

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

*Bin*

Courtesy to EPA Region II

Date of Notification (1) 2 / 13 / 2013		Name of Building Owner/Operator (2) Schneider National, Inc.							
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 500 Water Street							
		City, State, Zip Code Jacksonville, FL 32202							
		Name of Contact Ryan Gronnert, Facilities Proj. Mgr							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) CSX Intermodel - Schneider National's Modular Building		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 26 Pennsylvania Avenue									
City (5) Kearny		Square Feet 8000	# of Floors 1						
		Bldg. Age 25+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Roy Stancil		Telephone No. 704-331-6334	Telephone No. 724-325-3330						
		License No. 01121							
Start Date (10) 2 / 25 / 2013	Scheduled Completion Date (11) 2 / 27 / 2013	Name of OSHA Monitor Shaw Environmental, 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 128 South Tryon Street, Interstate Tower							
		City, State, Zip Code Charlotte, NC 28202							
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 *Abatement prior to demolition by others.									
<input 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing Compound from Windows	9 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"/>
	<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 Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Camden, New Jersey		Disposal Date 2/15/2013		City, State Penn Argyl, PA					
Completed By (Print or Type) Jessica Busch		Title Administrative Support		Signature <i>Jessica Busch</i>		Date 2/13/2013			



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

Date of Notification (1) <u>2</u> / <u>25</u> / <u>2013</u>		Name of Building Owner/Operator (2) <b>Schneider National, Inc.</b>							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>500 Water Street</b> City, State, Zip Code <b>Jacksonville, FL 32202</b> Name of Contact <b>Ryan Gronnert, Facilities Proj. Mgr.</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>CSX Intermodel - Schneider National's Modular Building</b>		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 <b>26 Pennsylvania Avenue</b>		Square Feet <b>8000</b>	# of Floors <b>1</b>						
City (5) <b>Kearny</b>		Bldg. Age <b>25+</b>							
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Industrial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Environmental, Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>Prism Response, Inc.</b>							
Street Address <b>128 S. Tryon Street - Interstate Tower</b>		Street Address <b>102 Technology Lane</b>							
City, State, Zip Code <b>Charlotte, NC 28202</b>		City, State, Zip Code <b>Export, PA 15632</b>							
Project Manager for Monitoring Firm <b>Roy Stancil</b>	Telephone No. <b>704-331-6334</b>	Telephone No. <b>724-325-3330</b>	License No. <b>01121</b>						
Start Date (10) <u>3</u> / <u>18</u> / <u>2013</u>	Scheduled Completion Date (11) <u>3</u> / <u>20</u> / <u>2013</u>	Name of OSHA Monitor <b>Shaw Environmental, Inc.</b>							
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 <b>128 South Tryon Street, Interstate Tower</b>							
		City, State, Zip Code <b>Charlotte, NC 28202</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<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							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition *Abatement prior to demolition by others.									
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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glazing Compound from Windows	9 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"/>
	<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 <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>SW1724</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>					
City, State <b>Camden, New Jersey</b>		Disposal Date <b>3/20/2013</b>	City, State <b>Penn Argyl, PA</b>						
Completed By (Print or Type) <b>Jessica Busch</b>		Title <b>Administrative Support</b>	Signature <i>Jessica Busch</i>				Date <b>2/25/2013</b>		



