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

Date of Notification (1)
12/22/14

Name of Building Owner/Operator (2)
PSEG Salem / Hope Creek Nuclear

Agendas Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Street Address
Alloway Creek Neck Rd

City, State, Zip Code
Hancocks Bridge NJ 08035

Name of Contact
Mark A. Farmer

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
PSEG Salem / Hope Creek Nuclear

Street Address
Alloway Creek Neck Rd

City (5)
Hancocks Bridge NJ

County (6)
Salem

Name of Monitoring Firm
AET Inc.

Hired by Building Owner (9)

ASCM No.

Name of Abatement Contractor (8)
DZ/NDS

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

County Code (7) (STATE USE ONLY)

Name of OSHA Monitor

Telephone No.

Telephone No.

License No.

Start Date (10)
2015

Scheduled Completion Date (11)
Dec 31, 2015

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other -- Describe: Active Nuclear Plant

Scope of Work (Check All That Apply)
- 2,500 sf or over
- 100 sf or over
- Renovation
- Demolition

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

Amount

Abatement

Location

Name of Registered Waste Hauler

NJ/DEP Waste
Hauler ID No.

Cubic Yards
of Waste

Name of Registered Landfill

Disposal Date

City, State

Completed by

Mark A. Farmer

Title
Supervisor

Signature

Date
12/22/14

ABB-41 (R-06-08)

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 15 / 14</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #15-2/23/15</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Princeton, NJ 08544</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08544</td>
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</tbody>
</table>

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Washington Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Princeton</td>
</tr>
<tr>
<td>County</td>
<td>MERCER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>STATE USE ONLY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC Associates Inc.</td>
<td>00098</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Three Terri Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Burlington, NJ 08016</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Keehn</td>
<td>609-366-8600</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>3 / 6 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3 / 27 / 15</td>
</tr>
</tbody>
</table>

**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: 6:30 AM - 3:00PM / PM - AM

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;3 sf or ≥3 if</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>≥180 sf or ≥280 if</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>Work Area #B6 - Level B</td>
</tr>
<tr>
<td>Work Area #B7 - Level B</td>
</tr>
<tr>
<td>Work Area #B7 - Level B</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NUDER Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>20990</td>
<td></td>
<td>G.R.O.W.S. NORTH LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>New Castle, DE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Scarfo</td>
<td>Estimator</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

Date: 2/18/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 15 / 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Princeton University - Office of Design and Construction</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DOLWD, DHSS, DCA (NJAC 5:23-8)</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Amendment #15-2/23/16, Emergency (including justification), Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 Elm Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Ortego</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Princeton University - Firestone Library |
| Street Address | Washington Road |
| City (5) | Princeton |
| County (6) | MERCER |
| County Code (7) (STATE USE ONLY) | |
| Current Use (Prior if being demolished) | Library |
| Name of Monitoring Firm Hired by Building Owner (8) | ATC Associates Inc. |
| ASCM No. | 00098 |
| Name of Abatement Contractor (9) | BRISTOL ENVIRONMENTAL, INC. |
| Street Address | 1123 BEAVER STREET |
| City, State, Zip Code | BRISTOL, PA 19007 |
| Project Manager for Monitoring Firm | Michael Keehn |
| Telephone No. | 609-386-8900 |
| Start Date (10) | 3 / 2 / 15 |
| Scheduled Completion Date (11) | 3 / 27 / 15 |
| Occupancy Status During Abatement | ☒ Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:30AM-3:00PM, PM - AM | |
| Scope of Work (Check all that apply) | ☐ ≥3 sf or ≥3 if, ☒ 160 sf or ≥260 if, ☐ Demolition, ☒ Renovation |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? | Yes, No, N/A |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Abatement Type | ☒ Removal, ☐ Repair, ☒ Encapsulate, ☐ Endsource |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Trustees Reading Room, Trustees Reading Room, Work Area #B6 - Level B, Work Area #B6 - Level B |
| Trustee Reading Room | ☒ Radiator Liner, Pipe Insulation, Pipe & Fitting Insulation, Floor Tile & Mastic |
| Work Area #B6 - Level B | 280 SF, 150 LF, 40 LF, 3800 SF |
| Name of Registered Waste Hauler | SERVICE TRANSPORT GROUP INC. |
| NDEP Waste Hauler ID No. | 20990 |
| Cubic Yards of Waste | Name of Registered Landfill |
| Disposal Date | City, State |
| Date | 2/23/15 |

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

Date of Notification (1): 1 / 15 / 14

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

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

Type of Notification:
- Initial
- Amended
- Amendment #15-2/23/15
- Emergency (including justification)
- Cancellation

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

Street Address:
Washington Road

City (5):
Princeton

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:

# of Floors:

Bldg. Age:

Name of Monitoring Firm Hired by Building Owner (8):
ATC Associates Inc.

ASCM No.:
00098

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

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

License No.:
215-788-6040

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

Start Date (10):
3 / 2 / 15

Scheduled Completion Date (11):
3 / 27 / 15

Name of GSA Monitor:

Time of Abatement: 8:30AM-3:00PM  PM  AM

Scope of Work (Check all that apply):
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- 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):
- Yes
- No
- N/A

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tile and Mastic</td>
<td>71,198 SF</td>
<td></td>
</tr>
<tr>
<td>Pipe insulation</td>
<td>4,660 SF</td>
<td></td>
</tr>
<tr>
<td>Joint Compound</td>
<td>24,690 SF</td>
<td></td>
</tr>
<tr>
<td>Pipe fittings</td>
<td>20 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP INC.

