (11) 12 / 11 / 17		Name of OSHA Monitor EMSL Analytical, Inc.	
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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 200 U.S. Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
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 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement - Steel Boiler		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Exterior Asbestos Insulation	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	
City, State Lafayette, NJ		Disposal Date 12/7/16		Name of Registered Landfill Grand Central	
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature [Signature]	
				Date 11-28-17	

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

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Date of Notification (1) 11/30/2017		Name of Building Owner/Operator (2) Coccia Realty							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 North Arlington, NJ 07031							
		Name of Contact Jan Kwapniewski							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<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) North Arlington		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Removal Safety LLC							
City, State, Zip Code		Street Address 8 Crosby Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07502							
Telephone No.		Telephone No. 973-400-8711	License No. 01332						
Start Date (10) 12/11/2017	Scheduled Completion Date (11) 12/12/2017	Name of OSHA Monitor Removal Safety LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 8 Crosby Ave							
<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: 8:00am-5:00pm		City, State, Zip Code Paterson, NJ 07502							
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 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
Basement			X	Pipe Insulation	160 LF	X		X	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007		Cubic Yards of Waste 3	Name of Registered Landfill GROWS North				
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President		Signature <i>Lasko Veskov</i>			Date 11/30/2017		

Ch 5657

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

Print Form

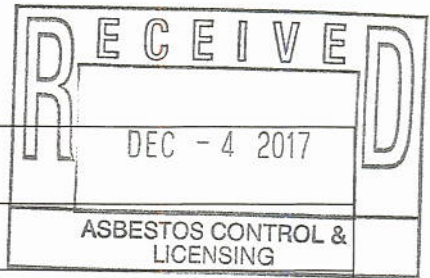
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ASBESTOS CONTROL & LICENSING

Date of Notification (1) December 1, 2017		Name of Building Owner/Operator (2) Mill One							
Agencies Notified	Type Notification	Street Address 1 North Johnston Avenue							
<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 Hamilton Township, NJ 08609							
		Name of Contact Mr. John Barr							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Isles Facility		Type of Facility (4)							
Street Address 1 N Johnston 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) Trenton		Square Feet 100,000+	# of Floors 3						
County (6) Mercer		Bldg. Age 80+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Admin / Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Way		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	Telephone No. 484-872-8884						
License No. 01161									
Start Date (10) 12/11/17	Scheduled Completion Date (11) 12/29/17	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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: Exterior Work		City, State, Zip Code Cinnaminson, NJ							
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) <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
Window		X		Glaze and Caulk	150 SF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 6	Name of Registered Landfill GROWS					
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>	Date 12/1/17					

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



Date of Notification (1) 11 / 27 / 17		Name of Building Owner/Operator (2) DBI Projects	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1261 Broadway City, State, Zip Code New York, NY 10001	
		Name of Contact Anthony Armanto	Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Henry Bonsall Elementary School		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 and commercial buildings, homes, etc.)	
Street Address 1575 Mt. Ephraim Avenue			
City (5) Camden	Square Feet 60000	# of Floors 3	Bldg. Age 75+
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Whitman		Name of Abatement Contractor (9) Associated Specialty Contracting, Inc.	
Street Address 7 Pleasant Hill Road		Street Address 98 Lacrue Avenue	
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Glen Mills, PA 19342	
Project Manager for Monitoring Firm Kevin T. Lovely	Telephone No. 732-390-5858	Telephone No. 610-364-9622	License No. 01103
Start Date (10) 11 / 06 / 17	Scheduled Completion Date (11) 11 / 27 / 17	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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / PM - AM		Street Address 3370 Progress Drive City, State, Zip Code Bensalem, PA 19020	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input 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
Front section 3 rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & mastic	9,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Floor Bathrm pipe chases (2) ea	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Section 3 rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glue dots assoc with blackboards	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 80	Name of Registered Landfill Tullytown Resources Recovery Facility	
City, State 1519 Rev S Howard Woodson Jr Way, Trenton, NJ 08638		Disposal Date As req.		City, State Tullytown, PA	
Completed By (Print or Type) Joseph Anello	Title Project Manager/Estimator	Signature 		Date 11/27/2017	