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

RECEIVED  
2013 FEB 27 PM 2:08

Date of Notification (1) <u>2</u> / <u>25</u> / <u>2013</u>		Name of Building Owner/Operator (2) <b>Schneider National, Inc.</b>					
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>500 Water Street</b> City, State, Zip Code <b>Jacksonville, FL 32202</b> Name of Contact <b>Ryan Gronnert, Facilities Proj. Mg.</b> Telephone Number					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>CSX Intermodal - Schneider National's Modular Building</b>		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 <b>26 Pennsylvania Avenue</b>		Square Feet <b>8000</b>	# of Floors <b>1</b>				
City (5) <b>Kearny</b>		Bldg. Age <b>25+</b>					
County (6) <b>Hudson</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Industrial</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Prism Response, Inc.</b>				
Street Address <b>128 S. Tryon Street - Interstate Tower</b>		Street Address <b>102 Technology Lane</b>					
City, State, Zip Code <b>Charlotte, NC 28202</b>		City, State, Zip Code <b>Export, PA 15632</b>					
Project Manager for Monitoring Firm <b>Roy Stancil</b>		Telephone No. <b>704-331-6334</b>	Telephone No. <b>724-325-3330</b> License No. <b>01121</b>				
Start Date (10) <u>3</u> / <u>18</u> / <u>2013</u>	Scheduled Completion Date (11) <u>3</u> / <u>20</u> / <u>2013</u>	Name of OSHA Monitor <b>Shaw Environmental, Inc.</b>					
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 <b>128 South Tryon Street, Interstate Tower</b> City, State, Zip Code <b>Charlotte, NC 28202</b>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition *Abatement prior to demolition by others.					
<input 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)	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roofing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Glazing Compound from Windows	9 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"/>
	<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 <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>SW1724</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>			
City, State <b>Camden, New Jersey</b>		Disposal Date <b>3/20/2013</b>	City, State <b>Penn Argyl, PA</b>				
Completed By (Print or Type) <b>Jessica Busch</b>	Title <b>Administrative Support</b>	Signature <i>Jessica Busch</i>	Date <b>2/25/2013</b>				

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

CK 29997

Date of Notification (1) 02/26/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	Telephone Number
	<input type="checkbox"/> Cancellation	Robert Otego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 130 Alexander Road			Type of Facility (4) School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 130 Alexander Road			Square Feet	# of Floors	Bldg. Age
			5000	2	50+
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 03/11/13 Month/Day/Year		Sched. Completion Date (11) 05/31/13 Month/Day/Year		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	E	
Bldg 130 - 1st fl front entrance		<input checked="" type="checkbox"/>		ceiling plaster	365 SF	<input checked="" type="checkbox"/>				
Bldg 130 - 1st fl warehouse area		<input checked="" type="checkbox"/>		drywall compound	225 SF	<input checked="" type="checkbox"/>				
Bldg 130 - Exterior		<input checked="" type="checkbox"/>		window glazing	2300 LF	<input checked="" type="checkbox"/>				
Bldg 130 - 1st fl front office		<input checked="" type="checkbox"/>		floor tile	1425 SF					

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
Horizon Disposal			20	GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager	Signature <i>Mark Goshow</i>		Date 2-26-13



Princeton University - 130 Alexander Road Additional ACM Sections

Location of ACM	Description of ACM	Amount	Abatement
1st fl warehouse	floor tile	745 SF	Removal
1st fl warehouse	transite heater sleeves	6 LF	Removal

RECEIVED  
2013 FEB 27 PM 2:08  
& LICENSING

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED  
2013 FEB 27 PM 2:08  
& LICENSING REL

<u>Date of Notification (1)</u> 02/26/2013		<u>Name of Building Owner/Operator (2)</u> Eaton Cooper	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH ( ) DCA	<u>Notification Type</u> (X) Initial Notification ( ) Amended Certification ( ) Cancelled	<u>Street Address</u> 600 Travis, Suite 5600	
		<u>City, State, Zip Code</u> Houston, TX 77002-1001	
		<u>Name of Contact</u> Nelson Olavarria	<u>Tel. Number</u>

<u>Name of Facility Where Abatement is Taking Place (3)</u> Cooper Notification Facility			<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 273 Branchport Avenue			<u>Sq. Feet</u> 12000 <u># of Floors</u> 1	
<u>City (5)</u> Long Branch	<u>County (6)</u> Monmouth	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age 50+/-</u> Current Use (prior if being demolished) Former Factory	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Precision Environmental, Inc.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP	

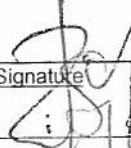
<u>Street Address</u> 36-15 23 <sup>rd</sup> Street		<u>Street Address</u> 395 Turner Industrial Way	
<u>City, State, Zip Code</u> Long Island City, NY 11106		<u>City, State, Zip Code</u> Aston, PA 19014	
<u>Project Manager for Monitoring Firm</u> Michael Parpounas	<u>Telephone Number</u> 718-383-2626	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01006