NJ/DEP Waste Hauler ID No.:
20990

Cubic Yards of Waste:

Name of Registered Landfill:
G.R.O.W.S. NORTH LANDFILL

City, State:
MORRISVILLE, PA 19067

Disposal Date:

Completed By (Print or Type):
Brian Scafiro
Title:
Estimator
Signature:

Date:
2/23/15

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

Date of Notification (1)
02/12/15

Name of Building Owner/Operator (2)
gregg van orden

Agency Notified

EPA

DEP

DOL

DOH

Type Notification

Initial

Amended

Amendment #:

Emergency

(Including justification)

Cancellation

Street Address
142 REA AVENUE

City, State, Zip Code
hawthorne, NJ 07506

Name of Contact

Name of facility where abatement is taking place (3)
gregg van orden

Street Address
142 REA AVENUE

City (5)
hawthorne

County (8)
PASSAIC

County Code (7)
(State use only)

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)

Renovation

Demolition

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

PIE INSULATION

38 SQ FT

DESCRIPTION OF FACILITY

Occupancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.

Abatement performed outside of normal facility hours-

Describe:

Other-Describe:

NORM AL HOURS

Full Containment w/negative pressure

Mini-enclosure

Glovebag procedure

Non-Exempted (*) and Non-Friable procedure

BASEMENT

Registered Waste Hauler
D & S RESTORATION, INC.

NDEP Hauler ID# 13506

Cubic Yards of Waste 1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERN, NJ 07503

Disposal Date
02/22/15

City, State
TULLYTOWN, PA

Completed by (Print or Type)

BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
02/20/2015

Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02/24/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Westfield Development Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Plaza WAY</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>PAT DANKNER</td>
</tr>
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</table>

**AGENCIES NOTIFIED**

- [ ] EPA
- [ ] DOH
- [ ] DOL

**FACILITY INFORMATION**

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

GARDEN STATE PLAZA

**Type of Facility (4)**

- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (i.e., private & commercial bldgs., homes, etc.)

**City (5)**

PARAMUS

**County (6)**

BERGEN

**County Code (7)**

- [ ] 200,000
- [ ] 3
- [ ] 45+

**Square Feet**

**# Of Floors**

**Building Age**

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

RETAIL

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

EMPIRE ENVIRONMENTAL

**ASCM NO.**

NORTHSTAR CONTRACTING GROUP, INC.

**Name of Abatement Contractor (9)**

**Street Address**

32 OLD LANE

**City, State, Zip Code**

COWACO, NJ 0782

**Project Mgr. For Monitoring Firm**

JIM BOGGI

**Telephone Number**

973-334-5641

**Street Address**

33 WILLIAMS PARKWAY

**City, State, Zip Code**

EAST HANOVER, NJ 07936

**Telephone Number**

973-772-3860

**License Number**

00860

**Occupancy Status During Abatement (Check Only 1)**

- [ ] Facility Closed/Vacated During Entire Period Of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI
- [ ] Other - Describe: 10:00PM - 6:00AM

**Name of OSHA Monitor**

NORTHSTAR CONTRACTING GROUP, INC.

**City, State, Zip Code**

EAST HANOVER, NJ 07936

**Scope of Work (Check All That Apply)**

- [ ] Demolition
- [ ] Renovation
- [ ] 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)**

- [ ] YES
- [ ] NO
- [ ] N/A

**Name of Registered Waste Hauler**

NEWARK CARTING

**Cubic Yards of Waste**

50 YD

**Name of Registered Landfill**

GROWS

**City, State**

NEWARK, NJ

**Disposal Date**

02/24/15

**Completed by (Print or Type)**

PAUL MAST

**Title**

VICE PRESIDENT

**Signature**

02/24/15
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>2 / 23 / 15</td>
<td>State of New Jersey, Department of Corrections</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Amendment #2</td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
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<tr>
<td></td>
<td>Cancellation</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>WHITTLESEY ROAD, PO BOX 863</th>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>TRENTON, NJ 08625</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSCEPH MAY</td>
<td></td>
</tr>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garden State Youth Correctional Facility</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 6 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>282,000</td>
<td>2</td>
<td>50+</td>
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</table>

<table>
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<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BURLINGTON</td>
<td>Correctional Facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA Environmental Management, Inc</td>
<td>Controlled Environmental Systems</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td>344 WEST STATE</td>
<td>609 656 8101</td>
<td>215 542 7000</td>
</tr>
<tr>
<td>TRENTON, NJ 08610</td>
<td></td>
<td>00847</td>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>CES</td>
<td>NJDEP Waste Hauler ID No. 20900</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>E-Wing 430 additional SF in corridor</th>
<th>Acoustical Plaster additional 430SF</th>
<th>14084 SF</th>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>E-Wing (Approximate Quantities)</th>
<th>Floor Tile &amp; Mastic</th>
<th>12,413 SF</th>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>E-Wing (100 additional LF in corridor)</th>
<th>Fitting/Insulation additional 100SF</th>
<th>453 LF</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>STG</td>
<td>NEW CASTLE, DE</td>
</tr>
<tr>
<td>Stg WASTE Hauler ID No. 20900</td>
<td></td>
</tr>
<tr>
<td>CUBIC YARDS OF WASTE</td>
<td>240 YARDS</td>
</tr>
<tr>
<td>DISPOSAL DATE</td>
<td>3/31/2015</td>
</tr>
<tr>
<td>NAME OF REGISTERED LANDFILL</td>
<td>WAYNESBURG, OH 44688</td>
</tr>
</tbody>
</table>

Completed By (Print or Type): Patricia Visco
Title: Office Manager
Signature: Date:

**AS5-41 JAN 13**

*Do not use this form for asbestos licensure exempted activities.*