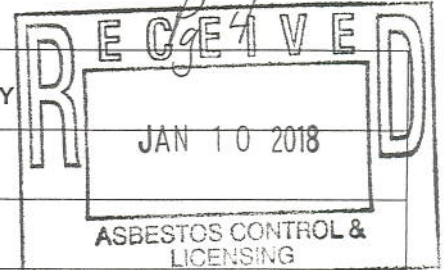


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                         |                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|
| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                     |                                                                                                                                                                                                                                                         | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b> |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>9-1/5/18</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b>                                         |  |
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                         | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                            |  |
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                         | Name of Contact<br><b>ROBERT ORTEGO</b>                                        |  |
| Telephone Number                                                                                                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                |  |

**FACILITY INFORMATION**

|                                                                                                                                                                                                                                                                                                                                  |  |                                                                    |                                                                                                                                                                                                                              |                                                                        |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                          |  |                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                        |                        |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                       |  |                                                                    | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              |                                                                        |                        |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                 |  |                                                                    | # of Floors<br><b>8</b>                                                                                                                                                                                                      |                                                                        | Bldg. Age<br><b>70</b> |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                      |  | County Code (7)(STATE USE ONLY)                                    |                                                                                                                                                                                                                              | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>   |                        |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                             |  | ASCM No.<br><b>00098</b>                                           |                                                                                                                                                                                                                              | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                        |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                            |  | Street Address<br><b>1123 BEAVER STREET</b>                        |                                                                                                                                                                                                                              |                                                                        |                        |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                             |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                  |                                                                                                                                                                                                                              |                                                                        |                        |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                   |  | Telephone No.<br><b>609-386-8800</b>                               |                                                                                                                                                                                                                              | License No.<br><b>00509</b>                                            |                        |
| Start Date (10)<br><u>12</u> / <u>4</u> / <u>17</u>                                                                                                                                                                                                                                                                              |  | Scheduled Completion Date (11)<br><u>1</u> / <u>12</u> / <u>18</u> |                                                                                                                                                                                                                              | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>              |                        |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>6:00AM-3:00PM</u> / <u>      </u> PM - <u>      </u> AM |  |                                                                    | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                                        |                        |
|                                                                                                                                                                                                                                                                                                                                  |  |                                                                    | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                                        |                        |

Scope of Work (Check all that apply)

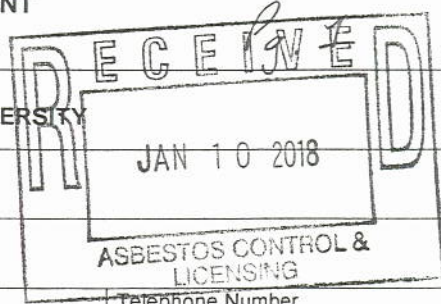
|                                                        |                                                |                                                                             |
|--------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------|
| <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)<br><u>TO BE ABATED</u><br>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<br><b>SERVICE TRANSPORT GROUP, INC.</b> |  | NJDEP Waste Hauler ID No.<br><b>20990</b> |  | Cubic Yards of Waste                   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                       |
| City, State<br><b>NEW CASTLE, DE</b>                                    |  |                                           |  | Disposal Date                          | City, State<br><b>WAYNESBURG, OH</b>                   |                       |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                    |  | Title<br><b>ESTIMATOR</b>                 |  | Signature<br><i>Brian Scafiro / jl</i> |                                                        | Date<br><u>1/5/18</u> |



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



| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                      | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                               |                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA (NJAC 5:23-8)                                                                                      | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment # <b>9-1/5/18</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b>                                                                                                                                                                                       | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b> |                                                                                                                              |                                                        |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                      | Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                      | Telephone Number                                    |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                              |                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                            |                                                                                                                                                                                                                                                      | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                      | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b>                             |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                        | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                     | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                               | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                             | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                       |                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                      | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                      | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                     | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                 | Telephone No.<br><b>215-788-6040</b>                                                                                                                                                                                         | License No.<br><b>00509</b>                         |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Start Date (10)<br><b>12 / 4 / 17</b>                                                                                                                                                                                                                                                              | Scheduled Completion Date (11)<br><b>1 / 12 / 18</b>                                                                                                                                                                                                 | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                    |                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-3:00PM/</b> PM- AM |                                                                                                                                                                                                                                                      | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                      | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                              |                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition                                                                                       |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                              |                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                      | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                    |                                                     | Cubic Yards of Waste                                                                                                         | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                      | Disposal Date                                                                                                                                                                                                                |                                                     | City, State<br><b>WAYNESBURG, OH</b>                                                                                         |                                                        |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                      | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                    |                                                     | Signature<br><i>Brian Scafiro/jl</i>                                                                                         |                                                        | Date<br><b>1/5/18</b>               |                          |                          |                          |



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

|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                                                                                                                            |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                 | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>9-1/5/18</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <div style="float: right; border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> JAN 10 2018<br/> ASBESTOS CONTROL &amp;<br/> Telephone Number </div> Street Address<br><b>200 ELM DRIVE</b><br>City, State, Zip Code<br><b>PRINCETON, NJ 08544</b><br>Name of Contact<br><b>ROBERT ORTEGO</b> |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                         | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                              |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                         | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                                                                                                                           | # of Floors<br><b>8</b>                                                |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                         | Bldg. Age<br><b>70</b>                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                      | County Code (7)(STATE USE ONLY)                                                                                                                                                                                                                         | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                                                                                      |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                         | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                                                                                               |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                                                                                         |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                                                                                      | License No.<br><b>00509</b>                                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>12</u> / <u>4</u> / <u>17</u>                                                                                                                                                                                                                                                                              | Scheduled Completion Date (11)<br><u>1</u> / <u>12</u> / <u>18</u>                                                                                                                                                                                      | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>6:00AM-3:00PM</u> / <u>      </u> PM - <u>      </u> AM |                                                                                                                                                                                                                                                         | Street Address<br><b>1123 BEAVER STREET</b><br>City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                                          |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                                                                   |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                         | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                                                                                                 | Cubic Yards of Waste                                                   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>                                                                       |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                           | Disposal Date                                                          | City, State<br><b>WAYNESBURG, OH</b>                                                                                         |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                                                                                                 | Signature<br><i>Brian Scofiro / jl</i>                                 |                                                                                                                              |                           | Date<br><b>1/5/18</b>               |                          |                          |                          |



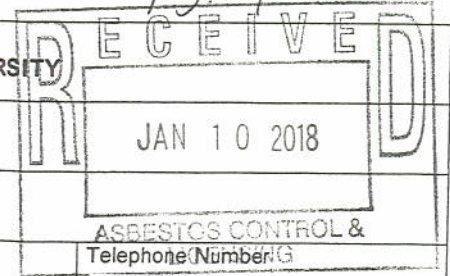
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

|                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                         |                          |                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------|--|
| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                                                                                                                                 |  | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                                                          |                          | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b><br/><br/> JAN 10 2018<br/><br/> <b>ASBESTOS CONTROL &amp;</b><br/> Telephone Number </div>                                                                 |                          |                                         |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                                |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>9-1/5/18</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                          |                                                                                                                                                                                                                                                         |                          | Street Address<br><b>200 ELM DRIVE</b>  |  |
|                                                                                                                                                                                                                                                                                                                              |  | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                         |                          | Name of Contact<br><b>ROBERT ORTEGO</b> |  |
|                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                         |                          |                                         |  |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                         |                          |                                         |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                         |                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |                          |                                         |  |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                         |                          | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                                                         |                          |                                         |  |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                         |                          | # of Floors<br><b>8</b>                                                                                                                                                                                                                                 |                          |                                         |  |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                         |                          | Bldg. Age<br><b>70</b>                                                                                                                                                                                                                                  |                          |                                         |  |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                                             |  | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                         |                          |                                         |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                         |  | ASCN No.<br><b>00098</b>                                                                                                                                                                                                                                |                          | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                                  |                          |                                         |  |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                        |  | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                             |                          |                                                                                                                                                                                                                                                         |                          |                                         |  |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                         |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                         |                          |                                         |  |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                               |  | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                    |                          | License No.<br><b>00509</b>                                                                                                                                                                                                                             |                          |                                         |  |
| Start Date (10)<br><u>12</u> / <u>4</u> / <u>17</u>                                                                                                                                                                                                                                                                          |  | Scheduled Completion Date (11)<br><u>1</u> / <u>12</u> / <u>18</u>                                                                                                                                                                                      |                          | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                               |                          |                                         |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-3:00PM</b> / <u>    </u> PM - <u>    </u> AM |  |                                                                                                                                                                                                                                                         |                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                             |                          |                                         |  |
|                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                         |                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                       |                          |                                         |  |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                         |                          |                                         |  |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf                                                                                                                                                                                                                            |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                   |                          | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                          |                                         |  |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>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                                     |  |
| TRUSTEES READING RM MEZZ.                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                     | PIPE INSULATION          |                                         |  |
| WALL OUTSIDE COTSEN LIBRARY                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/>                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                     | WATERPROOFING            |                                         |  |
| PRESERVATION ROOF                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/>                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                     | WATERPROOFING            |                                         |  |
| LEVEL 1 STAIR #4                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/>                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                     | PIPE (WRAP & CUT)        |                                         |  |
| Amount (Specify SF or LF)                                                                                                                                                                                                                                                                                                    |  | Abatement Type                                                                                                                                                                                                                                          |                          |                                                                                                                                                                                                                                                         |                          |                                         |  |
| 85 LF                                                                                                                                                                                                                                                                                                                        |  | Removal                                                                                                                                                                                                                                                 | Repair                   | Encapsulate                                                                                                                                                                                                                                             | Enclosure                |                                         |  |
|                                                                                                                                                                                                                                                                                                                              |  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                | <input type="checkbox"/> |                                         |  |
| 250 SF                                                                                                                                                                                                                                                                                                                       |  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                | <input type="checkbox"/> |                                         |  |
| 150 SF                                                                                                                                                                                                                                                                                                                       |  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                | <input type="checkbox"/> |                                         |  |
| 12 LF                                                                                                                                                                                                                                                                                                                        |  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                | <input type="checkbox"/> |                                         |  |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                      |  | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                               |                          | Cubic Yards of Waste                                                                                                                                                                                                                                    |                          |                                         |  |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                                         |  | Disposal Date                                                                                                                                                                                                                                           |                          | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>                                                                                                                                                                                                  |                          |                                         |  |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                                                                                                                                                                                                                                                                         |  | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                               |                          | Signature<br><i>Brian Scafiro</i>                                                                                                                                                                                                                       |                          |                                         |  |
|                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                         |                          | Date<br><b>1/5/18</b>                                                                                                                                                                                                                                   |                          |                                         |  |



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

Pg. 4



|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                           |                                                                                |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------|
| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                     |                                                                                                                                                                                                                                                           | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b> |                                                     |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>8-12/29/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b>                                         | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b> |
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                           | Name of Contact<br><b>ROBERT ORTEGO</b>                                        | ASBESTOS CONTROL & Telephone Number G               |

| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                                                                                                                                                                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                      |                                                                   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                             |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                   |                                                                   | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b>     |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                             |                                                                   | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                             |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                  | County Code (7) (STATE USE ONLY)                                  | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                         | ASCM No.<br><b>00098</b>                                          | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                       |                             |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                        |                                                                   | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                             |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                         |                                                                   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                             |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                               | Telephone No.<br><b>609-386-8800</b>                              | Telephone No.<br><b>215-788-6040</b>                                                                                                                                                                                         | License No.<br><b>00509</b> |
| Start Date (10)<br><u>12</u> / <u>4</u> / <u>17</u>                                                                                                                                                                                                                                                                          | Scheduled Completion Date (11)<br><u>1</u> / <u>5</u> / <u>18</u> | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                    |                             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-3:00PM</b> / <u>    </u> PM - <u>    </u> AM |                                                                   | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                             |
|                                                                                                                                                                                                                                                                                                                              |                                                                   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                             |

Scope of Work (Check all that apply)

|                                                                    |                                                |                                                                             |
|--------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)<br><u>TO BE ABATED</u><br>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<br><b>SERVICE TRANSPORT GROUP, INC.</b> | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste              | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |
| City, State<br><b>NEW CASTLE, DE</b>                                    |                                           | Disposal Date                     | City, State<br><b>WAYNESBURG, OH</b>                   |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                    | Title<br><b>ESTIMATOR</b>                 | Signature<br><i>Brian Scafiro</i> | Date<br><b>12-29-17</b>                                |

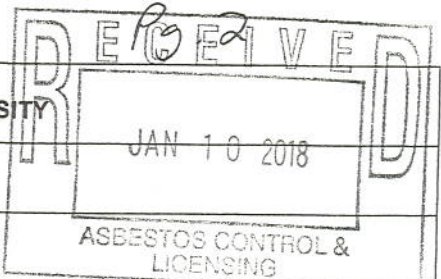


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

|                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                                              |                                                        |                                         |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                                                                                                     |                                                                       | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                                                            |                                     | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b><br/><br/> JAN 10 2018<br/><br/> <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>                                                  |                                                        |                                         |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA (NJAC 5:23-8)                                                                                      |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>8-12/29/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                     |                                                                                                                                                                                                                              |                                                        | Street Address<br><b>200 ELM DRIVE</b>  |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                    |                                                                       | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                              |                                                        | Name of Contact<br><b>ROBERT ORTEGO</b> |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                                              |                                                        | Telephone Number                        |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                                              |                                                        |                                         |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                                           |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                        |                                         |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                                           |                                     | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              |                                                        |                                         |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                           |                                     | # of Floors<br><b>8</b>                                                                                                                                                                                                      |                                                        |                                         |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                           |                                     | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                                                        |                                         |                          |                          |                          |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                   |                                                                       | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                              |                                                        |                                         |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                               |                                                                       | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                                  |                                     | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                       |                                                        |                                         |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                              |                                                                       | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                               |                                     |                                                                                                                                                                                                                              |                                                        |                                         |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                               |                                                                       | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                              |                                                        |                                         |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                     |                                                                       | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                      |                                     | License No.<br><b>00509</b>                                                                                                                                                                                                  |                                                        |                                         |                          |                          |                          |
| Start Date (10)<br><b>12 / 4 / 17</b>                                                                                                                                                                                                                                                              |                                                                       | Scheduled Completion Date (11)<br><b>1 / 5 / 18</b>                                                                                                                                                                                                       |                                     | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                    |                                                        |                                         |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-3:00PM/</b> PM- AM |                                                                       |                                                                                                                                                                                                                                                           |                                     | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                        |                                         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                           |                                     | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                        |                                         |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                                              |                                                        |                                         |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition                                                                                                               |                                                                       |                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                                              |                                                        |                                         |                          |                          |                          |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                                            |                                                                       |                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                                              |                                                        |                                         |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                            |                                                                       | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                                 |                                     | Cubic Yards of Waste                                                                                                                                                                                                         | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                                         |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                                           |                                     | Disposal Date                                                                                                                                                                                                                | City, State<br><b>WAYNESBURG, OH</b>                   |                                         |                          |                          |                          |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                                                                                                                                                                                                                                               |                                                                       | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                                 |                                     | Signature<br><i>Brian Scafiro</i>                                                                                                                                                                                            |                                                        | Date<br><b>12-29-17</b>                 |                          |                          |                          |



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



|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                   |                                                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                           |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment <b>#8-12/29/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b><br>City, State, Zip Code<br><b>PRINCETON, NJ 08544</b><br>Name of Contact<br><b>ROBERT ORTEGO</b> |  |
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | Telephone Number                                                                                                                         |  |

**FACILITY INFORMATION**

|                                                                                                         |                                 |                                                                                                                                                                                                                              |                         |
|---------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b> |                                 | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                         |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                              |                                 | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b> |
| City (5)<br><b>PRINCETON, NJ</b>                                                                        |                                 | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                         |
| County (6)<br><b>MERCER</b>                                                                             | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                         |

|                                                                                      |  |                                                   |                                                                        |                             |
|--------------------------------------------------------------------------------------|--|---------------------------------------------------|------------------------------------------------------------------------|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b> |  | ASCM No.<br><b>00098</b>                          | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                             |
| Street Address<br><b>3 TERRI LANE</b>                                                |  | Street Address<br><b>1123 BEAVER STREET</b>       |                                                                        |                             |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                 |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b> |                                                                        |                             |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                       |  | Telephone No.<br><b>609-386-8800</b>              | Telephone No.<br><b>215-788-6040</b>                                   | License No.<br><b>00509</b> |

|                                                                                                                                                                                                                                                                                                    |                                                     |                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------|--|
| Start Date (10)<br><b>12 / 4 / 17</b>                                                                                                                                                                                                                                                              | Scheduled Completion Date (11)<br><b>1 / 5 / 18</b> | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                        |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-3:00PM/ PM- AM</b> |                                                     | Street Address<br><b>1123 BEAVER STREET</b><br>City, State, Zip Code<br><b>BRISTOL, PA 19007</b> |  |

Scope of Work (Check all that apply)

|                                                                    |                                                |                                                                             |
|--------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)<br><b>TO BE ABATED</b><br>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<br><b>SERVICE TRANSPORT GROUP, INC.</b> |  | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |  |
| City, State<br><b>NEW CASTLE, DE</b>                                    |  | Disposal Date                             |                      | City, State<br><b>WAYNESBURG, OH</b>                   |  |

|                                                      |                           |                                   |                         |
|------------------------------------------------------|---------------------------|-----------------------------------|-------------------------|
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b> | Title<br><b>ESTIMATOR</b> | Signature<br><i>Brian Scafiro</i> | Date<br><b>12-29-17</b> |
|------------------------------------------------------|---------------------------|-----------------------------------|-------------------------|