<u>Scheduled Start Date (10)</u> 03/12/13	<u>Scheduled Completion Date (11)</u> 03/26/13	<u>Name of OSHA Monitor</u> Testor Technology, Inc.
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  Describe Occupants moved to adjacent area _____  Other - Describe _____		<u>Street Address</u> 10-59 Jackson Avenue <u>City, State, Zip Code</u> Long Island City, NY 11101

Source of Work (Check all that apply)

( ) Demolition (X) Renovation  
 (X) Large Proj. (>160 SF or >260 LF ACM) ( ) JM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)  
 ( ) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
1 <sup>st</sup> Floor	X	Pipe	720 LF	X			
1 <sup>st</sup> Floor	X	Transite - Exhaust Duct	120 SF	X			

<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> 20990	<u>Cubic Yards of Waste</u> 120	<u>Name of Reg. Landfill</u> Minerva
<u>City, State</u> New Castle, DE	<u>Disp. Date</u> 03/26/13	<u>City, State</u> Waynesboro, OH	
<u>Completed by (Print or Type)</u> Richard P. Semega, Jr.	<u>Title</u> Branch Manager	<u>Signature</u> 	<u>Date</u> 02/26/13

**Notification of Demolition or Renovation.....(continued)**

**X. Description of Planned Demolition or Renovation Work and Methods to be Used:** Removal of transit and thermal systems insulation. Regulated work area, hepa filtration equipment, wet material, and double bag.

**XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:** Regulated work area, wet removal methods, HEPA filtration equipment, wet material and double bag.

**XII. Waste Transporter#1 Service Transport Group**

Address: 58 Pyles Lane

City: Newcastle

County: Newcastle

State: DE

Zip: 19720

Contact: Randy Bridges

Telephone: 302-778-5930

**Waste Transporter#2 Same as #1**

Address

City

County

State

Zip

Contact

Telephone

**XIII. Waste Disposal Site Minerva Landfill**

EPA Certification Number: P0104984

Address: 9000 Minerva Road

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact: Steve Chandler

Telephone: 330-866-3435

**XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:**

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

**XV. For Emergency Renovations:**

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

**XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fibrous Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder** Segregate area, wet materials, post signs, alert generator

**XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours** (Required one (1) year after promulgation).

(Signature of Owner/Operator)

(Date) 02/26/13

**XVIII. I Certify that the Above Information is Correct**

(Signature of Owner/Operator)

(Date) 02/26/13



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

Date of Notification (1) 02/26/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	Telephone Number
	<input type="checkbox"/> Cancellation	Robert Otego	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 120 Alexander Road			Type of Facility (4) School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 120 Alexander Road			Square Feet	# of Floors	Bldg. Age
City (5) Princeton			25000	3	70+
County (6)	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 03/11/13 Month/Day/Year		Sched. Completion Date (11) 05/31/13 Month/Day/Year		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 if		<input checked="" type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Bldg 120 -1st fl front lobby & stairwell		<input checked="" type="checkbox"/>		ceiling plaster	365 SF	<input checked="" type="checkbox"/>			
Bldg 120 - throughout bldg		<input checked="" type="checkbox"/>		9x9 floor tile	14460 SF	<input checked="" type="checkbox"/>			
Bldg 120 - Basement		<input checked="" type="checkbox"/>		12x12 floor tile	2105 SF	<input checked="" type="checkbox"/>			
Bldg 120 -exterior		<input checked="" type="checkbox"/>		window caulk	1950 LF				

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill GROWS
City, State Trenton NJ		Disposal Date As needed	City, State Morrisville PA
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 2/26/13



RECEIVED

Princeton University - 120 Alexander Road Additional ACM Sections

Location of ACM	Description of ACM	Amount	Abatement type
Basement	drywall compound	5186 SF	Removal
Throughout bldg in wall cavities	pipe insulation	1680 LF	Removal
stairwlls	light pads	9 EA	Removal
stairwlls	fire doors	5 EA	Removal
basement mech room	black mastic glue dots	30 LF	Removal

Telephone Number

ASB-41 (R-06-08) \* Do not use this form for asbestos licensure exempted activities.