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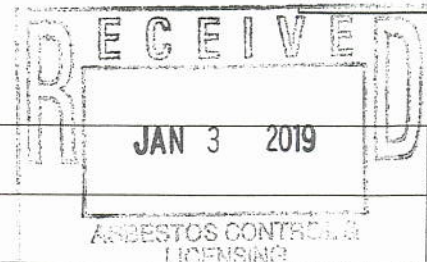
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 25762

Date of Notification (1) 12/31/2018		Name of Building Owner/Operator (2) Ellison							
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 3 2019 </div>						
<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 Trenton, NJ 08618							
		Name of Contact Lillie Ellison	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<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, NJ 08618		Square Feet 1500	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY) _____	Bldg. Age 90+/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070	License No. 00493						
Start Date (10) 1/11/2019	Scheduled Completion Date (11) 1/16/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input 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: 8 am 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
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 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
Basement		X		Thermal Pipe Insulation	65 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 1/16/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature		Date 12/31/2018			

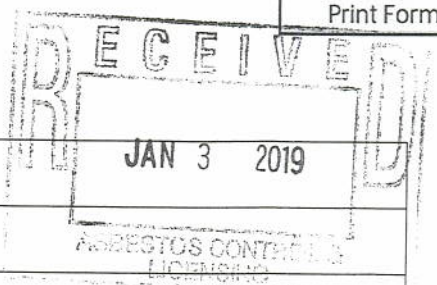
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 1/2/19		Name of Building Owner/Operator (2) Princeton University		JAN 3 2019					
Agencies Notified		Type Notification		Street Address					
<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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		E.A. macMillan Building					
				City, State, Zip Code Princeton NJ 08544					
		Name of Contact Bob Ortega		Telephone Number 609-258-1841					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NOAA/GFDL				Type of Facility (4)					
Street Address 201 Forrestal road				<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) Princeton NJ 08544				Square Feet 200000	# of Floors 3				
				Bldg. Age 50					
County (6)		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) offices					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.		Name of Abatement Contractor (9) Associated Specialty Contracting Inc					
Street Address 1253 North Church street				Street Address 98 LaCruce Ave					
City, State, Zip Code Moorestown NJ 08057				City, State, Zip Code Glen Mills Pa 19342					
Project Manager for Monitoring Firm Mike Kheen		Telephone No. 856-840-8800		Telephone No. 610-364-9622	License No. 01103				
Start Date (10) 1/2/19		Scheduled Completion Date (11) 1/25/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<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					
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 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
data center 1st floor restroom		x		Mud Bed Vat and mastic	247sf	x			
room 212		x		cmu wall	100sf	x			
2nd and 3rd floor womens room		x		ceramic floor tile, cmu wall, pipe fittings	170sf ceramic floor, 300sf wall, 400sf	x			
		x							
Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 80	Name of Registered Landfill Tulleytown Resources Recovery Landfill				
City, State 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637				Disposal Date as required	City, State Tulleytown, PA				
Completed by Jack Tomasura		Title Sr, Estimator		Signature 		Date 1/2/19			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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Date of Notification (1) 12/21/2018		Check # 3302		Name of Building Owner/Operator (2) St John the Evangelist Church					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		470 Broad Avenue					
				City, State, Zip Code Leonia, NJ 07605					
				Name of Contact Rev Richard Kwiatkowski					
				Telephone Number 201-947-4545					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hanal School				Type of Facility (4)					
Street Address 260 Harrison Street				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Leonia				Square Feet 40,000	# of Floors 3				
County (6)				County Code (7) (STATE USE ONLY)	Bldg. Age 60+				
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.	Name of Abatement Contractor (9) EA Services Corporation				
Street Address				Street Address 426-69th Street					
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm				Telephone No.	License No.				
				201-295-1700	01074				
Start Date (10) 12/21/18		Scheduled Completion Date (11) 12/22/2018		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" 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: Starting 4 PM				City, State, Zip Code					
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-crawl space			x	Steam Pipe	8 LF	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc				
City, State Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Gina Betances		Title Office Manager		Signature 		Date 12/21/18			