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

| Date of Notification (1)<br><div style="text-align: center;">2 / 27 / 17</div>                                                                                                                                                                                                                          |                                                                       | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                                                            |                                                                        | <div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 150px;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 5px 0;">JAN 10 2018</p> <p style="font-size: 0.8em; margin: 0;">ASBESTOS CONTROL &amp; LICENSING</p> </div> |                                                        |                                         |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                        |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>8-12/29/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                        |                                                                                                                                                                                                                                                                                        |                                                        | Street Address<br><b>200 ELM DRIVE</b>  |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                         |                                                                       | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                       |                                                                        |                                                                                                                                                                                                                                                                                        |                                                        | Name of Contact<br><b>ROBERT ORTEGO</b> |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                                                                        |                                                        | Telephone Number                        |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                                                                        |                                                        |                                         |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                           |                                                                        | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                           |                                                        |                                         |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                                                                        |                                                        |                                         |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                           |                                                                        | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                                                                                        | # of Floors<br><b>8</b>                                |                                         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                                           |                                                                        | Bldg. Age<br><b>70</b>                                                                                                                                                                                                                                                                 |                                                        |                                         |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                             |                                                                       | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                          |                                                                        | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                                                   |                                                        |                                         |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                    |                                                                       | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                                                                                                                                                                                                                                                                                        |                                                        |                                         |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                   |                                                                       | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                               |                                                                        |                                                                                                                                                                                                                                                                                        |                                                        |                                         |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                    |                                                                       | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                        |                                                        |                                         |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                          |                                                                       | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                      | Telephone No.<br><b>215-788-6040</b>                                   | License No.<br><b>00509</b>                                                                                                                                                                                                                                                            |                                                        |                                         |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">12 / 4 / 17</div>                                                                                                                                                                                                                                   |                                                                       | Scheduled Completion Date (11)<br><div style="text-align: center;">1 / 5 / 18</div>                                                                                                                                                                       |                                                                        | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                                                              |                                                        |                                         |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-3:00PM/</b> ___PM-___AM |                                                                       |                                                                                                                                                                                                                                                           | Street Address<br><b>1123 BEAVER STREET</b>                            |                                                                                                                                                                                                                                                                                        |                                                        |                                         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                                           | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                      |                                                                                                                                                                                                                                                                                        |                                                        |                                         |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                                                                        |                                                        |                                         |                          |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf                                                                                                                                                                                                       |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                     |                                                                        | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                                |                                                        |                                         |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>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                |
| <b>TRUSTEES READING RM MEZZ.</b>                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>                                    | <b>PIPE INSULATION</b>                                                                                                                                                                                                                                                                 | <b>85 LF</b>                                           | <input checked="" type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>WALL OUTSIDE COTSEN LIBRARY</b>                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>                                    | <b>WATERPROOFING</b>                                                                                                                                                                                                                                                                   | <b>250 SF</b>                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>PRESERVATION ROOF</b>                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>                                    | <b>WATERPROOFING</b>                                                                                                                                                                                                                                                                   | <b>150 SF</b>                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>LEVEL 1 STAIR #4</b>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>                                    | <b>PIPE (WRAP &amp; CUT)</b>                                                                                                                                                                                                                                                           | <b>12 LF</b>                                           | <input checked="" type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                 |                                                                       | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                                 |                                                                        | Cubic Yards of Waste                                                                                                                                                                                                                                                                   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                                         |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                           |                                                                        | Disposal Date                                                                                                                                                                                                                                                                          | City, State<br><b>WAYNESBURG, OH</b>                   |                                         |                          |                          |                          |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                                                                                                                                                                                                                                                    |                                                                       | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                                 |                                                                        | Signature<br><i>Brian Scafiro</i>                                                                                                                                                                                                                                                      |                                                        | Date<br><b>12-29-17</b>                 |                          |                          |                          |



Cl # 3296

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

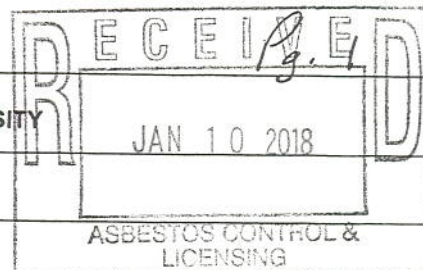
|                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                         |  |                                                        |  |                                     |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                                                                                                                 |  | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                                                           |  | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b><br/> JAN 10 2018<br/> <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>                                                                                        |  |                                                        |  |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                  |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>7-12/1/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |                                                                                                                                                                                                                                                         |  | Street Address<br><b>200 ELM DRIVE</b>                 |  |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                |  | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                         |  | Name of Contact<br><b>ROBERT ORTEGO</b>                |  |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                         |  | Telephone Number                                       |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                         |  |                                                        |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                          |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |  |                                                        |  |                                     |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                          |  | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                                                         |  |                                                        |  |                                     |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                          |  | # of Floors<br><b>8</b>                                                                                                                                                                                                                                 |  |                                                        |  |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                          |  | Bldg. Age<br><b>70</b>                                                                                                                                                                                                                                  |  |                                                        |  |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                               |  | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                         |  |                                                        |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                           |  | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                                 |  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                                  |  |                                                        |  |                                     |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                          |  | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                         |  |                                                        |  |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                           |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                         |  |                                                        |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                 |  | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                     |  | License No.<br><b>00509</b>                                                                                                                                                                                                                             |  |                                                        |  |                                     |                          |                          |                          |
| Start Date (10)<br><b>12 / 4 / 17</b>                                                                                                                                                                                                                                                                          |  | Scheduled Completion Date (11)<br><b>12 / 29 / 17</b>                                                                                                                                                                                                    |  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                               |  |                                                        |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-3:00PM</b> / ____ PM - ____ AM |  |                                                                                                                                                                                                                                                          |  | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                             |  |                                                        |  |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                          |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                       |  |                                                        |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                         |  |                                                        |  |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                              |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                    |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                                        |  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)                                                                                                                                                                                                                      |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>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                |
| 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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                        |  | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                                |  | Cubic Yards of Waste                                                                                                                                                                                                                                    |  | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |  |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                           |  | Disposal Date                                                                                                                                                                                                                                            |  | City, State<br><b>WAYNESBURG, OH</b>                                                                                                                                                                                                                    |  |                                                        |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                                                                                                                                                                                                                                                           |  | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                                |  | Signature<br><i>Brian Scafiro</i>                                                                                                                                                                                                                       |  |                                                        |  | Date<br><b>12/1/17</b>              |                          |                          |                          |

BS17024



CK # 3296

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



|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------|
| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                   |                                                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b> |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>7-12/1/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b>                                         |                  |
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                            |                  |
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | Name of Contact<br><b>ROBERT ORTEGO</b>                                        | Telephone Number |

**FACILITY INFORMATION**

|                                                                                                         |  |                                                                                                                                                                                                                              |                         |
|---------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b> |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                         |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                              |  |                                                                                                                                                                                                                              |                         |
| City (5)<br><b>PRINCETON, NJ</b>                                                                        |  | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b> |
| County (6)<br><b>MERCER</b>                                                                             |  | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                         |
| County Code (7)(STATE USE ONLY)                                                                         |  | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                         |

|                                                                                      |  |                                                   |                                                                        |                             |
|--------------------------------------------------------------------------------------|--|---------------------------------------------------|------------------------------------------------------------------------|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b> |  | ASCM No.<br><b>00098</b>                          | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                             |
| Street Address<br><b>3 TERRI LANE</b>                                                |  | Street Address<br><b>1123 BEAVER STREET</b>       |                                                                        |                             |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                 |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b> |                                                                        |                             |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                       |  | Telephone No.<br><b>609-386-8800</b>              | Telephone No.<br><b>215-788-6040</b>                                   | License No.<br><b>00509</b> |

|                                                                                                                                                                                                                                                                                                                    |                                                       |                                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|--|
| Start Date (10)<br><b>12 / 4 / 17</b>                                                                                                                                                                                                                                                                              | Scheduled Completion Date (11)<br><b>12 / 29 / 17</b> | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b> |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-3:00PM</b> / <b>PM</b> - <b>AM</b> |                                                       | Street Address<br><b>1123 BEAVER STREET</b>               |  |
|                                                                                                                                                                                                                                                                                                                    |                                                       | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>         |  |

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)<br><b>TO BE ABATED</b><br>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"/> |

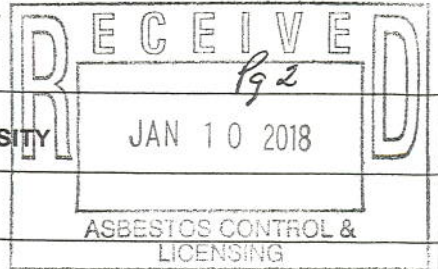
|                                                                         |                           |                                           |                      |                                                        |  |
|-------------------------------------------------------------------------|---------------------------|-------------------------------------------|----------------------|--------------------------------------------------------|--|
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |  |
| City, State<br><b>NEW CASTLE, DE</b>                                    |                           |                                           | Disposal Date        | City, State<br><b>WAYNESBURG, OH</b>                   |  |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                    | Title<br><b>ESTIMATOR</b> | Signature<br><i>Brian Scafiro / jf</i>    |                      | Date<br><b>12/1/17</b>                                 |  |

**B517024**



Cl# 3296

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



|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------|
| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                   |                                                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b> |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>7-12/1/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b>                                         |                  |
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                            |                  |
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | Name of Contact<br><b>ROBERT ORTEGO</b>                                        | Telephone Number |

**FACILITY INFORMATION**

|                                                                                                         |                                 |                                                                                                                                                                                                                              |                         |
|---------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b> |                                 | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                         |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                              |                                 |                                                                                                                                                                                                                              |                         |
| City (5)<br><b>PRINCETON, NJ</b>                                                                        |                                 | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b> |
|                                                                                                         |                                 | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                         |
| County (6)<br><b>MERCER</b>                                                                             | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                         |

|                                                                                      |  |                                                   |                                                                        |                             |
|--------------------------------------------------------------------------------------|--|---------------------------------------------------|------------------------------------------------------------------------|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b> |  | ASCM No.<br><b>00098</b>                          | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                             |
| Street Address<br><b>3 TERRI LANE</b>                                                |  | Street Address<br><b>1123 BEAVER STREET</b>       |                                                                        |                             |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                 |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b> |                                                                        |                             |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                       |  | Telephone No.<br><b>609-386-8800</b>              | Telephone No.<br><b>215-788-6040</b>                                   | License No.<br><b>00509</b> |

|                                                                                                                                                                                                                                                                                                               |                                                       |                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|--|
| Start Date (10)<br><b>12 / 4 / 17</b>                                                                                                                                                                                                                                                                         | Scheduled Completion Date (11)<br><b>12 / 29 / 17</b> | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b> |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-3:00PM</b> / ____ PM- ____ AM |                                                       | Street Address<br><b>1123 BEAVER STREET</b>               |  |
|                                                                                                                                                                                                                                                                                                               |                                                       | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>         |  |

Scope of Work (Check all that apply)

|                                                                    |                                                |                                                                             |
|--------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)<br><u>TO BE ABATED</u><br>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<br><b>SERVICE TRANSPORT GROUP, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |  |
| City, State<br><b>NEW CASTLE, DE</b>                                    |                           |                                           | Disposal Date        | City, State<br><b>WAYNESBURG, OH</b>                   |  |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                    | Title<br><b>ESTIMATOR</b> | Signature<br><i>Brian Scafiro / jl</i>    |                      | Date<br><b>12/1/17</b>                                 |  |



CL# 3296

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

| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                                                                                                                 |                                                                       | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                                                           |                                     | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b><br/> JAN 10 2018<br/> ASBESTOS CONTROL &amp; LICENSING </div>                                                                                               |                                                        |                                                                                                                                          |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                  |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>7-12/1/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                     |                                                                                                                                                                                                                                                         |                                                        | Street Address<br><b>200 ELM DRIVE</b><br>City, State, Zip Code<br><b>PRINCETON, NJ 08544</b><br>Name of Contact<br><b>ROBERT ORTEGO</b> |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                         |                                                        | Telephone Number                                                                                                                         |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                         |                                                        |                                                                                                                                          |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                          |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |                                                        |                                                                                                                                          |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                          |                                     | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                                                         |                                                        |                                                                                                                                          |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                                          |                                     | # of Floors<br><b>8</b>                                                                                                                                                                                                                                 |                                                        |                                                                                                                                          |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                          |                                     | Bldg. Age<br><b>70</b>                                                                                                                                                                                                                                  |                                                        |                                                                                                                                          |                          |                          |                          |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                               |                                                                       | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                         |                                                        |                                                                                                                                          |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                           |                                                                       | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                                 |                                     | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                                  |                                                        |                                                                                                                                          |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                          |                                                                       | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                         |                                                        |                                                                                                                                          |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                           |                                                                       | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                         |                                                        |                                                                                                                                          |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                 |                                                                       | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                     |                                     | License No.<br><b>00509</b>                                                                                                                                                                                                                             |                                                        |                                                                                                                                          |                          |                          |                          |
| Start Date (10)<br><b>12 / 4 / 17</b>                                                                                                                                                                                                                                                                          |                                                                       | Scheduled Completion Date (11)<br><b>12 / 29 / 17</b>                                                                                                                                                                                                    |                                     | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                               |                                                        |                                                                                                                                          |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-3:00PM</b> / ____ PM - ____ AM |                                                                       |                                                                                                                                                                                                                                                          |                                     | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                             |                                                        |                                                                                                                                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                          |                                     | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                       |                                                        |                                                                                                                                          |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                         |                                                        |                                                                                                                                          |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                              |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                    |                                     | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                        |                                                                       | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                                |                                     | Cubic Yards of Waste                                                                                                                                                                                                                                    | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                                                                                                                                          |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                          |                                     | Disposal Date                                                                                                                                                                                                                                           | City, State<br><b>WAYNESBURG, OH</b>                   |                                                                                                                                          |                          |                          |                          |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                                                                                                                                                                                                                                                           |                                                                       | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                                |                                     | Signature<br><i>Brian Scafiro / jh</i>                                                                                                                                                                                                                  |                                                        | Date<br><b>12/1/17</b>                                                                                                                   |                          |                          |                          |

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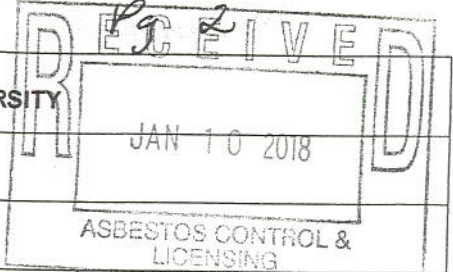
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                           | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                          | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>6-10/11/17</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b><br>City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                                                                    |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           | Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                                                                                                                                          | Telephone Number                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                           | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                                     |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                           | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                                                                                                                                                  | # of Floors<br><b>8</b>                                                |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                           | Bldg. Age<br><b>70</b>                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                               | County Code (7)(STATE USE ONLY)                                                                                                                                                                                                                           | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                                                                                                             |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                           | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                                                                                                                         | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                           | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                           | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                                                                                                             | License No.<br><b>00509</b>                                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>3</u> / <u>13</u> / <u>17</u>                                                                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br><u>10</u> / <u>13</u> / <u>17</u>                                                                                                                                                                                       | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                                                                                                                        |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>6:00AM-2:30PM</u> PM- AM<br><b>* OFF SITE + ON HOLD 10/14/17</b> |                                                                                                                                                                                                                                                           | Street Address<br><b>1123 BEAVER STREET</b><br>City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                           | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                                                                                                                        | Cubic Yards of Waste                                                   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>                                                                       |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                  | Disposal Date                                                          | City, State<br><b>WAYNESBURG, OH</b>                                                                                         |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                           | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                                                                                                                        | Signature<br><i>Brian Scafiro</i>                                      |                                                                                                                              |                           | Date<br><u>10/11/17</u>             |                          |                          |                          |



ck # 3280

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



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

**FACILITY INFORMATION**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                                                                                                                                                                                                              |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                             |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b>     |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                             |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | County Code (7) (STATE USE ONLY)                      | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                          | ASCM No.<br><b>00098</b>                              | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                       |                             |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                             |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                             |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                | Telephone No.<br><b>609-386-8800</b>                  | Telephone No.<br><b>215-788-6040</b>                                                                                                                                                                                         | License No.<br><b>00509</b> |
| Start Date (10)<br><b>3 / 13 / 17</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Scheduled Completion Date (11)<br><b>10 / 13 / 17</b> | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                    |                             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-2:30PM</b> PM- AM<br><b>OFF SITE &amp; ON HOLD 10/14/17</b>                                                                                                                                                   |                                                       | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                             |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                       | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                             |

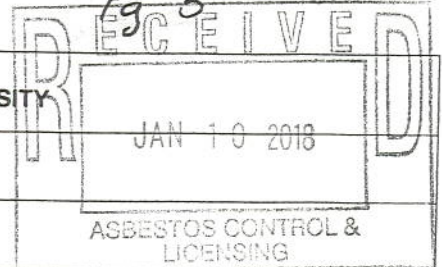
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(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<br><b>SERVICE TRANSPORT GROUP, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |  |
| City, State<br><b>NEW CASTLE, DE</b>                                    |                           |                                           | Disposal Date        | City, State<br><b>WAYNESBURG, OH</b>                   |  |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                    | Title<br><b>ESTIMATOR</b> | Signature<br><i>Brian Scafiro</i>         |                      | Date<br><b>10/11/17</b>                                |  |



