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



Date of Notification (1) 05/24/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification Initial	Street Address P.O. box 2158	
	<input checked="" type="checkbox"/> Notification	City, State, Zip Code Princeton NJ 08543	
	<input checked="" type="checkbox"/> Amended	Name of Contact Robert Otego	
	<input type="checkbox"/> Cancellation	Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Hibben & Magie Apartments			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Faculty Road Princeton University			Square Feet 60000	# of Floors 8	Bldg. Age 50+
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting Inc.		
Street Address 3 Terri Lane			Street Address 98 LaCrue Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 06/11/12 Month/Day/Year		Sched. Completion Date (11) 07/31/12 Month/Day/Year	Name of OSHA Monitor Criterion Labs		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 7:00 AM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3 sf or >3 if		<input checked="" type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Friable Procedure

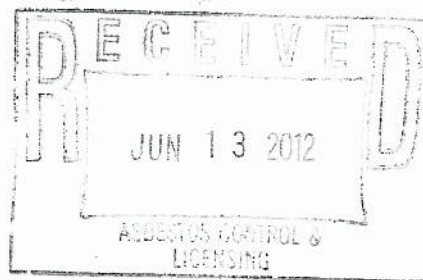
Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Hibben Apts - Basement		<input checked="" type="checkbox"/>		pipe insulation & fittings	5300 LF	<input checked="" type="checkbox"/>			
Hibben Apts - Basement		<input checked="" type="checkbox"/>		VAT & mastic	800 SF	<input checked="" type="checkbox"/>			
Hibben Apts - Basement		<input checked="" type="checkbox"/>		exhaust flu duct liner	12 LF	<input checked="" type="checkbox"/>			
see attached for additional materials									

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 500	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	

Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 6-11-12
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## Princeton University - Hibben & Magie Apartments additional ACM Materials

Location of ACM	Description of ACM	Amount	Abatement
Magie Apartment - Basement	pipe insulation & fitting	7500 LF	Removal
Magie Apartment - Basement	Vat & Mastic- below stoves - (96 ea)	690 SF	Removal
Hibben Apartments - fls 1, 3, 5, & 7	Vat & Mastic elevator cars 1 & 2	75 SF	Removal
Hibben Apartments - roof penthouse	door gasket material (stair 1 & 2)	30 LF	Removal
Hibben Apts stairs 1 & 2, inciner chutes	fires doors	26 ea.	Removal
Magie Apartment - fls 1, 3, 5, & 7	fittings on fg lines	7200 EA	Removal
Magie Apartment - fls 1, 3, 5, & 7	Vat & Mastic	116,000 SF	Removal
Magie Apartment - fls 1, 3, 5, & 7	black sill step to balcony	576 SF	Removal
Magie Apartment - elevator cars 1 & 2	Vat & Mastic elevator cars 1 & 2	75 SF	Removal
Magie Apartment - roof penthouse	door gasket material (stair 1 & 2)	30 LF	Removal
Magie Apts stairs 1 & 2, inciner chutes	fire doors	26 ea.	Removal





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

Date of Notification (1) <div style="text-align: center;">6 / 11 / 12</div>		Name of Building Owner/Operator (2) <b>Virtua Health - Facilities Development</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 west Stow Road - suite 3</b>							
		City, State, Zip Code <b>Marlton, NJ 08503</b>							
		Name of Contact <b>John Angelucci</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Virtua Health - Old Voorhees Hospital</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>101 Carnie Blvd</b>		Square Feet <b>90,000</b>	# of Floors <b>6</b>						
City (5) <b>Voorhees, NJ 08043-1548</b>		Bldg. Age <b>50=</b>							
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Labs</b>		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>							
Street Address <b>3370 Progress Drive Suite J</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>Mike Panapresto</b>		Telephone No. <b>215 244 1300</b>	License No. <b>00847</b>						
Start Date (10) <div style="text-align: center;">6 / 25 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 25 / 12</div>	Name of OSHA Monitor <b>CES</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM</u> - <u>      </u> PM/ <u>7:00PM</u> - <u>      </u> AM		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
		City, State, Zip Code <b>Spring House, PA 19477</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" 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
Heli Pad Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summit surgical center Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black roofing material	19,440 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summit surgical center Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray/Black Flashing material	692 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See attached Inventory Table	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See attached table	see attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>400 yards</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Tullytown, PA</b>		Disposal Date <b>10/26/2012</b>		City, State <b>Tullytown, PA 19067</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>			Date <b>6-11-2012</b>		

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

Date of Notification (1) 06/11/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	Initial	P.O. box 2158	
DEP	Notification	City, State, Zip Code	
DCA	<input checked="" type="checkbox"/> Amended	Princeton NJ 08543	
DOH	Notification	Name of Contact	
	Cancellation	Robert Otego	

Name of Facility Where Abatement is Taking Place (3) Nassau Hall - Basement			Type of Facility (4) School (K12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K12) Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Nassau Street			Square Feet    # of Floors    Bldg. Age 50000            5            200		
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue	
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342	
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622	Licence Number 1103

Scheduled Start Date (10) 06/29/12 Month/Day/Year	Sched. Completion Date (11) 07/13/12 Month/Day/Year	Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 3:30 PM Other - Describe:		Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020	

Scope of work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
Demolition >3 sf or >3 if <input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation	Mini - Enclosure Glovebag Procedure Non-Friable Procedure	

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement Outside mens-women's room		<input checked="" type="checkbox"/>		floor tile	400	<input checked="" type="checkbox"/>			
Basement Outside mens-women's room		<input checked="" type="checkbox"/>		mastic	400	<input checked="" type="checkbox"/>			
Basement mens-womens room		<input checked="" type="checkbox"/>		pipe fittings	30 (ca.)	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	

Completed By (Print or Type) Mark Goshow <i>Mark Goshow</i>	Title Project Manager	Signature <i>Mark Goshow</i>	Date 6-11-12
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