Check # 25762

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

Date of Notification (1)				Name of Building Owner/Operator (2)								7 [5	i guan				
12/31/2018				Ellison							E		2				
Agencies Notified					ddress				ALL AND A COLUMN	The same			_			The state of the s	
DEP X DOL	X Initial	_	City, State, Zip Code Trenton, NJ 08618 Name of Contact Telephone									3	201	9			
☑ DOH □ DCA		Name o		e Elliso	n			Lei	ephone	JAni	per (MTB F					
	Cancellation	FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3) Residential						Type of Facility (4) School (K-12)											
Street Address				Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)													
City (5) Trenton, NJ 08618								Square Feet # of F 1500			f Floors 2		Bldg. Age 90+/-				
County (6) Mercer					Code (7) USE ONLY)			Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8) MECS				ASCN	ЛNo.	e of Abatement Contractor (9) vens Environmental Services, Inc.											
Street Address PO Box 341						et Address Box 322											
City, State, Zip Code Crosswicks, NJ 08515							City, State, Zip Code Allentown, NJ 08501										
Project Manager for Monitoring Firm Bill Weisgarber								259-9688 License No. 00493									
Start Date (10) Scheduled Co 1/11/2019 1/16/					Date (11)		Name MEC	e of OSHA Monitor									
Occupancy Status During Abatement (Check Only One)						t Address											
Facility Closed/Vacated During Entire Period of Abater					ment				Box 341								
Abatement Performed Outside of Normal Facility Hou Other – Describe: 8 am 4 pm					City, State, Zip Code Chesterfield, NJ 08515												
Scope of Work (Check A	II That Apply)	100000					_		b								
≥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									
1-1							1 1001	n-Exempled	() an	u Non-r	-nable	Abatement					
Is Local Normal						Do	corintian	of			Amount (Specify SF or LF)		Туре				
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Maii	ntena	Asbestos Containing (i.e. thermal system surfacing,				ining Material (ACM) systems insulation, ng, VAT, or scellaneous)					Removal	Repair	Encapsulate	Enclosure	
Baseme	ent		X	Thermal Pipe				nsulat	tion 65 If				Х				
1																	
				NJDEP Waste Cubic Yards Hauler ID No. of Waste 18292 1 cu			ste	Name of Registered Landfill Fairless Landfill									
City, State Allentown, NJ						Disposal Date City, State 1/16/2019 Morrisville, PA											
Completed by Mahlon E. Stevens		Title P	ager	S	Signature	nature Da					ate 12/31/2018						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 2019 1/2/19 Princeton University Agencies Notified Street Address Type Notification ASSESTOS CONTS E,A. macMillan Building EPA Initial DEP City, State, Zip Code Amended DOL Amendment # Princeton NJ 08544 Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation Bob Ortega 609-258-1841 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NOAA/GFDL School (K-12) Street Address Subchapter 8 (Other than K-12) 201 Forrestal road Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Princeton NJ 08544 200000 50 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) offices Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental Associated Specialty Contracting Inc. Street Address Street Address 1253 North Church street 98 LaCrue Ave City, State, Zip Code City, State, Zip Code Moorestown NJ 08057 Glen Mills Pa 19342 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike Kheen 856-840-8800 610-364-9622 01103 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/2/19 1/25/19 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No data center 1st floor restroom X Mud Bed Vat and mastic 247sf room 212 X cmu wall 100sf X 2nd and 3rd floor womens room Х ceramic floor tile, cmu wall, pipe fittings X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Mercer Group International Tulleytown Resources Recovery Landfill 80 Disposal Date City, State 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637 as required Tulleytown, PA Completed by Title Signature Date Jack Tomasura Sr, Estimator 1/2/19

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)											E	2	W	THE STATE OF	The second		
Date of Notification (1)	Name of Building Owner/Operator (2) St John the Evangelist Church							JA	N 3		2019)	111				
12/21/2018 Check # 3302			i						Wash, made								
Agencies Notified Type Notification	Street A						1-	and the second		-re-	1774-25		1				
EPA Initial		road Av					t'	522 9 7	TOS I		MH.	1	8				
DEP Amended Amendment		ate, Zip Co				5,457	50 to	v. · · · · · · · · · · · · · · · · · · ·	erich.	QII:	ing am ma						
DOL Amendment Emergency		a, NJ 07	605														
DOH justification)		f Contact		Telephone Number													
DCA Cancellation	Rev F	Richard I	Kwiatk	owski	201-947-4545												
Name of Facility Where Abatement is Takin	a Diago /	21	FAC	ILITY INF	ORMAT	ION	_										
Hanal School	g Place (3)					Туре	of Facility (4)								
Street Address								School (K-12									
260 Harrison Street							H	Subchapter 8 Other (i.e. pr	3 (Oth	er than	K-12)	huile	linge	hom	.00		
								etc.)	ivale	α comm	erciai	Dulie	migs,	HOIH	es,		
City (5)									# of Floors Bldg. A								
Leonia							40,0		3				60+				
County (6)		Code (7) USE ONLY	1				r if being demolished)										
			STATE	USE UNLT			School										
Name of Monitoring Firm Hired by Building O N/A	Owner (8)	ASCN	ΛNo.	N-E-	Name of Abatement Contractor (9)											
					EA Services Corporation												
Street Address			- 1-3		et Address												
		426-69th Street															
City, State, Zip Code						te, Zip Code											
		Guttenberg, NJ 070							93								
Project Manager for Monitoring Firm	Telephone No.			Teleph			License No.										
				201-295-1700 01074													
Start Date (10)	npletion I		Name of OSHA Monitor														
12/21/18	Same					e as above											
Occupancy Status During Abatement (Check	CONLY O	ne)			19.00	Street	Addres	SS									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Starting 4 PM	nent S City, State, Zip Code					ip Code											
Scope of Work (Check All That Apply)						l											
						-	,										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	tion ion	i-Enclosure vebag Proce	ontainment with Negative Pressure Enclosure bag Procedure Exempted (*) and Non-Friable Procedure														
	1-	Locati					1100	I-Exempled) and	I NOII-I	lable		W. J. C. V.				
Location of	ly				-0.20					Abatement Type							
Asbestos-Containing Material (ACM)	ly by	Ashest		scription aining M		(ACM)	Amount					7257					
TO BE ABATED	nce/	(i.e.	thermal	taining Material (ACM) systems insulation,				(Specify			71	Enc	E				
In Facility Custodial 3 (12)						cing, VAT, or				SF or LF)			Repair	Encapsulate	Enclosure		
					othern	niscellaneous)							₩.	ulat	ure		
	Yes	No	N/A											Ф			
Basement-crawl space			x	Steam Pip			Pipe		8	8 LF							
N																	
1.0				IJDEP Waste Cub			Name of Registered Landfill										
ITI-STATE Transfer Assoc				lauler ID No. of Waste 9551 TBD			Minerva E				Interprises Inc						
City, State																	
Bronx, NY					TBD	al Date City, State Waynesbu				ira OH							
Completed by	Title					gnature	0	A A	ury,		Dete						
Gina Betances	nager		3	griature	Date 12/21/18												

Print Form