CL# 3280

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



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

**FACILITY INFORMATION**

|                                                                                                         |                                 |                                                                                                                                                                                                                              |                         |
|---------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b> |                                 | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                         |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                              |                                 | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b> |
| City (5)<br><b>PRINCETON, NJ</b>                                                                        |                                 | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                         |
| County (6)<br><b>MERCER</b>                                                                             | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                         |

|                                                                                      |                                      |                                                                        |                             |
|--------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b> | ASCM No.<br><b>00098</b>             | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                             |
| Street Address<br><b>3 TERRI LANE</b>                                                |                                      | Street Address<br><b>1123 BEAVER STREET</b>                            |                             |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                 |                                      | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                      |                             |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                       | Telephone No.<br><b>609-386-8800</b> | Telephone No.<br><b>215-788-6040</b>                                   | License No.<br><b>00509</b> |

|                                                     |                                                                     |                                                           |
|-----------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|
| Start Date (10)<br><u>3</u> / <u>13</u> / <u>17</u> | Scheduled Completion Date (11)<br><u>10</u> / <u>13</u> / <u>17</u> | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b> |
|-----------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                           |                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>6:00AM-2:30PM</u> <u>10/14/17</u> <u>OFF SITE</u> <u>ON HOLD</u> | Street Address<br><b>1123 BEAVER STREET</b>       |
|                                                                                                                                                                                                                                                                                                                                           | City, State, Zip Code<br><b>BRISTOL, PA 19007</b> |

|                                         |                                                        |                                                                     |                                                                             |
|-----------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 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 checked="" type="checkbox"/> Full Containment with Negative Pressure |
|                                         | <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                |
| 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<br><b>SERVICE TRANSPORT GROUP, INC.</b> | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste              | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |
| City, State<br><b>NEW CASTLE, DE</b>                                    |                                           | Disposal Date                     | City, State<br><b>WAYNESBURG, OH</b>                   |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                    | Title<br><b>ESTIMATOR</b>                 | Signature<br><i>Brian Scafiro</i> | Date<br><u>10/11/17</u>                                |



Cl # 3296

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

|                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                         |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                                                          |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>7-12/1/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b>                                                                                                                                                                                                                  |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                     |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                          | Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                                                 | Telephone Number                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                         |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                         |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                                                         | # of Floors<br><b>8</b>                                                |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                        | Bldg. Age<br><b>70</b>                                                 |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                                | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                             |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                       |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                    | License No.<br><b>00509</b>                                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>12 / 4 / 17</b>                                                                                                                                                                                                                                                                              | Scheduled Completion Date (11)<br><b>12 / 29 / 17</b>                                                                                                                                                                                                    | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                               |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-3:00PM</b> / <b>PM</b> - <b>AM</b> |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                             |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                       |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                         |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                               | Cubic Yards of Waste                                                   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>                                                                       |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          | Disposal Date                                                                                                                                                                                                                                           |                                                                        | City, State<br><b>WAYNESBURG, OH</b>                                                                                         |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                               |                                                                        | Signature<br><i>Brian Scafiro</i>                                                                                            |                           | Date<br><b>12/1/17</b>              |                          |                          |                          |

BS17024



Ck # 3296

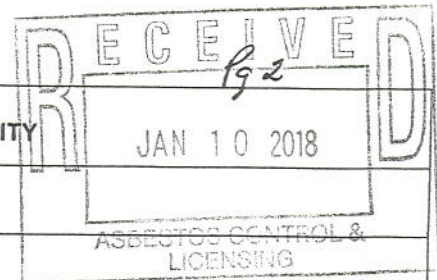
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                              |                                                        |                                         |                                     |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                                                                                                                                                                                  |  | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                                                        |                          | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b><br/> JAN 10 2018<br/> <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>                                                             |                                                        |                                         |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                                                                                   |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment # <b>7-12/1/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                          |                                                                                                                                                                                                                              |                                                        | Street Address<br><b>200 ELM DRIVE</b>  |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                 |  | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                   |                          |                                                                                                                                                                                                                              |                                                        | Name of Contact<br><b>ROBERT ORTEGO</b> |                                     |                          |                          |                          |
| Telephone Number                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                              |                                                        |                                         |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                              |                                                        |                                         |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                       |                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                        |                                         |                                     |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                       |                          | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              |                                                        |                                         |                                     |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                       |                          | # of Floors<br><b>8</b>                                                                                                                                                                                                      |                                                        |                                         |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                       |                          | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                                                        |                                         |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                |  | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                  |                          |                                                                                                                                                                                                                              |                                                        |                                         |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                                                                            |  | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                              |                          | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                       |                                                        |                                         |                                     |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                                                                           |  | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                           |                          |                                                                                                                                                                                                                              |                                                        |                                         |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                                                                            |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                     |                          |                                                                                                                                                                                                                              |                                                        |                                         |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                                                                  |  | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                  |                          | License No.<br><b>00509</b>                                                                                                                                                                                                  |                                                        |                                         |                                     |                          |                          |                          |
| Start Date (10)<br><b>12 / 4 / 17</b>                                                                                                                                                                                                                                                                                                                                           |  | Scheduled Completion Date (11)<br><b>12 / 29 / 17</b>                                                                                                                                                                                                 |                          | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                    |                                                        |                                         |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-3:00PM</b> / ____ PM- ____ AM                                                                   |  |                                                                                                                                                                                                                                                       |                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                        |                                         |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                       |                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                        |                                         |                                     |                          |                          |                          |
| 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<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                              |                                                        |                                         |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN Facility (13)</b>                                                                                                                                                                                                                                                                                          |  | 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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                                                                         |  | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                             |                          | Cubic Yards of Waste                                                                                                                                                                                                         | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                                         |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                       |                          | Disposal Date                                                                                                                                                                                                                | City, State<br><b>WAYNESBURG, OH</b>                   |                                         |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                                                                                                                                                                                                                                                                                                                            |  | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                             |                          | Signature<br><i>Brian Scafiro / jl</i>                                                                                                                                                                                       |                                                        | Date<br><b>12/1/17</b>                  |                                     |                          |                          |                          |



CL# 3296

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



| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                               |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                                                                                | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>7-12/1/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b>                                                                                                                                                                                       |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                          |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          | Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                      |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                          | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b>                                                |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | County Code (7)(STATE USE ONLY)                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          | ASCM No.<br><b>00098</b>                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                         | License No.<br><b>00509</b>                                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>12 / 4 / 17</b>                                                                                                                                                                                                                                                                                                                                                                                                           | Scheduled Completion Date (11)<br><b>12 / 29 / 17</b>                                                                                                                                                                                                    |                                                                                                                                                                                                                              | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>              |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-3:00PM</b> / <b>PM</b> - <b>AM</b>                                                                                                                              |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                    | Cubic Yards of Waste                                                   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>                                                                       |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | Disposal Date                                                          | City, State<br><b>WAYNESBURG, OH</b>                                                                                         |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                    | Signature<br><i>Brian Scafiro / jl</i>                                 |                                                                                                                              |                           | Date<br><b>12/1/17</b>              |                          |                          |                          |



CL# 3296

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



|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |                                                                                |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------|
| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                     |                                                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b> |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>7-12/1/17</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b>                                         |                  |
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                            |                  |
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | Name of Contact<br><b>ROBERT ORTEGO</b>                                        | Telephone Number |

**FACILITY INFORMATION**

|                                                                                                         |                                  |                                                                                                                                                                                                                              |                         |
|---------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b> |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                         |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                              |                                  |                                                                                                                                                                                                                              |                         |
| City (5)<br><b>PRINCETON, NJ</b>                                                                        |                                  | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b> |
|                                                                                                         |                                  | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                         |
| County (6)<br><b>MERCER</b>                                                                             | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                         |

|                                                                                      |  |                                                   |                                                                        |                             |
|--------------------------------------------------------------------------------------|--|---------------------------------------------------|------------------------------------------------------------------------|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b> |  | ASCM No.<br><b>00098</b>                          | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                             |
| Street Address<br><b>3 TERRI LANE</b>                                                |  | Street Address<br><b>1123 BEAVER STREET</b>       |                                                                        |                             |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                 |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b> |                                                                        |                             |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                       |  | Telephone No.<br><b>609-386-8800</b>              | Telephone No.<br><b>215-788-6040</b>                                   | License No.<br><b>00509</b> |

|                                                     |                                                                     |                                                           |
|-----------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|
| Start Date (10)<br><u>12</u> / <u>4</u> / <u>17</u> | Scheduled Completion Date (11)<br><u>12</u> / <u>29</u> / <u>17</u> | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b> |
|-----------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                |  |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>6:00AM-3:00PM</u> / ____ PM - ____ AM |  | Street Address<br><b>1123 BEAVER STREET</b>       |
|                                                                                                                                                                                                                                                                                                                |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b> |

|                                                                    |                                                |                                                                             |  |
|--------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------|--|
| Scope of Work (Check all that apply)                               |                                                |                                                                             |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |  |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)<br><u>TO BE ABATED</u><br>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<br><b>SERVICE TRANSPORT GROUP, INC.</b> |  | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |  |
| City, State<br><b>NEW CASTLE, DE</b>                                    |  | Disposal Date                             |                      | City, State<br><b>WAYNESBURG, OH</b>                   |  |

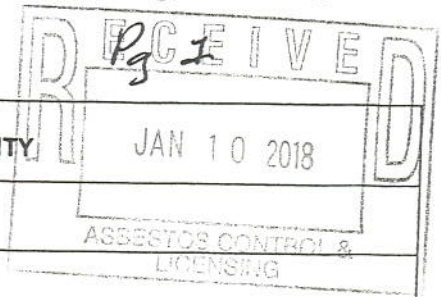
|                                                      |                           |                                   |                        |
|------------------------------------------------------|---------------------------|-----------------------------------|------------------------|
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b> | Title<br><b>ESTIMATOR</b> | Signature<br><i>Brian Scafiro</i> | Date<br><u>12/1/17</u> |
|------------------------------------------------------|---------------------------|-----------------------------------|------------------------|

*B 5170 24*



CL# 3280

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



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

**FACILITY INFORMATION**

|                                                                                                         |                                  |                                                                                                                                                                                                                              |                         |
|---------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b> |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                         |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                              |                                  |                                                                                                                                                                                                                              |                         |
| City (5)<br><b>PRINCETON, NJ</b>                                                                        |                                  | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b> |
|                                                                                                         |                                  | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                         |
| County (6)<br><b>MERCER</b>                                                                             | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                         |

|                                                                                      |  |                                                   |                                                                        |                             |
|--------------------------------------------------------------------------------------|--|---------------------------------------------------|------------------------------------------------------------------------|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b> |  | ASCM No.<br><b>00098</b>                          | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                             |
| Street Address<br><b>3 TERRI LANE</b>                                                |  | Street Address<br><b>1123 BEAVER STREET</b>       |                                                                        |                             |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                 |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b> |                                                                        |                             |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                       |  | Telephone No.<br><b>609-386-8800</b>              | Telephone No.<br><b>215-788-6040</b>                                   | License No.<br><b>00509</b> |

|                                                     |                                                                     |                                                           |
|-----------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|
| Start Date (10)<br><u>3</u> / <u>13</u> / <u>17</u> | Scheduled Completion Date (11)<br><u>10</u> / <u>13</u> / <u>17</u> | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b> |
|-----------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--|
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>6:00AM-2:30PM</u> PM- AM<br><b>* OFF SITE + ON HOLD 10/14/17</b> |  | Street Address<br><b>1123 BEAVER STREET</b><br>City, State, Zip Code<br><b>BRISTOL, PA 19007</b> |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--|

|                                                                                                                                           |  |                                                                                       |                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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<br><b>SERVICE TRANSPORT GROUP, INC.</b> |  | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |  |
| City, State<br><b>NEW CASTLE, DE</b>                                    |  |                                           | Disposal Date        | City, State<br><b>WAYNESBURG, OH</b>                   |  |

|                                                      |                           |                                   |                         |
|------------------------------------------------------|---------------------------|-----------------------------------|-------------------------|
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b> | Title<br><b>ESTIMATOR</b> | Signature<br><i>Brian Scafiro</i> | Date<br><u>10/11/17</u> |
|------------------------------------------------------|---------------------------|-----------------------------------|-------------------------|



RECEIVED  
Pg 2  
JAN 10 2018  
ASST. DIR. OF CORRECTIONS  
DEPT. OF CORRECTIONS  
STATE OF TEXAS

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

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  
 1123 BEAVER STREET

City, State, Zip Code  
 BRISTOL, PA 19007

Project Manager for Monitoring Firm  
 MICHAEL R. KEEHN

Telephone No.  
 608-386-8800

Telephone No.  
 215-788-6040

License No.  
 00508

Date (10)  
 3 / 13 / 17

Scheduled Completion Date (11)  
 8 / 1 / 17

Abatement Status During Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe  
 Date of Abatement: 4:00AM-12:30PM / PM- AM

Type of Work (Check all that apply)  
☒ 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                |
| 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"/> |
| 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"/> |
| 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  
 TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.  
 20990

Cubic Yards of Waste

Name of Registered Landfill  
 MINERVA LANDFILL

Disposal Date

City, State  
 WAYNESBURG, OH

Title  
 ESTIMATOR

Signature  
 [Signature]

Date  
 12/13/17



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 8:16)

Ch # 3/65 Pg. 1

|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                              |                                                        |                                     |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>2 / 27 / 17                                                                                                                                                                                                                                                                                                                                         |  |                                                                                       | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                                     |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA 2298<br><input checked="" type="checkbox"/> DOLWD 2250<br><input checked="" type="checkbox"/> DOK 2267<br><input checked="" type="checkbox"/> DCA 2274 (NJAC 5:23-6)                                                                                                                                               |  |                                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Street Address<br><b>200 ELM DRIVE</b><br>City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                                                                                                   |  |                                                                                       | Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                            |                                                                                                                              |                                                        |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                       | Telephone Number                                                                                                                                                                                                                   |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                                                                         |  |                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b><br>City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                  |  |                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 6 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)       |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                                                                     |  | County Code (7) (STATE USE ONLY)                                                      |                                                                                                                                                                                                                                    | Square Feet<br>1,000,000                                                                                                     | # of Floors<br>8                                       |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                       |                                                                                                                                                                                                                                    | Bldg. Age<br>70                                                                                                              |                                                        |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                                                                            |  |                                                                                       | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                               |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| ASCN No.<br>00098                                                                                                                                                                                                                                                                                                                                                               |  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                |                                                                                                                                                                                                                                    |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Street Address<br><b>TERRI LANE</b>                                                                                                                                                                                                                                                                                                                                             |  | Street Address<br><b>1123 BEAVER STREET</b>                                           |                                                                                                                                                                                                                                    |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>URLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                                                                             |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                     |                                                                                                                                                                                                                                    |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Contact Manager for Monitoring Firm<br><b>CHAEEL R. KEEHR</b>                                                                                                                                                                                                                                                                                                                   |  | Telephone No.<br>609-386-8800                                                         |                                                                                                                                                                                                                                    | Telephone No.<br>215-756-6040                                                                                                |                                                        |                                     |                          |                          |                          |
| Date (10)<br>3 / 13 / 17                                                                                                                                                                                                                                                                                                                                                        |  | Scheduled Completion Date (11)<br>8 / 1 / 17                                          |                                                                                                                                                                                                                                    | License No.<br>00508                                                                                                         |                                                        |                                     |                          |                          |                          |
| Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                                                                                                                                                       |  |                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Facility Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe of Abatement: <b>7:00AM-3:30PM / PM- AM</b>                                                                                      |  |                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                                                                                                                                                     |  |                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                                                                                                                                               |  |                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                              |                                                        |                                     |                          |                          |                          |
| Work (Check all that apply)<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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)<br>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                |
| 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"/> |
| 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"/> |
| LEVELS C & B                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                    | Packed fittings on fiberglass                                                                                                | 255 EA                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| Approved Waste Hauler<br><b>TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                           |  | NJDEP Waste Hauler ID No.<br>20880                                                    |                                                                                                                                                                                                                                    | Cubic Yards of Waste                                                                                                         | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                                     |                          |                          |                          |
| City, State                                                                                                                                                                                                                                                                                                                                                                     |  | Disposal Date                                                                         |                                                                                                                                                                                                                                    | City, State<br><b>WAYNESBURG, OH</b>                                                                                         |                                                        |                                     |                          |                          |                          |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                 |  | Title<br><b>ESTIMATOR</b>                                                             |                                                                                                                                                                                                                                    | Signature<br><i>[Signature]</i>                                                                                              |                                                        | Date<br><i>[Date]</i>               |                          |                          |                          |



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 8:26)

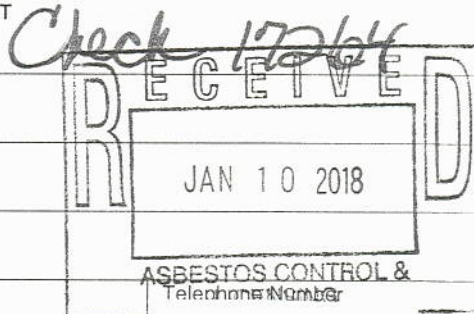
CR# 3165 Pg. 1

|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                                                                                                                                                                                    |  | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                                      |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br><b>200 ELM DRIVE</b>                                                                                                                                                                                                                                                                                                                                          |  | City, State, Zip Code<br><b>PRINCETON, NJ 08546</b>                                                                                                                                                                                 |  |
| Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                                                                                                                                                                         |  | Telephone Number<br>_____                                                                                                                                                                                                           |  |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                     |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                     |  |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                                                                      |  | Type of facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter B (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)        |  |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                                                                |  | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                                     |  |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                                                                     |  | # of Floors<br><b>8</b>                                                                                                                                                                                                             |  |
| County Code (7) (STATE USE ONLY)<br>_____                                                                                                                                                                                                                                                                                                                                       |  | Bldg. Age<br><b>70</b>                                                                                                                                                                                                              |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                                                                            |  | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                |  |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                                                                           |  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                              |  |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                                                                            |  | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                         |  |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                                                                  |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                   |  |
| Telephone No.<br><b>609-386-5500</b>                                                                                                                                                                                                                                                                                                                                            |  | Telephone No.<br><b>215-785-6040</b>                                                                                                                                                                                                |  |
| Date (10)<br><u>3</u> / <u>13</u> / <u>17</u>                                                                                                                                                                                                                                                                                                                                   |  | License No.<br><b>00509</b>                                                                                                                                                                                                         |  |
| Scheduled Completion Date (11)<br><u>8</u> / <u>1</u> / <u>17</u>                                                                                                                                                                                                                                                                                                               |  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                           |  |
| Agency Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>of Abatement: <b>7:00AM-3:30PM</b> PM- AM                                                                                       |  | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                         |  |
| Work (Check all that apply)<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                   |  |
| 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                                                                                                                                                                                                                          |  |
| LEVEL 1                                                                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                                                                               |  |
| LEVEL 1                                                                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                                                                               |  |
| LEVEL 1                                                                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                          |  |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                                                                                                                                    |  | Amount (Specify SF or LF)                                                                                                                                                                                                           |  |
| ACOUSTICAL CEILING PLASTER                                                                                                                                                                                                                                                                                                                                                      |  | 6075 SF                                                                                                                                                                                                                             |  |
| PIPE INSULATION                                                                                                                                                                                                                                                                                                                                                                 |  | 200 LF                                                                                                                                                                                                                              |  |
| SPLINE CEILING TILES                                                                                                                                                                                                                                                                                                                                                            |  | 4050 SF                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                     |  |
| Abatement Type                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                     |  |
| Removal Repair Encapsulate Enclosure                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                     |  |
| Name of Registered Landfill<br><b>MINERVA LANDFILL</b>                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                     |  |
| City, State<br><b>WAYNESBURG, OH</b>                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                     |  |
| Disposal Date                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                     |  |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                 |  | Date<br><u>1</u> / <u>1</u> / <u>17</u>                                                                                                                                                                                             |  |
| Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                     |  |
| Name of Waste Hauler<br><b>TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                            |  | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                           |  |
| Cubic Yards of Waste                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                     |  |



**PAID**

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



|                                                                                                                                                                                        |                                                                                                                                                                                                               |                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--|
| Date of Notification (1)<br>1/5/18                                                                                                                                                     |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>Donnelly Construction |  |
| Agencies Notified                                                                                                                                                                      | Type Notification                                                                                                                                                                                             | Street Address<br>557 Route 23 South                         |  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Wayne, NJ 07470                     |  |
|                                                                                                                                                                                        |                                                                                                                                                                                                               | Name of Contact<br>Dan Stempert                              |  |

| FACILITY INFORMATION                                                                                                                                                                                                                                                                     |                                           |                                                                                                                                                                                                                           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Baltusrol Golf Club                                                                                                                                                                                                              |                                           | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                     |
| Street Address<br>201 Shunpike Road                                                                                                                                                                                                                                                      |                                           | Square Feet<br>3100                                                                                                                                                                                                       | # of Floors<br>2                                                    |
| City (5)<br>Springfield                                                                                                                                                                                                                                                                  |                                           | Bldg. Age<br>70                                                                                                                                                                                                           |                                                                     |
| County (6)<br>Union                                                                                                                                                                                                                                                                      | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)<br>golf club                                                                                                                                                                      |                                                                     |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                      |                                           | ASCM No.                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |
| Street Address                                                                                                                                                                                                                                                                           |                                           | Street Address<br>PO Box 483, 4 E Gate Drive                                                                                                                                                                              |                                                                     |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                           | City, State, Zip Code<br>Glenwood, NJ 07418                                                                                                                                                                               |                                                                     |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                           | Telephone No.                                                                                                                                                                                                             | Telephone No.<br>973-764-2276                                       |
|                                                                                                                                                                                                                                                                                          |                                           | License No.<br>703                                                                                                                                                                                                        |                                                                     |
| Start Date (10)<br>1/8/18                                                                                                                                                                                                                                                                | Scheduled Completion Date (11)<br>1/30/18 | Name of OSHA Monitor                                                                                                                                                                                                      |                                                                     |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other – Describe: _____ |                                           | Street Address                                                                                                                                                                                                            |                                                                     |
|                                                                                                                                                                                                                                                                                          |                                           | City, State, Zip Code                                                                                                                                                                                                     |                                                                     |

Scope of Work (Check All That Apply)

|                                                        |                                                |                                                                     |
|--------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> ≥3 sf or ≥3 If                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 If | <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 |

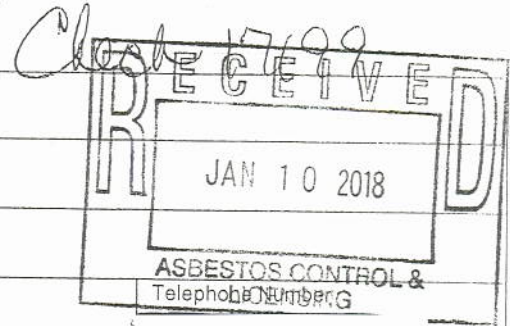
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----|-----|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
|                                                                                           | Yes                                                                   | No | N/A |                                                                                                                                |                           | Removal        | Repair | Encapsulate | Enclosure |
| Attic                                                                                     |                                                                       |    | x   | pipe fittings                                                                                                                  | 30                        | x              |        |             |           |
| Attic - metal ductwork                                                                    |                                                                       |    | x   | glue dots                                                                                                                      | 50                        | x              |        |             |           |
|                                                                                           |                                                                       |    |     |                                                                                                                                |                           |                |        |             |           |
|                                                                                           |                                                                       |    |     |                                                                                                                                |                           |                |        |             |           |


  

|                                                     |  |                                    |                             |                                                       |                |
|-----------------------------------------------------|--|------------------------------------|-----------------------------|-------------------------------------------------------|----------------|
| Name of Registered Waste Hauler<br>Freehold Cartage |  | NJDEP Waste Hauler ID No.<br>15939 | Cubic Yards of Waste<br>TBD | Name of Registered Landfill<br>Western Berks Landfill |                |
| City, State<br>Freehold, NJ                         |  | Disposal Date<br>TBD               |                             | City, State<br>Birdsboro, PA                          |                |
| Completed by<br>A. Scott Higgins                    |  | Title<br>President                 | Signature<br>               |                                                       | Date<br>1/5/18 |



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



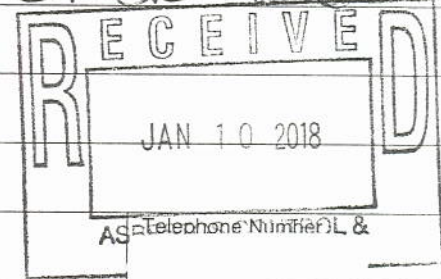
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>12/14/17                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>Donnelly Construction                                                                                                                                                                                 |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                        | Type Notification                                                                                                                                                                                             | Street Address<br>557 Route 23 South                                                                                                                                                                                                         |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Wayne, NJ 07470                                                                                                                                                                                                     |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | Name of Contact<br>Dan Stempert                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Baltusrol Golf Club                                                                                                                                                                                                              |                                                                                                                                                                                                               | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
| Street Address<br>201 Shunpike Road                                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | Square Feet<br>3100                                                                                                                                                                                                                          | # of Floors<br>2                                                                                  |                                                                                                                             |                           |                  |        |             |           |
| City (5)<br>Springfield                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               | Bldg. Age<br>70                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
| County (6)<br>Union                                                                                                                                                                                                                                                                      | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                     | Current Use (Prior if being demolished)<br>office building                                                                                                                                                                                   |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | ASCM No.                                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC                               |                                                                                                                             |                           |                  |        |             |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                               | Street Address<br>PO Box 483, 4 E Gate Drive                                                                                                                                                                                                 |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                               | City, State, Zip Code<br>Glenwood, NJ 07418                                                                                                                                                                                                  |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | Telephone No.                                                                                                                                                                                                                                | License No.<br>703                                                                                |                                                                                                                             |                           |                  |        |             |           |
| Start Date (10)<br>1/2/18                                                                                                                                                                                                                                                                | Scheduled Completion Date (11)<br>1/26/18                                                                                                                                                                     | Name of OSHA Monitor                                                                                                                                                                                                                         |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                               | Street Address                                                                                                                                                                                                                               |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | City, State, Zip Code                                                                                                                                                                                                                        |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                                                                |                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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 |
| Attic                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              | X                                                                                                 | pipe fittings                                                                                                               | 30                        | X                |        |             |           |
| Attic - metal ductwork                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                   | glue dots                                                                                                                   | 50                        | X                |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                             |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>15939                                                                                                                                                                                                           | Cubic Yards of Waste<br>TBD                                                                       | Name of Registered Landfill<br>Western Berks Landfill                                                                       |                           |                  |        |             |           |
| City, State<br>Freehold, NJ                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               | Disposal Date<br>TBD                                                                                                                                                                                                                         |                                                                                                   | City, State<br>Birdsboro, PA                                                                                                |                           |                  |        |             |           |
| Completed by<br>A. Scott Higgins                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               | Title<br>President                                                                                                                                                                                                                           | Signature<br> |                                                                                                                             |                           | Date<br>12/14/17 |        |             |           |



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

**PAID**

Check 17263

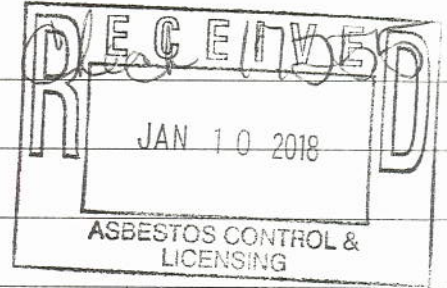


| Date of Notification (1)<br>1/4/18                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>Arlene Morris                                                                                                                                                                                         |                                                                     |                                                                                                                             |                           |                |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified                                                                                                                                                                                                                                                                        | Type Notification                                                                                                                                                                                             | Street Address<br>[REDACTED]                                                                                                                                                                                                                 |                                                                     |                                                                                                                             |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                        | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Perth Amboy, NJ                                                                                                                                                                                                     |                                                                     |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | Name of Contact<br>Raphael Rodriguez                                                                                                                                                                                                         |                                                                     |                                                                                                                             |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                     |                                                                                                                             |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>house                                                                                                                                                                                                                            |                                                                                                                                                                                                               | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                                     |                                                                                                                             |                           |                |        |             |           |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                             |                                                                                                                                                                                                               | Square Feet<br>2100                                                                                                                                                                                                                          | # of Floors<br>2                                                    |                                                                                                                             |                           |                |        |             |           |
| City (5)<br>Perth Amboy                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               | Bldg. Age<br>70                                                                                                                                                                                                                              |                                                                     |                                                                                                                             |                           |                |        |             |           |
| County (6)<br>Middlesex                                                                                                                                                                                                                                                                  | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                     | Current Use (Prior if being demolished)<br>house                                                                                                                                                                                             |                                                                     |                                                                                                                             |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | ASCM No.                                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |                                                                                                                             |                           |                |        |             |           |
| Street Address                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                               | Street Address<br>PO Box 483, 4 E Gate Drive                                                                                                                                                                                                 |                                                                     |                                                                                                                             |                           |                |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                               | City, State, Zip Code<br>Glenwood, NJ 07418                                                                                                                                                                                                  |                                                                     |                                                                                                                             |                           |                |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      | Telephone No.                                                                                                                                                                                                 | Telephone No.<br>973-764-2276                                                                                                                                                                                                                | License No.<br>703                                                  |                                                                                                                             |                           |                |        |             |           |
| Start Date (10)<br>1/13/18                                                                                                                                                                                                                                                               | Scheduled Completion Date (11)<br>1/27/18                                                                                                                                                                     | Name of OSHA Monitor                                                                                                                                                                                                                         |                                                                     |                                                                                                                             |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: _____ |                                                                                                                                                                                                               | Street Address                                                                                                                                                                                                                               |                                                                     |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | City, State, Zip Code                                                                                                                                                                                                                        |                                                                     |                                                                                                                             |                           |                |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                     |                                                                                                                             |                           |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                                     |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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                                                                   | pipe insulation                                                                                                             | 102 LF                    | X              |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                     |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                     |                                                                                                                             |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                     |                                                                                                                             |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>15959                                                                                                                                                                                                           | Cubic Yards of Waste<br>TBD                                         | Name of Registered Landfill<br>Western Berks Landfill                                                                       |                           |                |        |             |           |
| City, State<br>Freehold, NJ                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              | Disposal Date<br>TBD                                                | City, State<br>Birdsboro, PA                                                                                                |                           |                |        |             |           |
| Completed by<br>A Scott Higgins                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | Title<br>President                                                                                                                                                                                                                           | Signature<br>                                                       | Date<br>1/4/18                                                                                                              |                           |                |        |             |           |



**PAID**

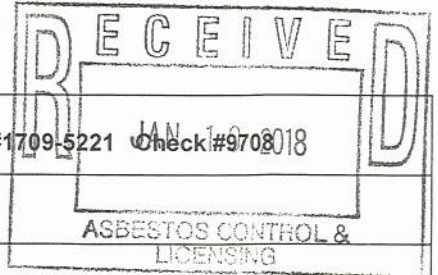
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                     |                                                                                                                                |                           |                |        |             |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>1/2/18                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br>New Street Area Development                                                                                                                                |                                                                     |                                                                                                                                |                           |                |        |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                   | Type Notification                                                                                                                                                                                                        | Street Address<br>PO Box 688                                                                                                                                                                      |                                                                     |                                                                                                                                |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Voorhees, NJ 08053                                                                                                                                                       |                                                                     |                                                                                                                                |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                          | Name of Contact<br>John Brattoli                                                                                                                                                                  | Telephone Number                                                    |                                                                                                                                |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                     |                                                                                                                                |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House                                                                                                                                                                                                                       |                                                                                                                                                                                                                          | Type of Facility (4)                                                                                                                                                                              |                                                                     |                                                                                                                                |                           |                |        |             |           |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                          | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                     |                                                                                                                                |                           |                |        |             |           |
| City (5)<br>New Brunswick, NJ                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                          | Square Feet<br>2200                                                                                                                                                                               | # of Floors<br>2                                                    |                                                                                                                                |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                          | Bldg. Age<br>68                                                                                                                                                                                   |                                                                     |                                                                                                                                |                           |                |        |             |           |
| County (6)<br>Middlesex                                                                                                                                                                                                                                                             | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                                | Current Use (Prior if being demolished)<br>house                                                                                                                                                  |                                                                     |                                                                                                                                |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          | ASCM No.                                                                                                                                                                                          | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |                                                                                                                                |                           |                |        |             |           |
| Street Address                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                          | Street Address<br>PO Box 483, 4 E Gate Drive                                                                                                                                                      |                                                                     |                                                                                                                                |                           |                |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                          | City, State, Zip Code<br>Glenwood, NJ 07418                                                                                                                                                       |                                                                     |                                                                                                                                |                           |                |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          | Telephone No.                                                                                                                                                                                     | Telephone No.<br>973-764-2276                                       |                                                                                                                                |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                          | License No.<br>703                                                                                                                                                                                |                                                                     |                                                                                                                                |                           |                |        |             |           |
| Start Date (10)<br>1/4/18                                                                                                                                                                                                                                                           | Scheduled Completion Date (11)<br>1/30/18                                                                                                                                                                                | Name of OSHA Monitor                                                                                                                                                                              |                                                                     |                                                                                                                                |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                                                                  |                                                                                                                                                                                                                          | Street Address                                                                                                                                                                                    |                                                                     |                                                                                                                                |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                  |                                                                                                                                                                                                                          | City, State, Zip Code                                                                                                                                                                             |                                                                     |                                                                                                                                |                           |                |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                |                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                     |                                                                                                                                |                           |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                   |                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                     |                                                                                                                                |                           |                |        |             |           |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                                                               |                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                     |                                                                                                                                |                           |                |        |             |           |
| <input checked="" type="checkbox"/> WRAP & CUT<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                     |                                                                                                                                |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)                                                                                                                                                                                        | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                    |                                                                                                                                                                                                   |                                                                     | Description of Asbestos Containing Material (ACM)<br>(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                                                                   | pipe insulation                                                                                                                | 100 LF                    | X              |        |             |           |
|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                          |                                                                                                                                                                                                   | X                                                                   | boiler insulation                                                                                                              | 30 SF                     | X              |        |             |           |
|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                     |                                                                                                                                |                           |                |        |             |           |
|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                     |                                                                                                                                |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          | NJDEP Waste Hauler ID No.<br>15939                                                                                                                                                                | Cubic Yards of Waste<br>TBD                                         | Name of Registered Landfill<br>Cumberland Landfill                                                                             |                           |                |        |             |           |
| City, State<br>Freehold, NJ                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                                                                                                   | Disposal Date<br>TBD                                                | City, State<br>Newburg, PA                                                                                                     |                           |                |        |             |           |
| Completed by<br>A. Scott Higgins                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          | Title<br>President                                                                                                                                                                                | Signature<br>                                                       |                                                                                                                                |                           | Date<br>1/2/18 |        |             |           |



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



| Date of Notification (1)<br>12 / 28 / 17                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                            | Name of Building Owner/Operator (2)<br>JCP&L/FirstEnergy Company / Job #1709-5221 Check #9708018                                                                                                                             |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                                                                                                                                                                                                      | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment #4<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>10 Legion Place- Building A                                                                                                                                                                                |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                            | City, State, Zip Code<br>Morristown, NJ 07960                                                                                                                                                                                |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                            | Name of Contact<br>John Greco                                                                                                                                                                                                | Telephone Number           |                                                                                                                              |                           |                                     |                          |                                     |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                                                                                                                                                              |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>JCP&L- Substation                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                            | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
| Street Address<br>300 Madison Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |                                                                                                                                                                                                                              |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
| City (5)<br>Morristown, NJ 07960                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                            | Square Feet                                                                                                                                                                                                                  | # of Floors Bldg. Age      |                                                                                                                              |                           |                                     |                          |                                     |                          |
| County (6)<br>Morris                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | County Code (7)(STATE USE ONLY)                                                                                                                                                                                            | Current Use (Prior if being demolished)<br>Substation                                                                                                                                                                        |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>1 Source Safety & health, Inc.                                                                                                                                                                                                                                                                                                                                                                                                    | ASCM No.                                                                                                                                                                                                                   | Name of Abatement Contractor (9)<br>AbateTech, Inc.                                                                                                                                                                          |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
| Street Address<br>140 S. Village Ave. Suite 130                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                            | Street Address<br>30 Maple Ave. PO Box 25                                                                                                                                                                                    |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
| City, State, Zip Code<br>Exton, PA 19341                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                            | City, State, Zip Code<br>Lumberton, NJ 08048                                                                                                                                                                                 |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
| Project Manager for Monitoring Firm<br>Brian Hovendon                                                                                                                                                                                                                                                                                                                                                                                                                                    | Telephone No.<br>610-524-5525                                                                                                                                                                                              | Telephone No.<br>609-265-2107                                                                                                                                                                                                | License No.<br>00529       |                                                                                                                              |                           |                                     |                          |                                     |                          |
| Start Date (10)<br>9 / 25 / 17                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Scheduled Completion Date (11)<br>1 / 31 / 18                                                                                                                                                                              | Name of OSHA Monitor<br>EMSL Analytical                                                                                                                                                                                      |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: AM- PM/3:30PM-12AM                                                                                                                                                                                                 |                                                                                                                                                                                                                            | Street Address<br>200 Route 130 North                                                                                                                                                                                        |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                            | City, State, Zip Code<br>Cinnaminson, NJ 08077                                                                                                                                                                               |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                            |                                                                                                                                                                                                                              |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                            |                                                                                                                                                                                                                              |                            |                                                                                                                              |                           |                                     |                          |                                     |                          |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>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                |
| 3 <sup>rd</sup> Floor Plenum Area                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                   | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <input type="checkbox"/>   | Sprayed on material                                                                                                          | 4200 SF                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Microwave Room Basement                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                   | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <input type="checkbox"/>   | Pipe Insulation                                                                                                              | 3 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Fire Control Panel Room- Basement                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                   | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <input type="checkbox"/>   | Pipe Insulation                                                                                                              | 10 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<br>AbateTech, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            | NJDEP Waste Hauler ID No.<br>18750                                                                                                                                                                                           | Cubic Yards of Waste<br>20 | Name of Registered Landfill<br>G.R.O.W.S. Landfill                                                                           |                           |                                     |                          |                                     |                          |
| City, State<br>Lumberton, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            | Disposal Date<br>1/31/18                                                                                                                                                                                                     |                            | City, State<br>Tullytown, PA                                                                                                 |                           |                                     |                          |                                     |                          |
| Completed By (Print or Type)<br>Gwen Trumbetti                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                            | Title<br>Operations Coordinator                                                                                                                                                                                              |                            | Signature<br>M. [Signature]                                                                                                  |                           | Date<br>1/31/18                     |                          |                                     |                          |

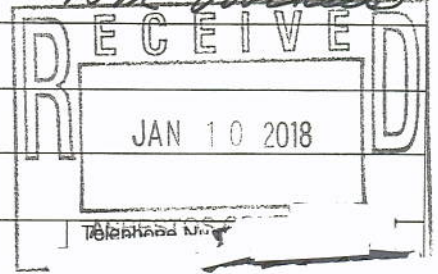


CK# 8657

"OPEN NOTIFICATION" Print Form

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

approved by  
Tom Vassallo 1/9/18



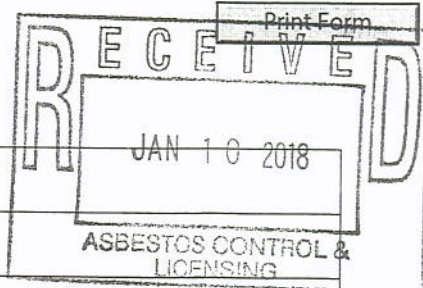
|                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                                                |                                            |                  |         |        |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------|---------|--------|-------------|
| Date of Notification (1)<br>1/9/2018                                                                                                                                                                                                                                                       |                                                                                                       | Name of Building Owner/Operator (2)<br>PSE&G - SOUTHERN DIVISION                                                                                                                                                                             |                                                                                                                                |                                            |                  |         |        |             |
| Agencies Notified                                                                                                                                                                                                                                                                          | Type Notification                                                                                     | Street Address<br>300 NEW ALBANY ROAD                                                                                                                                                                                                        |                                                                                                                                |                                            |                  |         |        |             |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL                                                                                                                                                                                    | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____  | City, State, Zip Code<br>MOORESTOWN, NJ 08057                                                                                                                                                                                                |                                                                                                                                |                                            |                  |         |        |             |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                    | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact<br>JOHN FRAGA / TED Fili's                                                                                                                                                                                                   |                                                                                                                                |                                            |                  |         |        |             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                                                |                                            |                  |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>PSE&G - LOCUST ST. SUB                                                                                                                                                                                                             |                                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                                                                                                |                                            |                  |         |        |             |
| Street Address<br>DOWN 2ND STREET                                                                                                                                                                                                                                                          |                                                                                                       | Square Feet<br>N/A                                                                                                                                                                                                                           | # of Floors<br>N/A                                                                                                             |                                            |                  |         |        |             |
| City (5)<br>CAMDEN                                                                                                                                                                                                                                                                         |                                                                                                       | Bldg. Age<br>N/A                                                                                                                                                                                                                             |                                                                                                                                |                                            |                  |         |        |             |
| County (6)<br>CAMDEN                                                                                                                                                                                                                                                                       | County Code (7)<br>(STATE USE ONLY) _____                                                             | Current Use (Prior if being demolished)<br>N/A                                                                                                                                                                                               |                                                                                                                                |                                            |                  |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS                                                                                                                                                                                                               |                                                                                                       | ASCM No.<br>0045                                                                                                                                                                                                                             | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA                                                                  |                                            |                  |         |        |             |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                                                                          |                                                                                                       | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                                         |                                                                                                                                |                                            |                  |         |        |             |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                                                                 |                                                                                                       | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                               |                                                                                                                                |                                            |                  |         |        |             |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                                                                          |                                                                                                       | Telephone No.<br>732-290-2217                                                                                                                                                                                                                | Telephone No.<br>732-432-8350                                                                                                  |                                            |                  |         |        |             |
| License No.<br>01111                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                                                |                                            |                  |         |        |             |
| Start Date (10)<br>1/22/2018                                                                                                                                                                                                                                                               | Scheduled Completion Date (11)<br>2/25/2018                                                           | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                                            |                                                                                                                                |                                            |                  |         |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: OUTSIDE |                                                                                                       | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                                         |                                                                                                                                |                                            |                  |         |        |             |
|                                                                                                                                                                                                                                                                                            |                                                                                                       | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                               |                                                                                                                                |                                            |                  |         |        |             |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                                                |                                            |                  |         |        |             |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                          |                                                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                                                                                                |                                            |                  |         |        |             |
|                                                                                                                                                                                                                                                                                            |                                                                                                       | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                |                                            |                  |         |        |             |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)                                                                                                                                                                                               | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                 |                                                                                                                                                                                                                                              | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                  | Abatement Type   |         |        |             |
|                                                                                                                                                                                                                                                                                            | Yes                                                                                                   | No                                                                                                                                                                                                                                           |                                                                                                                                |                                            | N/A              | Removal | Repair | Encapsulate |
| DUCT BANK DOWN 2ND ST                                                                                                                                                                                                                                                                      |                                                                                                       | X                                                                                                                                                                                                                                            |                                                                                                                                | 200 LF                                     | xx               |         |        |             |
|                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                                                |                                            |                  |         |        |             |
|                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                                                |                                            |                  |         |        |             |
|                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                                                |                                            |                  |         |        |             |
| Name of Registered Waste Hauler<br>WASTE MANAGEMENT                                                                                                                                                                                                                                        |                                                                                                       | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                                            | Cubic Yards of Waste<br>APPX 100                                                                                               | Name of Registered Landfill<br>GROWS NORTH |                  |         |        |             |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                                                               |                                                                                                       | Disposal Date<br>TBD                                                                                                                                                                                                                         |                                                                                                                                | City, State<br>MORRISVILLE, PA             |                  |         |        |             |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                                                                |                                                                                                       | Title<br>OFFICE MANAGER                                                                                                                                                                                                                      | Signature<br><i>Carol Raimo</i>                                                                                                |                                            | Date<br>1/9/2018 |         |        |             |



OK 2591

PAID

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



| Date of Notification (1)<br>1/9/18                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             | Name of Building Owner/Operator (2)<br>CSX Transportation                                                                                                                                                                                    |                                                          |                                                                                                                             |                                               |                  |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------|--------|-------------|-----------|
| Agencies Notified                                                                                                                                                                                                                                                                        | Type Notification                                                                                                                                                                                           | Street Address<br>500 Water Street                                                                                                                                                                                                           |                                                          |                                                                                                                             |                                               |                  |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                        | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #2<br><input type="checkbox"/> Emergency (including<br>justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Jacksonville, FL 32202                                                                                                                                                                                              |                                                          |                                                                                                                             |                                               |                  |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                             | Name of Contact<br>Mark Connors                                                                                                                                                                                                              | Telephone Number                                         |                                                                                                                             |                                               |                  |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                          |                                                                                                                             |                                               |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Railyard - Raritan Corrdior Line                                                                                                                                                                                                 |                                                                                                                                                                                                             | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                          |                                                                                                                             |                                               |                  |        |             |           |
| Street Address<br>900 Green Lane                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             | Square Feet                                                                                                                                                                                                                                  | # of Floors<br>1                                         |                                                                                                                             |                                               |                  |        |             |           |
| City (5)<br>Union, NJ 07083                                                                                                                                                                                                                                                              |                                                                                                                                                                                                             | Bldg. Age<br>60+                                                                                                                                                                                                                             |                                                          |                                                                                                                             |                                               |                  |        |             |           |
| County (6)<br>Union                                                                                                                                                                                                                                                                      | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                         | Current Use (Prior if being demolished)<br>Vacant                                                                                                                                                                                            |                                                          |                                                                                                                             |                                               |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>AECOM                                                                                                                                                                                                                             |                                                                                                                                                                                                             | ASCM No.                                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>Prism Response, Inc. |                                                                                                                             |                                               |                  |        |             |           |
| Street Address<br>4840 Cox Road                                                                                                                                                                                                                                                          |                                                                                                                                                                                                             | Street Address<br>102 Technology Lane                                                                                                                                                                                                        |                                                          |                                                                                                                             |                                               |                  |        |             |           |
| City, State, Zip Code<br>Glen Allen, VA 23060                                                                                                                                                                                                                                            |                                                                                                                                                                                                             | City, State, Zip Code<br>Export, PA 15632                                                                                                                                                                                                    |                                                          |                                                                                                                             |                                               |                  |        |             |           |
| Project Manager for Monitoring Firm<br>Mark Connors                                                                                                                                                                                                                                      |                                                                                                                                                                                                             | Telephone No.<br>732-672-7519                                                                                                                                                                                                                | Telephone No.<br>724-325-3330                            |                                                                                                                             |                                               |                  |        |             |           |
| Start Date (10)<br>01/08/2018                                                                                                                                                                                                                                                            |                                                                                                                                                                                                             | Scheduled Completion Date (11)<br>01/17/2018                                                                                                                                                                                                 | License No.<br>01121                                     |                                                                                                                             |                                               |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                             | Name of OSHA Monitor<br>AECOM                                                                                                                                                                                                                |                                                          |                                                                                                                             |                                               |                  |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                             | Street Address<br>4840 Cox Road                                                                                                                                                                                                              |                                                          |                                                                                                                             |                                               |                  |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                             | City, State, Zip Code<br>Glen Allen, VA 23060                                                                                                                                                                                                |                                                          |                                                                                                                             |                                               |                  |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                          |                                                                                                                             |                                               |                  |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                          |                                                                                                                             |                                               |                  |        |             |           |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                             | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| Railcar GACX 54336                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |                                                                                                                                                                                                                                              | X                                                        | Caulking                                                                                                                    | 2160                                          | LF               |        |             |           |
| Railcar IFTX 92098                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |                                                                                                                                                                                                                                              | X                                                        | Caulking                                                                                                                    | 100                                           | LF               |        |             |           |
| Railcar GACX 54338                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |                                                                                                                                                                                                                                              | X                                                        | Caulking                                                                                                                    | 1760                                          | LF               |        |             |           |
| Railcar GACX 54325                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |                                                                                                                                                                                                                                              | X                                                        | Caulking                                                                                                                    | 1600                                          | LF               |        |             |           |
| Name of Registered Waste Hauler<br>Waste Management                                                                                                                                                                                                                                      |                                                                                                                                                                                                             | NJDEP Waste Hauler ID No.<br>SW1724                                                                                                                                                                                                          |                                                          | Cubic Yards of Waste                                                                                                        | Name of Registered Landfill<br>GROWS Landfill |                  |        |             |           |
| City, State<br>Trenton, New Jersey                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |                                                                                                                                                                                                                                              |                                                          | Disposal Date<br>1/19/18                                                                                                    | City, State<br>Morrisville, PA                |                  |        |             |           |
| Completed by<br>Jessica Wolfe                                                                                                                                                                                                                                                            |                                                                                                                                                                                                             | Title<br>Admin. Support                                                                                                                                                                                                                      |                                                          | Signature<br><i>Jessica Wolfe</i>                                                                                           |                                               | Date<br>1/9/2018 |        |             |           |



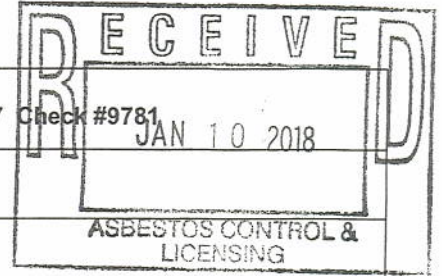
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)<br>12 / 27 / 17                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>JCP&L/FirstEnergy Company / Job #1711-5237 Check #9677                                                                                                                                |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                                                                                                             | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>10 Legion Place- Building A                                                                                                                                                                                |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               | City, State, Zip Code<br>Morristown, NJ 07960                                                                                                                                                                                |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               | Name of Contact<br>John Greco                                                                                                                                                                                                |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               | Telephone Number                                                                                                                                                                                                             |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>JCP&L Sandy Hook Substation                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
| Street Address<br>South Harts Horne Drive                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
| City (5)<br>Highlands, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                               | Square Feet                                                                                                                                                                                                                  | # of Floors              |                                                                                                                              |                                                    |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               | Bldg. Age                                                                                                                                                                                                                    |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
| County (6)<br>Monmouth                                                                                                                                                                                                                                                                                                                                                                                                                                             | County Code (7)(STATE USE ONLY)                                                                                                                                                                                                               | Current Use (Prior if being demolished)<br>Substation                                                                                                                                                                        |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>NA                                                                                                                                                                                                                                                                                                                                                                                                          | ASCM No.                                                                                                                                                                                                                                      | Name of Abatement Contractor (9)<br>AbateTech, Inc.                                                                                                                                                                          |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                               | Street Address<br>30 Maple Ave. PO Box 25                                                                                                                                                                                    |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               | City, State, Zip Code<br>Lumberton, NJ 08048                                                                                                                                                                                 |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                | Telephone No.                                                                                                                                                                                                                                 | Telephone No.<br>609-265-2107                                                                                                                                                                                                | License No.<br>00529     |                                                                                                                              |                                                    |                                     |                          |                          |                          |
| Start Date (10)<br>12 / 27 / 17                                                                                                                                                                                                                                                                                                                                                                                                                                    | Scheduled Completion Date (11)<br>12 / 27 / 17                                                                                                                                                                                                | Name of OSHA Monitor<br>EMSL Analytical                                                                                                                                                                                      |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM                                                                                                                                                                             |                                                                                                                                                                                                                                               | Street Address<br>200 Route 130 North                                                                                                                                                                                        |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               | City, State, Zip Code<br>Cinnaminson, NJ 08077                                                                                                                                                                               |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                          |                                                                                                                              |                                                    |                                     |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <input type="checkbox"/> | Transite Underground Pipe                                                                                                    | 6 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<br>AbateTech, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>18750                                                                                                                                                                                           |                          | Cubic Yards of Waste<br>2                                                                                                    | Name of Registered Landfill<br>G.R.O.W.S. Landfill |                                     |                          |                          |                          |
| City, State<br>Lumberton, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               | Disposal Date<br>12/27/17                                                                                                                                                                                                    |                          | City, State<br>Tullytown, PA                                                                                                 |                                                    |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Gwen Trumbetti                                                                                                                                                                                                                                                                                                                                                                                                                     | Title<br>Operations Coordinator                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                          | Signature<br>gmt                                                                                                             |                                                    |                                     | Date<br>12/27/17         |                          |                          |



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

**PAID**



|                                                                                                                                                                                                        |                                                                                                                                                                                                                                               |                                                                                    |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------|
| Date of Notification (1)<br><div style="text-align: center;">12 / 21 / 17</div>                                                                                                                        |                                                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br><b>West Long Branch BOE/ Job #1603-4997</b> |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>135 Locust Avenue</b>                                         |                  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                                               | City, State, Zip Code<br><b>Long Branch, NJ 07764</b>                              |                  |
|                                                                                                                                                                                                        |                                                                                                                                                                                                                                               | Name of Contact<br><b>Brian Keeshan</b>                                            | Telephone Number |

**FACILITY INFORMATION**

|                                                                                                  |                                  |                                                                                                                                                                                                                              |             |
|--------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Frank Antonides Elementary School</b> |                                  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |             |
| Street Address<br><b>135 Locust Avenue</b>                                                       |                                  |                                                                                                                                                                                                                              |             |
| City (5)<br><b>West Long Branch, NJ 07764</b>                                                    |                                  | Square Feet                                                                                                                                                                                                                  | # of Floors |
|                                                                                                  |                                  | Bldg. Age                                                                                                                                                                                                                    |             |
| County (6)<br><b>Monmouth</b>                                                                    | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>School</b>                                                                                                                                                                     |             |

|                                                                                 |                                      |                                                     |                                                            |  |
|---------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|------------------------------------------------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>TTI Environmental</b> |                                      | ASCM No.<br><b>0026</b>                             | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b> |  |
| Street Address<br><b>1253 North Church Street</b>                               |                                      | Street Address<br><b>30 Maple Ave. PO Box 25</b>    |                                                            |  |
| City, State, Zip Code<br><b>Moorestown, NJ 08057</b>                            |                                      | City, State, Zip Code<br><b>Lumberton, NJ 08048</b> |                                                            |  |
| Project Manager for Monitoring Firm<br><b>James Guiliardi</b>                   | Telephone No.<br><b>856-840-8800</b> | Telephone No.<br><b>609-265-2107</b>                | License No.<br><b>00529</b>                                |  |

|                                                                        |                                                                                       |                                                |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------|
| Start Date (10)<br><div style="text-align: center;">12 / 27 / 17</div> | Scheduled Completion Date (11)<br><div style="text-align: center;">12 / 27 / 17</div> | Name of OSHA Monitor<br><b>EMSL Analytical</b> |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------|

|                                                                                                                                                                                                                                                                                            |  |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM |  | Street Address<br><b>200 Route 130 North</b>          |
|                                                                                                                                                                                                                                                                                            |  | City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b> |

|                                                    |                                                |                                                                     |  |  |
|----------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------|--|--|
| 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 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)<br><u>TO BE ABATED</u><br>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                |
| <b>Boy's Locker Room</b>                                                                  | <input type="checkbox"/>                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Pipe Fittings</b>                                                                                                         | <b>7 total</b>            | <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<br><b>AbateTech, Inc.</b>  |                                        | NJDEP Waste Hauler ID No.<br><b>18750</b> | Cubic Yards of Waste<br><b>12</b> | Name of Registered Landfill<br><b>G.R.O.W.S. Landfill</b> |                         |
| City, State<br><b>Lumberton, NJ</b>                        |                                        | Disposal Date<br><b>12/27/17</b>          |                                   | City, State<br><b>Tullytown, PA</b>                       |                         |
| Completed By (Print or Type)<br><b>Gwendolyn Trumbetti</b> | Title<br><b>Operations Coordinator</b> | Signature<br>                             |                                   |                                                           | Date<br><b>12/21/17</b> |

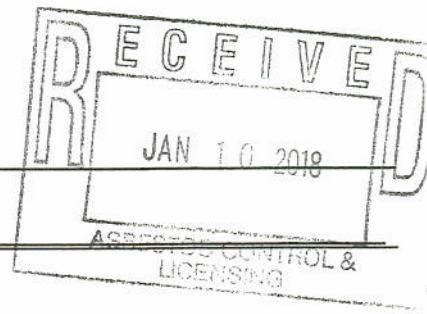


OK 7221

D&S Proj. #: 18-06

PAID

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)



|                                                                                                                                                                                                         |                                                                                                                                                                                                                               |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|
| Date of Notification (1)<br>01/10/17                                                                                                                                                                    |                                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>joe and mary capozio |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #:<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]                                |  |
|                                                                                                                                                                                                         |                                                                                                                                                                                                                               | City, State, Zip Code<br>west ny, nj 07093                  |  |
|                                                                                                                                                                                                         |                                                                                                                                                                                                                               | Name of Contact<br>paul capozio                             |  |
|                                                                                                                                                                                                         |                                                                                                                                                                                                                               | Telephone Number                                            |  |
|                                                                                                                                                                                                         |                                                                                                                                                                                                                               |                                                             |  |

FACILITY INFORMATION

|                                                                              |                      |                                     |                                                                                                                                                                                                                  |  |  |
|------------------------------------------------------------------------------|----------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Name of facility where abatement is taking place (3)<br>joe and mary capozio |                      |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>[REDACTED]                                                 |                      |                                     | Square Feet # of Floors Bldg. Age                                                                                                                                                                                |  |  |
| City (5)<br>west ny                                                          | County (6)<br>hudson | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)                                                                                                                                                                          |  |  |

|                                                                                                                                                                                                                                                                                                           |                                         |              |                                                             |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------|-------------------------------------------------------------|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>[REDACTED]                                                                                                                                                                                                                                            |                                         | ASCM No.     | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |                         |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                              |                                         |              | Street Address<br>20 California Ave.                        |                         |
| City, State, Zip Code                                                                                                                                                                                                                                                                                     |                                         |              | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                       |                                         | Phone Number | Telephone Number<br>973-345-8020                            | License Number<br>01169 |
| Start Date (10)<br>01/15/18                                                                                                                                                                                                                                                                               | Sched. Completion Date (11)<br>01/31/18 |              | Name of OSHA Monitor<br>D & S Restoration, Inc.             |                         |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |                                         |              | Street Address<br>20 California Avenue                      |                         |
|                                                                                                                                                                                                                                                                                                           |                                         |              | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |

|                                                                                                                                           |  |                                     |  |                                                                                                                                                                                                                                           |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Scope of Work (check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf |  |                                     |  | <input type="checkbox"/> Full Containment w/negative pressure<br><input type="checkbox"/> Mini-enclosure<br><input checked="" type="checkbox"/> Glovebag procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |  |  |  |
| <input checked="" type="checkbox"/> Renovation                                                                                            |  | <input type="checkbox"/> Demolition |  |                                                                                                                                                                                                                                           |  |  |  |

| 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) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|-----|---------------------------------------------------|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|                                                                              | Yes                                                                 | No                                  | N/A |                                                   |                           |                                     |                            |                          |                          |
| basement and crawl space                                                     |                                                                     | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 226 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"/> |

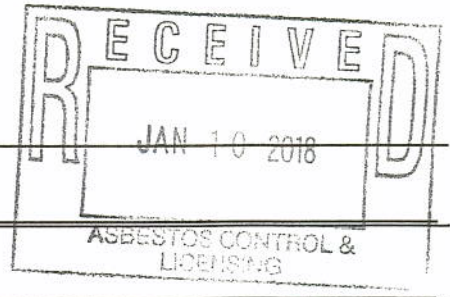
|                                                    |                           |                               |                                                             |
|----------------------------------------------------|---------------------------|-------------------------------|-------------------------------------------------------------|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>3 yds | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>01/16/18 | City, State<br>TULLYTOWN, PA  |                                                             |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                     | Date<br>01/04/2018                                          |



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 18-05

PAID



|                                                                                                                                                                                                         |                                                                                                                      |                                                    |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------|
| Date of Notification (1)<br>01/10/18                                                                                                                                                                    |                                                                                                                      | Name of Building Owner/Operator (2)<br>tracy woods |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: | Street Address<br>[REDACTED]                       |                  |
|                                                                                                                                                                                                         | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation                | City, State, Zip Code<br>MAPLEWOOD, NJ 07040       |                  |
|                                                                                                                                                                                                         | Name of Contact<br>tracy woods                                                                                       |                                                    | Telephone Number |

FACILITY INFORMATION

|                                                                     |                     |                                     |                                                                                                                                                                                                                  |             |           |
|---------------------------------------------------------------------|---------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|
| Name of facility where abatement is taking place (3)<br>tracy woods |                     |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |             |           |
| Street Address<br>[REDACTED]                                        |                     |                                     | Square Feet                                                                                                                                                                                                      | # of Floors | Bldg. Age |
| City (5)<br>MAPLEWOOD                                               | County (6)<br>essex | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)                                                                                                                                                                          |             |           |

|                                                                                                                                                                                                                                                                                                           |                                           |                                             |                                                             |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|-------------------------------------------------------------|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>[REDACTED]                                                                                                                                                                                                                                            |                                           | ASCM No.                                    | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |                         |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                              |                                           | Street Address<br>20 California Ave.        |                                                             |                         |
| City, State, Zip Code                                                                                                                                                                                                                                                                                     |                                           | City, State, Zip Code<br>Paterson, NJ 07503 |                                                             |                         |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                       |                                           | Phone Number                                | Telephone Number<br>973-345-8020                            | License Number<br>01169 |
| Start Date (10)<br>01/18/2018                                                                                                                                                                                                                                                                             | Sched. Completion Date (11)<br>01/31/2018 |                                             | Name of OSHA Monitor<br>D & S Restoration, Inc.             |                         |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |                                           |                                             | Street Address<br>20 California Avenue                      |                         |
|                                                                                                                                                                                                                                                                                                           |                                           |                                             | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |

|                                                                                                                                                                                                                              |                                                                      |    |     |                                                                                                                                                                                                                                           |                           |                            |                            |                       |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| Scope of Work (check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition |                                                                      |    |     | <input type="checkbox"/> Full Containment w/negative pressure<br><input type="checkbox"/> Mini-enclosure<br><input checked="" type="checkbox"/> Glovebag procedure<br><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)                                                                                                                                                                                         | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|                                                                                                                                                                                                                              | Yes                                                                  | No | N/A |                                                                                                                                                                                                                                           |                           |                            |                            |                       |                  |
| basement                                                                                                                                                                                                                     |                                                                      | X  |     | PIPE INSULATION                                                                                                                                                                                                                           | 98 lf                     | X                          |                            |                       |                  |
|                                                                                                                                                                                                                              |                                                                      |    |     |                                                                                                                                                                                                                                           |                           |                            |                            |                       |                  |
|                                                                                                                                                                                                                              |                                                                      |    |     |                                                                                                                                                                                                                                           |                           |                            |                            |                       |                  |
|                                                                                                                                                                                                                              |                                                                      |    |     |                                                                                                                                                                                                                                           |                           |                            |                            |                       |                  |
|                                                                                                                                                                                                                              |                                                                      |    |     |                                                                                                                                                                                                                                           |                           |                            |                            |                       |                  |

|                                                    |                           |                              |                                                             |
|----------------------------------------------------|---------------------------|------------------------------|-------------------------------------------------------------|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1 yd | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>01/19/18 | City, State<br>TULLYTOWN, PA |                                                             |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                    | Date<br>01/04/2018                                          |

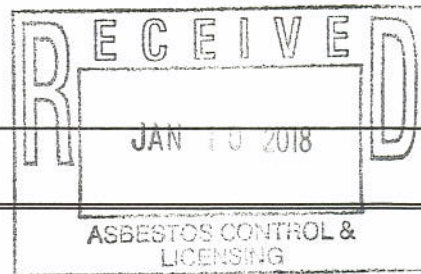


3K 7222

D&S Proj. #: 18-04

PAID

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)



|                                                                                                                                                                                                         |                                                                                                                                                                                                                                     |                                                       |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------|
| Date of Notification (1)<br>1/12/12/12/17/1                                                                                                                                                             |                                                                                                                                                                                                                                     | Name of Building Owner/Operator (2)<br>NOEL DEMARSICO |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]                          |                  |
|                                                                                                                                                                                                         |                                                                                                                                                                                                                                     | City, State, Zip Code<br>fanwood, nj 07023            |                  |
|                                                                                                                                                                                                         |                                                                                                                                                                                                                                     | Name of Contact<br>NOEL DEMARSICO                     | Telephone Number |

FACILITY INFORMATION

|                                                                        |                     |                                     |                                                                                                                                                                                                                  |  |  |
|------------------------------------------------------------------------|---------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Name of facility where abatement is taking place (3)<br>NOEL DEMARSICO |                     |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>[REDACTED]                                           |                     |                                     | Square Feet # of Floors Bldg. Age                                                                                                                                                                                |  |  |
| City (5)<br>fanwood                                                    | County (6)<br>union | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)                                                                                                                                                                          |  |  |

|                                                                                                                                                                                                                                                                                                                 |                                         |          |                                                             |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------|-------------------------------------------------------------|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>[REDACTED]                                                                                                                                                                                                                                                  |                                         | ASCM No. | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |                         |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                                    |                                         |          | Street Address<br>20 California Ave.                        |                         |
| City, State, Zip Code                                                                                                                                                                                                                                                                                           |                                         |          | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                             | Phone Number                            |          | Telephone Number<br>973-345-8020                            | License Number<br>01169 |
| Start Date (10)<br>01/04/18                                                                                                                                                                                                                                                                                     | Sched. Completion Date (11)<br>01/26/18 |          | Name of OSHA Monitor<br>D & S Restoration, Inc.             |                         |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |                                         |          | Street Address<br>20 California Avenue                      |                         |
|                                                                                                                                                                                                                                                                                                                 |                                         |          | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |

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 w/negative pressure       |
| <input 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) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|-----|---------------------------------------------------|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|                                                                              | Yes                                                                 | No                                  | N/A |                                                   |                           |                                     |                            |                          |                          |
| basement                                                                     |                                                                     | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 240 L FT                  | <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"/> |

|                                                    |                           |                               |                                                             |
|----------------------------------------------------|---------------------------|-------------------------------|-------------------------------------------------------------|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>3 YDS | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>01/05/18 | City, State<br>TULLYTOWN, PA  |                                                             |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                     | Date<br>12/22/2017                                          |



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

CR# 3220

pg 1

|                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                                                                                                                                                                                 |  | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                                                           |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                             |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>2-6/16/17</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br><b>200 ELM DRIVE</b>                                                                                                                                                                                                                                                                                                                                       |  | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                      |  |
| Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                                                                                                                                                                      |  | Telephone Number                                                                                                                                                                                                                                         |  |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                          |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                                                                      |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter B (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                             |  |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                                                                   |  | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                                                          |  |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                                                             |  | # of Floors<br><b>8</b>                                                                                                                                                                                                                                  |  |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                                                                  |  | Bldg. Age<br><b>70</b>                                                                                                                                                                                                                                   |  |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                             |  | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                     |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                                                                         |  | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                                 |  |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                                                                        |  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                                   |  |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                                                                         |  | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                              |  |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                                                               |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                        |  |
| Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                                                                                                                                         |  | Telephone No.<br><b>215-788-6040</b>                                                                                                                                                                                                                     |  |
| Start Date (10)<br><u>3</u> / <u>13</u> / <u>17</u>                                                                                                                                                                                                                                                                                                                          |  | License No.<br><b>00509</b>                                                                                                                                                                                                                              |  |
| Scheduled Completion Date (11)<br><u>8</u> / <u>1</u> / <u>17</u>                                                                                                                                                                                                                                                                                                            |  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                                |  |
| Occupancy Status During Abatement (Check only one)<br>Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>4:00AM-12:30PM</u> / <u>      </u> PM - <u>      </u> AM                                                                                                         |  | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                              |  |
| Type of Work (Check all that apply)<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                        |  |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN Facility (13)</b>                                                                                                                                                                                                                                                                                       |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>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<br>Removal Repair Encapsulate Enclosure                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                          |  |
| 5A - LEVELS C & B                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> PIPE INSULATION                                                                                                                                                    |  |
| 5A - LEVELS C & B                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> FLOOR TILE & MASTIC                                                                                                                                                |  |
| 5A - LEVELS C & B                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Packed fittings on fiberglass                                                                                                                                      |  |
| 5A - LEVELS C & B                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Hanger pads on fiberglass                                                                                                                                          |  |
| Registered Waste Hauler<br><b>THE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                  |  | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                                |  |
| Cubic Yards of Waste                                                                                                                                                                                                                                                                                                                                                         |  | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>                                                                                                                                                                                                   |  |
| Disposal Date                                                                                                                                                                                                                                                                                                                                                                |  | City, State<br><b>WAYNESBURG, OH</b>                                                                                                                                                                                                                     |  |
| Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                                                                                                                                                    |  | Signature<br><i>Brian Scifino</i>                                                                                                                                                                                                                        |  |
| Date<br><b>6/16/17</b>                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                          |  |



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

CR# 3220

pg 2

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                                                                                                                                                                                                                                                  |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Date of Notification (1)<br>2 / 27 / 17                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       | Name of Building Owner/Operator (2)<br>TRUSTEES OF PRINCETON UNIVERSITY                                                                                                                                                                          |                                                 |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                                                              |                                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #2-6/16/17<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                 |
| Street Address<br>200 ELM DRIVE                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       | City, State, Zip Code<br>PRINCETON, NJ 08544                                                                                                                                                                                                     |                                                 |
| Name of Contact<br>ROBERT ORTEGO                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | Telephone Number                                                                                                                                                                                                                                 |                                                 |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                  |                                                 |
| Name of Facility Where Abatement is Taking Place (3)<br>PRINCETON UNIVERSITY - FIRESTONE LIBRARY                                                                                                                                                                                                                                                                                                                              |                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                     |                                                 |
| Street Address<br>1 WASHINGTON ROAD                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       | Square Feet<br>1,000,000                                                                                                                                                                                                                         |                                                 |
| City (5)<br>PRINCETON, NJ                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       | # of Floors<br>8                                                                                                                                                                                                                                 |                                                 |
| County (6)<br>MERCER                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | Bldg. Age<br>70                                                                                                                                                                                                                                  |                                                 |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | Current Use (Prior if being demolished)<br>UNIVERSITY LIBRARY                                                                                                                                                                                    |                                                 |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ATC GROUP SERVICES LLC                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | ASCM No.<br>00098                                                                                                                                                                                                                                |                                                 |
| Street Address<br>3 TERRI LANE                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | Name of Abatement Contractor (9)<br>BRISTOL ENVIRONMENTAL, INC.                                                                                                                                                                                  |                                                 |
| City, State, Zip Code<br>BURLINGTON, NJ 08016                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | Street Address<br>1123 BEAVER STREET                                                                                                                                                                                                             |                                                 |
| Project Manager for Monitoring Firm<br>MICHAEL R. KEEHN                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       | City, State, Zip Code<br>BRISTOL, PA 19007                                                                                                                                                                                                       |                                                 |
| Telephone No.<br>609-386-8800                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | Telephone No.<br>215-788-6040                                                                                                                                                                                                                    |                                                 |
| Start Date (10)<br>3 / 13 / 17                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | License No.<br>00509                                                                                                                                                                                                                             |                                                 |
| Scheduled Completion Date (11)<br>8 / 1 / 17                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | Name of OSHA Monitor<br>BRISTOL ENVIRONMENTAL, INC.                                                                                                                                                                                              |                                                 |
| Occupancy Status During Abatement (Check only one)<br>Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 4:00AM-12:30PM/ PM- AM                                                                                                                                                                                               |                                                                                       | Street Address<br>1123 BEAVER STREET                                                                                                                                                                                                             |                                                 |
| Type of Work (Check all that apply)<br>3 sf or >3 sf<br>160 sf or >260 sf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                       | City, State, Zip Code<br>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)<br>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)                       |
| 6 - LEVEL 1                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | ACOUSTICAL CEILING PLASTER                                                                                                                                                                                                                       | 6075 SF                                         |
| 6 - LEVEL 1                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | PIPE INSULATION                                                                                                                                                                                                                                  | 200 LF                                          |
| 6 - LEVEL 1                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | SPLINE CEILING TILES                                                                                                                                                                                                                             | 4050 SF                                         |
| REES READING RM MEZZ.                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | ACOUSTICAL PLASTER CEILING                                                                                                                                                                                                                       | 450 SF                                          |
| Registered Waste Hauler<br>CE TRANSPORT GROUP, INC.                                                                                                                                                                                                                                                                                                                                                                           | NJDEP Waste Hauler ID No.<br>20990                                                    | Cubic Yards of Waste                                                                                                                                                                                                                             | Name of Registered Landfill<br>MINERVA LANDFILL |
| ASTLE, DE                                                                                                                                                                                                                                                                                                                                                                                                                     | Disposal Date                                                                         | City, State<br>WAYNESBURG, OH                                                                                                                                                                                                                    |                                                 |
| By (Print or Type)<br>SCAFIRO                                                                                                                                                                                                                                                                                                                                                                                                 | Title<br>ESTIMATOR                                                                    | Signature<br>Diana Scafiro                                                                                                                                                                                                                       | Date<br>6/16/17                                 |



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

CL# 8220

3

JAN 10 2018

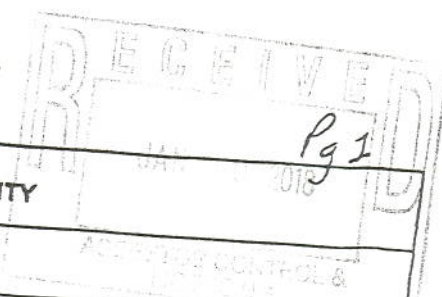
ASBESTOS CONTROL & REMEDIATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                                                           |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                                                                                                                                                                                               |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>2-6/16/17</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br><b>200 ELM DRIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                      |  |
| Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Telephone Number                                                                                                                                                                                                                                         |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                          |  |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter B (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                             |  |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                                                          |  |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | # of Floors<br><b>8</b>                                                                                                                                                                                                                                  |  |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Bldg. Age<br><b>70</b>                                                                                                                                                                                                                                   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                        |  | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                     |  |
| ASCM No.<br><b>00098</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                                   |  |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                              |  |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                        |  |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                     |  |
| Start Date (10)<br><u>3</u> / <u>13</u> / <u>17</u>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Scheduled Completion Date (11)<br><u>8</u> / <u>1</u> / <u>17</u>                                                                                                                                                                                        |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>4:00AM-12:30PM</u> / <u>      </u> PM - <u>      </u> AM                                                                                                                                                           |  | Telephone No.<br><b>215-788-6040</b>                                                                                                                                                                                                                     |  |
| License No.<br><b>00509</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                                |  |
| Type of Work (Check all that apply)<br><input type="checkbox"/> 3 sf or $\geq$ 3 lf<br><input type="checkbox"/> 160 sf or $\geq$ 260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                              |  |
| City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                        |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Removal                                                                                                                                                                                                                                                  |  |
| Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Encapsulate                                                                                                                                                                                                                                              |  |
| Enclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                          |  |
| <b>TEES READING RM MEZZ.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                                                         |  |
| <b>PIPE INSULATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>85 LF</b>                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <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"/>                                                                                                                                                      |  |
| Registered Waste Hauler<br><b>THE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                                |  |
| Cubic Yards of Waste                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>                                                                                                                                                                                                   |  |
| Disposal Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | City, State<br><b>WAYNESBURG, OH</b>                                                                                                                                                                                                                     |  |
| Signature<br><i>David Scifino</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Date<br><u>6/16/17</u>                                                                                                                                                                                                                                   |  |
| Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                          |  |

5 170911



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

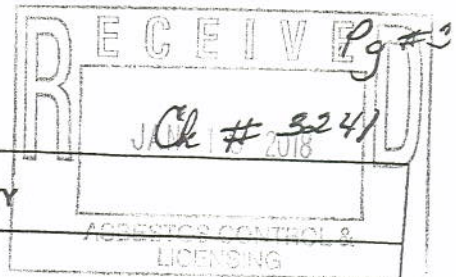


Pg 1

|                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                                                                              |                                                                      |                                     |                          |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                               |                                                                                                                              |                                                                      |                                     |                          |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                               |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1-3/27/17</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                              | Street Address<br><b>200 ELM DRIVE</b>                                                                                       |                                                                      |                                     |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                          |                                                                      |                                     |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                      |                                                                      |                                     |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | Telephone Number                                                                                                             |                                                                      |                                     |                          |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                                                                              |                                                                      |                                     |                          |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                                                                              |                                                                      |                                     |                          |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter B (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                                                                              |                                                                      |                                     |                          |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                                          | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              |                                                                                                                              | # of Floors<br><b>8</b>                                              |                                     |                          |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                          | County Code (7) (STATE USE ONLY)                                                                                                                                                                                             |                                                                                                                              | Bldg. Age<br><b>70</b>                                               |                                     |                          |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                          | ASCM No.<br><b>00098</b>                                                                                                                                                                                                     |                                                                                                                              | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b> |                                     |                          |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                          | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                       |                                                                                                                              |                                                                      |                                     |                          |                          |                          |                          |
| City, State, Zip Code<br><b>MURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                                                                                              |                                                                      |                                     |                          |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                                                                                              |                                                                      |                                     |                          |                          |                          |                          |
| Date (10)<br><u>3</u> / <u>13</u> / <u>17</u>                                                                                                                                                                                                                                                                                  |                                                                       | Scheduled Completion Date (11)<br><u>8</u> / <u>1</u> / <u>17</u>                                                                                                                                                                                        |                                                                                                                                                                                                                              | Telephone No.<br><b>215-788-6040</b>                                                                                         |                                                                      |                                     |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | License No.<br><b>00509</b>                                                                                                  |                                                                      |                                     |                          |                          |                          |                          |
| Emergency Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>e of Abatement: <b>4:00AM-12:30PM</b> / <u>      </u> PM - <u>      </u> AM |                                                                       |                                                                                                                                                                                                                                                          | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                    |                                                                                                                              |                                                                      |                                     |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                                                                                              |                                                                      |                                     |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                                                                                              |                                                                      |                                     |                          |                          |                          |                          |
| Work (Check all that apply)<br><input checked="" type="checkbox"/> or ≥ 3 If<br><input checked="" type="checkbox"/> or ≥ 260 If                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                                                                              |                                                                      |                                     |                          |                          |                          |                          |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                                                                              |                                                                      |                                     |                          |                          |                          |                          |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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                |                          |
| <b>- LEVELS C &amp; B</b>                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <b>PIPE INSULATION</b>                                                                                                       |                                                                      |                                     |                          |                          |                          |                          |
| <b>- LEVELS C &amp; B</b>                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <b>FLOOR TILE &amp; MASTIC</b>                                                                                               | <b>1010 LF</b>                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>LEVELS C &amp; B</b>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <b>Packed fittings on fiberglass</b>                                                                                         | <b>43,057 SF</b>                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>LEVELS C &amp; B</b>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <b>Hanger pads on fiberglass</b>                                                                                             | <b>285 EA</b>                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Preferred Waste Hauler</b><br><b>TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br><b>20990</b>                             |                                                                                                                                                                                                                                                          | Cubic Yards of Waste                                                                                                                                                                                                         |                                                                                                                              | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>               |                                     |                          |                          |                          |                          |
| <b>E, DE</b>                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                          | Disposal Date                                                                                                                                                                                                                |                                                                                                                              | City, State<br><b>WAYNESBURG, OH</b>                                 |                                     |                          |                          |                          |                          |
| Initial or Type)<br><b>RO</b>                                                                                                                                                                                                                                                                                                  |                                                                       | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                                |                                                                                                                                                                                                                              | Signature<br><i>[Signature]</i>                                                                                              |                                                                      | Date<br><u>1/27/17</u>              |                          |                          |                          |                          |



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

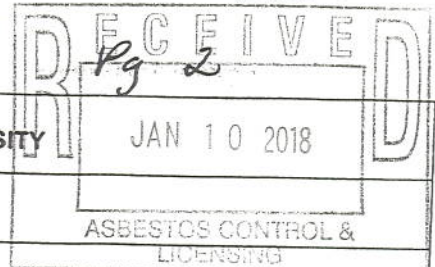


| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                               |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                   |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>3-7/20/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                              | Street Address<br><b>200 ELM DRIVE</b>                                                                                                                                                                                                                  |                           |                                                        |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                     |                           |                                                        |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                                                 |                           |                                                        |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | Telephone Number<br>_____                                                                                                                                                                                                                               |                           |                                                        |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                          | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                          | # of Floors<br><b>8</b>                                                                                                                                                                                                      |                                                                                                                                                                                                                                                         | Bldg. Age<br><b>70</b>    |                                                        |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                     |                                                                       | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                         |                                                                                                                                                                                                                              | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                    |                           |                                                        |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                            |                                                                       | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                                 |                                                                                                                                                                                                                              | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                                  |                           |                                                        |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                           |                                                                       | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                              |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                            |                                                                       | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                  |                                                                       | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                     |                                                                                                                                                                                                                              | License No.<br><b>00509</b>                                                                                                                                                                                                                             |                           |                                                        |                          |                          |                          |
| Start Date (10)<br><b>3 / 13 / 17</b>                                                                                                                                                                                                                                                                           |                                                                       | Scheduled Completion Date (11)<br><b>8 / 31 / 17</b>                                                                                                                                                                                                     |                                                                                                                                                                                                                              | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                               |                           |                                                        |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>4:00AM-12:30PM</b> / ____ PM - ____ AM |                                                                       |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf                                                                                                                                                                                                               |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                    |                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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                |
| <b>TRUSTEES READING RM MEZZ.</b>                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <b>PIPE INSULATION</b>                                                                                                                                                                                                                                  | <b>85 LF</b>              | <input checked="" type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>ALL OUTSIDE COTSEN LIBRARY</b>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <b>WATERPROOFING</b>                                                                                                                                                                                                                                    | <b>250 SF</b>             | <input checked="" type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>RESERVATION ROOF</b>                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <b>WATERPROOFING</b>                                                                                                                                                                                                                                    | <b>150 SF</b>             | <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<br><b>WASTE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                           |                                                                       | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                                |                                                                                                                                                                                                                              | Cubic Yards of Waste                                                                                                                                                                                                                                    |                           | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                          |                          |                          |
| State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | Disposal Date                                                                                                                                                                                                                                           |                           | City, State<br><b>WAYNESBURG, OH</b>                   |                          |                          |                          |
| Signed By (Print or Type)<br><b>AN SCAFIRO</b>                                                                                                                                                                                                                                                                  |                                                                       | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                                |                                                                                                                                                                                                                              | Signature<br><i>An Scafiro/jc</i>                                                                                                                                                                                                                       |                           | Date<br><b>7/20/17</b>                                 |                          |                          |                          |



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

ck # 3280



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

**FACILITY INFORMATION**

|                                                                                                         |                                  |                                                                                                                                                                                                                              |                         |
|---------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b> |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                         |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                              |                                  | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b> |
| City (5)<br><b>PRINCETON, NJ</b>                                                                        |                                  | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                         |
| County (6)<br><b>MERCER</b>                                                                             | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                         |

|                                                                                      |  |                                                   |                                                                        |                             |
|--------------------------------------------------------------------------------------|--|---------------------------------------------------|------------------------------------------------------------------------|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b> |  | ASCM No.<br><b>00098</b>                          | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                             |
| Street Address<br><b>3 TERRI LANE</b>                                                |  | Street Address<br><b>1123 BEAVER STREET</b>       |                                                                        |                             |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                 |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b> |                                                                        |                             |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                       |  | Telephone No.<br><b>609-386-8800</b>              | Telephone No.<br><b>215-788-6040</b>                                   | License No.<br><b>00509</b> |

|                                       |                                                       |                                                           |
|---------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|
| Start Date (10)<br><b>3 / 13 / 17</b> | Scheduled Completion Date (11)<br><b>16 / 13 / 17</b> | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b> |
|---------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-2:30PM</b> PM- AM<br><b>OFF SITE &amp; ON HOLD 10/14/17</b>                                                                                                                                                   |  | Street Address<br><b>1123 BEAVER STREET</b>       |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b> |

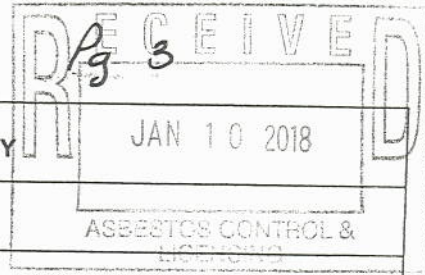
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, 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<br><b>SERVICE TRANSPORT GROUP, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>20990</b> | Cubic Yards of Waste                 | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |  |
| City, State<br><b>NEW CASTLE, DE</b>                                    |                           | Disposal Date                             | City, State<br><b>WAYNESBURG, OH</b> |                                                        |  |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                    | Title<br><b>ESTIMATOR</b> | Signature<br><i>Brian Scafiro</i>         |                                      | Date<br><b>10/11/17</b>                                |  |



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

CL# 3280



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

**FACILITY INFORMATION**

|                                                                                                         |                                  |                                                                                                                                                                                                                              |                        |
|---------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b> |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                        |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                              |                                  |                                                                                                                                                                                                                              |                        |
| City (5)<br><b>PRINCETON, NJ</b>                                                                        | Square Feet<br><b>1,000,000</b>  | # of Floors<br><b>8</b>                                                                                                                                                                                                      | Bldg. Age<br><b>70</b> |
| County (6)<br><b>MERCER</b>                                                                             | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                        |

|                                                                                      |                                      |                                                                        |                             |
|--------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b> | ASCM No.<br><b>00098</b>             | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                             |
| Street Address<br><b>3 TERRI LANE</b>                                                |                                      | Street Address<br><b>1123 BEAVER STREET</b>                            |                             |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                 |                                      | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                      |                             |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                       | Telephone No.<br><b>609-386-8800</b> | Telephone No.<br><b>215-788-6040</b>                                   | License No.<br><b>00509</b> |

|                                                                                                                                                                                                                                                                                                                                         |                                                |                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Start Date (10)<br>3 / 13 / 17                                                                                                                                                                                                                                                                                                          | Scheduled Completion Date (11)<br>10 / 13 / 17 | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                        |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-2:30PM</b> PM- AM<br><b>OFF SITE WORK HOLD 10/14/17</b> |                                                | Street Address<br><b>1123 BEAVER STREET</b><br>City, State, Zip Code<br><b>BRISTOL, PA 19007</b> |

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

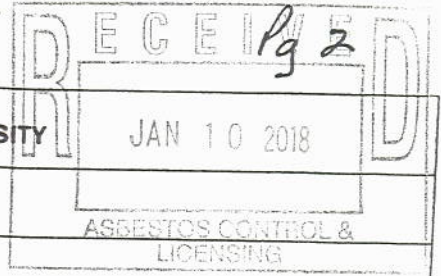


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ASBESTOS CONTROL & LICENSING

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



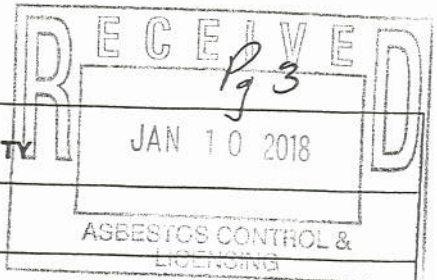
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



|                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                                                                                                                                                       |                                                                                |                                                                                                                                                                                                                                                         |                                                        |                                     |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b> |                                                                                                                                                                                                                                                         |                                                        |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                                    |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment # <u>5-9/22/17</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                | Street Address<br><b>200 ELM DRIVE</b>                                                                                                                                                                                                                  |                                                        |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                                                                                                                                                       |                                                                                | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                     |                                                        |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                  |                                                                       | Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                                               |                                                                                | Telephone Number                                                                                                                                                                                                                                        |                                                        |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                       |                                                                                |                                                                                                                                                                                                                                                         |                                                        |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                       |                                                                                | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |                                                        |                                     |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                                                                                       |                                                                                | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                                                         |                                                        |                                     |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                       |                                                                                | # of Floors<br><b>8</b>                                                                                                                                                                                                                                 |                                                        |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                       |                                                                                | Bldg. Age<br><b>70</b>                                                                                                                                                                                                                                  |                                                        |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                                                 |                                                                       | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                  |                                                                                |                                                                                                                                                                                                                                                         |                                                        |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                             |                                                                       | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                              |                                                                                | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                                  |                                                        |                                     |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                            |                                                                       | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                           |                                                                                |                                                                                                                                                                                                                                                         |                                                        |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                             |                                                                       | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                     |                                                                                |                                                                                                                                                                                                                                                         |                                                        |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                   |                                                                       | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                  |                                                                                | License No.<br><b>00509</b>                                                                                                                                                                                                                             |                                                        |                                     |                          |                          |                          |
| Start Date (10)<br><u>3</u> / <u>13</u> / <u>17</u>                                                                                                                                                                                                                                                                              |                                                                       | Scheduled Completion Date (11)<br><u>ON HOLD</u>                                                                                                                                                                                                      |                                                                                | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                               |                                                        |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>4:00AM-12:30PM</u> / <u>      </u> PM- <u>      </u> AM |                                                                       |                                                                                                                                                                                                                                                       |                                                                                | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                             |                                                        |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                                                                                                                                                       |                                                                                | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                       |                                                        |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                                                                                                       |                                                                                |                                                                                                                                                                                                                                                         |                                                        |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                                                |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                 |                                                                                | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                        |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility<br>(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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                          |                                                                       | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                             |                                                                                | Cubic Yards of Waste                                                                                                                                                                                                                                    | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                                             |                                                                       | Disposal Date                                                                                                                                                                                                                                         |                                                                                | City, State<br><b>WAYNESBURG, OH</b>                                                                                                                                                                                                                    |                                                        |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                                                                                                                                                                                                                                                                             |                                                                       | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                             |                                                                                | Signature<br><i>Brian Scafiro</i>                                                                                                                                                                                                                       |                                                        | Date<br><u>9/22/17</u>              |                          |                          |                          |



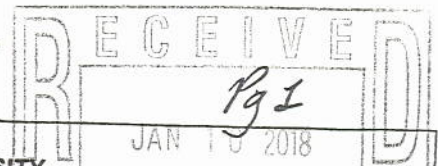
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                               |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                                                        | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>5-9/22/17</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b><br>City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          | Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                      | Telephone Number                    |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                          | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b>             |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                                                                                                             | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                         | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                                                                                                                    | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                                 | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                       |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                                                                                                          | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                     | Telephone No.<br><b>215-788-6040</b>                                                                                                                                                                                         | License No.<br><b>00509</b>         |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>3</u> / <u>13</u> / <u>17</u>                                                                                                                                                                                                                                                                                                                                                                     | Scheduled Completion Date (11)<br><u>ON HOLD</u>                                                                                                                                                                                                         | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                    |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>4:00AM-12:30PM</u> / <u>      </u> PM - <u>      </u> AM                                                                                       |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b><br>City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                             |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                    | Cubic Yards of Waste                | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>                                                                       |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | Disposal Date                       | City, State<br><b>WAYNESBURG, OH</b>                                                                                         |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>BRIAN SCAFIRO</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                          | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                    | Signature<br><i>Brian Scafiro</i>   |                                                                                                                              |                           | Date<br><b>9/22/17</b>              |                          |                          |                          |



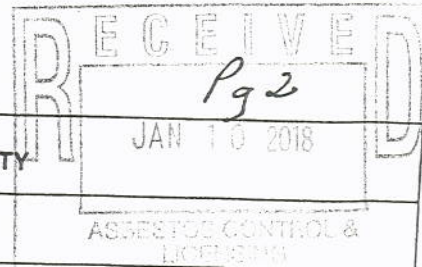
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                               |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                                                                                | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>4-8/30/17</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b>                                                                                                                                                                                       |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                          |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          | Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                      | Telephone Number                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                          | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b>                                                |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                         | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          | ASCM No.<br><b>00098</b>                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                         | Telephone No.<br><b>215-788-6040</b>                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          | License No.<br><b>00509</b>                                                                                                                                                                                                  |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>3</u> / <u>13</u> / <u>17</u>                                                                                                                                                                                                                                                                                                                                                                                             | Scheduled Completion Date (11)<br><u>9</u> / <u>29</u> / <u>17</u>                                                                                                                                                                                       | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                    |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>4:00AM-12:30PM</u> <u>      </u> PM- <u>      </u> AM                                                                                                                  |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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                |
| HASE 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"/> |
| HASE 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"/> |
| HASE 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"/> |
| HASE 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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                    | Cubic Yards of Waste                                                   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>                                                                       |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | Disposal Date                                                          | City, State<br><b>WAYNESBURG, OH</b>                                                                                         |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>CHRISTIAN SCAFIRO</b>                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                    | Signature<br><i>Christian Scafiro</i>                                  |                                                                                                                              |                           | Date<br><b>8/30/17</b>              |                          |                          |                          |



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

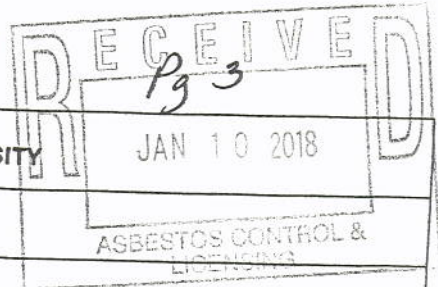


|                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                               |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                       |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment # <b>4-8/30/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                              | Street Address<br><b>200 ELM DRIVE</b>                                                                                                                                                                                                                  |                           |                                                        |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                     |                                                                       | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                   |                                                                                                                                                                                                                              | Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                                                 |                           |                                                        |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              | Telephone Number                                                                                                                                                                                                                                        |                           |                                                        |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                                                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                       | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                       | # of Floors<br><b>8</b>                                                                                                                                                                                                      |                                                                                                                                                                                                                                                         | Bldg. Age<br><b>70</b>    |                                                        |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                         |                                                                       | County Code (7)(STATE USE ONLY)                                                                                                                                                                                                                       |                                                                                                                                                                                                                              | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                    |                           |                                                        |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                |                                                                       | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                              |                                                                                                                                                                                                                              | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                                  |                           |                                                        |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                               |                                                                       | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                |                                                                       | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                     |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                      |                                                                       | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                              | Telephone No.<br><b>215-788-6040</b>                                                                                                                                                                                                                    |                           |                                                        |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              | License No.<br><b>00509</b>                                                                                                                                                                                                                             |                           |                                                        |                          |                          |                          |
| Start Date (10)<br><b>3 / 13 / 17</b>                                                                                                                                                                                                                                                                               |                                                                       | Scheduled Completion Date (11)<br><b>9 / 29 / 17</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                              | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                               |                           |                                                        |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>4:00AM-12:30PM</b> / <b>PM</b> - <b>AM</b> |                                                                       |                                                                                                                                                                                                                                                       | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                       | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                           |                                                        |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                                   |                                                                       | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                 |                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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                |
| 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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                             |                                                                       | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                              | Cubic Yards of Waste                                                                                                                                                                                                                                    |                           | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                          |                          |                          |
| State<br><b>DE</b>                                                                                                                                                                                                                                                                                                  |                                                                       | Disposal Date                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              | City, State<br><b>WAYNESBURG, OH</b>                                                                                                                                                                                                                    |                           |                                                        |                          |                          |                          |
| Completed By (Print or Type)<br><b>CHRISTIAN SCAFIRO</b>                                                                                                                                                                                                                                                            |                                                                       | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                             |                                                                                                                                                                                                                              | Signature<br><i>Christian Scafiro</i>                                                                                                                                                                                                                   |                           | Date<br><b>8/30/17</b>                                 |                          |                          |                          |

B517024



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



| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                               |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>4-8/30/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b>                                                                                                                                                                                       |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                 | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                                                      |                                                                                                                                                                                                                              |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          | Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                      | Telephone Number                                                       |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                          | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b>                                                |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                                                                     | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                         | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          | ASCM No.<br><b>00098</b>                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                         | Telephone No.<br><b>215-788-6040</b>                                   |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>3 / 13 / 17</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          | Scheduled Completion Date (11)<br><b>9 / 29 / 17</b>                                                                                                                                                                         | License No.<br><b>00509</b>                                            |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>4:00AM-12:30PM</b> / <b>PM</b> - <b>AM</b>                                                             |                                                                                                                                                                                                                                                          | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                    |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                                        |                                                                                                                              |                           |                                     |                          |                          |                          |
| 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<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><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                |
| <b>RUSTEES READING RM MEZZ.</b>                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                     | <input checked="" type="checkbox"/>                                    | <b>PIPE INSULATION</b>                                                                                                       | <b>85 LF</b>              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>ALL OUTSIDE COTSEN LIBRARY</b>                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                     | <input checked="" type="checkbox"/>                                    | <b>WATERPROOFING</b>                                                                                                         | <b>250 SF</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>RESERVATION ROOF</b>                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                     | <input checked="" type="checkbox"/>                                    | <b>WATERPROOFING</b>                                                                                                         | <b>150 SF</b>             | <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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                    | Cubic Yards of Waste                                                   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>                                                                       |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          | Disposal Date                                                                                                                                                                                                                |                                                                        | City, State<br><b>WAYNESBURG, OH</b>                                                                                         |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>RIAN SCAFIRO</b>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                          | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                    |                                                                        | Signature<br><i>Rian Scafiro</i>                                                                                             |                           | Date<br><b>8/30/17</b>              |                          |                          |                          |

41  
3 **B 517024**

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



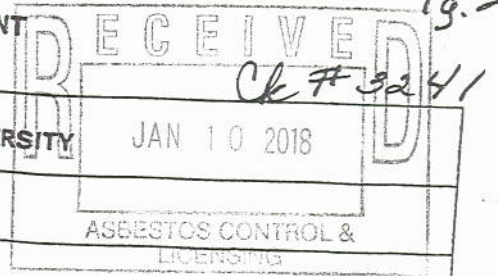
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

**RECEIVED**  
**CR # 3241**  
**JAN 10 2018**

|                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                          |                                                                                |                                                                                                                                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br><b>2 / 27 / 17</b>                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b> |                                                                                                                                                                                                                                                         |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                    |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>3-7/20/17</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                | Street Address<br><b>200 ELM DRIVE</b><br>City, State, Zip Code<br><b>PRINCETON, NJ 08544</b><br>Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                |  |
| Telephone Number                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                          |                                                                                |                                                                                                                                                                                                                                                         |  |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                          |                                                                                |                                                                                                                                                                                                                                                         |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                          |                                                                                | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |  |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                          |                                                                                | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                                                         |  |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                          |                                                                                | # of Floors<br><b>8</b>                                                                                                                                                                                                                                 |  |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                          |                                                                                | Bldg. Age<br><b>70</b>                                                                                                                                                                                                                                  |  |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                          |                                                                                | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                                                    |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                |  | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                                 |                                                                                | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                                  |  |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                               |  | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                              |                                                                                | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                       |  |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                |  | Telephone No.<br><b>215-788-6040</b>                                                                                                                                                                                                                     |                                                                                | License No.<br><b>00509</b>                                                                                                                                                                                                                             |  |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                      |  | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                                     |                                                                                | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                                               |  |
| Start Date (10)<br><b>3 / 13 / 17</b>                                                                                                                                                                                                                                                                               |  | Scheduled Completion Date (11)<br><b>8 / 31 / 17</b>                                                                                                                                                                                                     |                                                                                |                                                                                                                                                                                                                                                         |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>4:00AM-12:30PM</b> / <b>PM</b> - <b>AM</b> |  |                                                                                                                                                                                                                                                          |                                                                                | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                          |                                                                                | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                       |  |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                          |                                                                                |                                                                                                                                                                                                                                                         |  |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                                              |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                    |                                                                                | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)                                                                                                                                                                                                                           |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                                                                      |                                                                                | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                            |  |
| <b>BASE 5A - LEVELS C &amp; B</b>                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                                                                                                    |                                                                                | <b>PIPE INSULATION</b>                                                                                                                                                                                                                                  |  |
| <b>BASE 5A - LEVELS C &amp; B</b>                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                                                                                                    |                                                                                | <b>FLOOR TILE &amp; MASTIC</b>                                                                                                                                                                                                                          |  |
| <b>BASE 5A - LEVELS C &amp; B</b>                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                                                                                                    |                                                                                | <b>Packed fittings on fiberglass</b>                                                                                                                                                                                                                    |  |
| <b>BASE 5A - LEVELS C &amp; B</b>                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                                                                                                    |                                                                                | <b>Hanger pads on fiberglass</b>                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                          |                                                                                | Amount (Specify SF or LF)<br><b>1010 LF</b>                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                          |                                                                                | <b>43,057 SF</b>                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                          |                                                                                | <b>285 EA</b>                                                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                          |                                                                                | <b>40 EA</b>                                                                                                                                                                                                                                            |  |
| Name of Registered Waste Hauler<br><b>WASTE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                               |  | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                                                |                                                                                | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>                                                                                                                                                                                                  |  |
| City, State<br><b>WAYNESBURG, OH</b>                                                                                                                                                                                                                                                                                |  | Disposal Date                                                                                                                                                                                                                                            |                                                                                | City, State<br><b>WAYNESBURG, OH</b>                                                                                                                                                                                                                    |  |
| Prepared By (Print or Type)<br><b>AN SCAFIRO</b>                                                                                                                                                                                                                                                                    |  | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                                                |                                                                                | Signature<br><i>AN SCAFIRO</i>                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                          |                                                                                | Date<br><b>7/20/17</b>                                                                                                                                                                                                                                  |  |



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



| Date of Notification (1)<br><u>2</u> / <u>27</u> / <u>17</u>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>TRUSTEES OF PRINCETON UNIVERSITY</b>                                                                                                                                               |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                                                                 | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>3-7/20/17</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 ELM DRIVE</b>                                                                                                                                                                                       |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>PRINCETON, NJ 08544</b>                                                                                                                                                                          |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | Name of Contact<br><b>ROBERT ORTEGO</b>                                                                                                                                                                                      | Telephone Number                    |                                                                                                                              |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRINCETON UNIVERSITY - FIRESTONE LIBRARY</b>                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>1 WASHINGTON ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                          | Square Feet<br><b>1,000,000</b>                                                                                                                                                                                              | # of Floors<br><b>8</b>             |                                                                                                                              |                           |                                     |                          |                          |                          |
| City (5)<br><b>PRINCETON, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                          | Bldg. Age<br><b>70</b>                                                                                                                                                                                                       |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                                                                                                                                                      | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                         | Current Use (Prior if being demolished)<br><b>UNIVERSITY LIBRARY</b>                                                                                                                                                         |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ATC GROUP SERVICES LLC</b>                                                                                                                                                                                                                                                                                                                                             | ASCM No.<br><b>00098</b>                                                                                                                                                                                                                                 | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                       |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Street Address<br><b>3 TERRI LANE</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>MICHAEL R. KEEHN</b>                                                                                                                                                                                                                                                                                                                                                                   | Telephone No.<br><b>609-366-8800</b>                                                                                                                                                                                                                     | Telephone No.<br><b>215-788-6040</b>                                                                                                                                                                                         | License No.<br><b>00509</b>         |                                                                                                                              |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>3</u> / <u>13</u> / <u>17</u>                                                                                                                                                                                                                                                                                                                                                                              | Scheduled Completion Date (11)<br><u>8</u> / <u>31</u> / <u>17</u>                                                                                                                                                                                       | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>                                                                                                                                                                    |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>4:00AM-12:30PM</u> / <u>      </u> PM - <u>      </u> AM                                                                                                |                                                                                                                                                                                                                                                          | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                     |                                                                                                                              |                           |                                     |                          |                          |                          |
| 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                |
| 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<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                    | Cubic Yards of Waste                | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>                                                                       |                           |                                     |                          |                          |                          |
| State<br><b>NEW CASTLE, DE</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | Disposal Date                       | City, State<br><b>WAYNESBURG, OH</b>                                                                                         |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>MIAN SCAFIRO</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                          | Title<br><b>ESTIMATOR</b>                                                                                                                                                                                                    | Signature<br><i>Brian Scafiro</i>   |                                                                                                                              |                           | Date<br><b>7/20/17</b>              |                          |                          |                          |