State of New Juley NOTIFICATION OF ASBESTOS ABATEMENT NIAC 8:60-7 and 12:-120-7) State of New Jersey

(Pursuant	to NJAC 8:60-7	and 12:-120-7)

Date of Notification (1) 05/24/12					Name of I Princeton		ilding Owner/o	Operato	r (2)	员居	IW		m		
Month/Day/Year									411 111				1 111		
Agency Notified	Type Notif	ficati	on		Street Ad	idr	ess		10 111 .11	AI T		- II	f fil		
EPA	April	Initial P.O. box 2158							1 - 00	N 1;	2010) []			
DEP		Notification City, State, Zip Code							1 /	55-10-11-11-11		, her	21		
DCA	x	Amended Princeton NJ 08543							harmon de la companya						
DOH		No	tificat	ion	Name of C	Name of Contact Telephone Number									
		Can	cellati	on	Robert O	teo	70		ently.	11000	WALLS		il d		
		Carr	-	-			Y INFORMAT	TON	Commence of the Commence of th		-	-			
		_			FACILI	A A I	INFORMA	ION		Waster March	95 . F3	AS-IL.	neal .		
Name of Facility Where Aba Hibben & Magie Apartment Street Address	Control of the Contro	ding I	Place	(3)					Type of Facility (4) School (K1 Subchapter 8 x Other (i. e.	(Other		500 00 00 00	- level		
Faculty Road Princeton University								buildings, homes, etc.)							
									Square Feet # of	Floors	Bldg.	Age			
City (5) County (6)						To	County Code	(7)	60000 8 50+						
Princeton		3,0000000000000000000000000000000000000				(STATE USE ONLY) Current Use (Prior if being					ng demolished)				
								10	University			150			
Name of Monitoring Firm H ATC Associates, Inc	ired by Buildi	ing C)wner	(8)			ASCM No.		of Abatement Contractor (9) iated Specialty Contracting Inc.						
Street Address 3 Terri Lane								11.	Address Crue Avenue						
City, State, Zip Code Burlington NJ 08016									State, Zip Code Mills, PA 19342						
							lumber	-	hone Number		Licen	ce Numi	ner		
Mike Keehn	609-386-8				64-9622		1103	Same of the same of the same of							
Scheduled Start Date (10)			Sche	d. Cor	npletion Date	pletion Date (11) Name of OSHA Monitor									
06/11/12	07/31/12				rion Labs										
Month/Day/Year			1	M	lonth/Day/Ye										
Occupancy Status During Al	patement (Che	eck o	nly on		ORGIN AND A CO	2001		Street Address							
x Facility Closed/Vacat	ed During En	itire l	Period	d of Al	oatement			100000000000000000000000000000000000000	Progresive Drive						
Abatement Performe									State, Zip Code						
Hours - Describe:									Bensalem PA 19020						
Other - Describe:		7.00	raiva					Denon	iciii 1 A 17020						
						_		IJ		-22		Al .			
Scope of work (Check all that	t apply)							x	Full Containment with	Negativ	e Pressu	ire			
Demolition				X	Renovation	n		x	Mini - Enclosure						
>3 sf or >3 if								x	x Glovebag Procedure						
x > 160 sf or > 260 lf								x	Non-Friable Procedur	e					
	Т		Is							Al	atemen	t Type			
Location of	- 1	Lo	cation	1	Desc	cri	ption of				T	E	E		
Asbestos - Containing		No	rmally	V	(in the 70)		Containing		Amount	R		N	N		
Material (ACM)	- 1	U	sed				d (ACM)		(Specify	E	R	C	C		
TO BE ABATED			lely				mal systems		SF or	M	E	A	L		
In Facility		bv	Main	_	25		urfacing, VAT		LF)	0	P	P	0		
(13)			ance/				iscellaneous)			V	A	S	S		
		Cus	stodia	I						A	I	U	U		
	_		ff (12)							L	R	L	R		
	,	Yes	$\overline{}$	N/A									E		
Hibben Apts - Basement			x				on & fittings		5300 LF	х					
Hibben Apts - Basement			x		VAT & ma	-			800 SF	x					
Hibben Apts - Basement			x		exhaust flu	u di	uct liner		12 LF	x					
see attached for additional m	aterials														
Name of Registered Waste Hauler NJDEP Was Hauler ID N							Cubic Yards of Waste		Name of Registered La	ındfill					
Horizon Disposal						500		GROWS			92	15-2			
City, State						i	Disposal Date		City, State						
Trenton NJ						1	As needed		Morrisville PA						
Completed By Print or Type Mark Goshow	y Gos	Sili	, Ju	Title Proje	ct Manager			Signati	To help	1.0		Date	1-17		
ABS-41	_ 000	71 0		1.0,0				VI	ind when	<u> </u>		101	1 14		
JUN 95													G4667		

Princeton University - Hibben & Magie Apartments additional ACM Materials

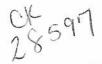
Location of ACM	Description of ACM	Amount	Abatement
Magie Apartment - Basement	pipe insulation & fitting	7500 LF	Removal
Magie Apartment - Basement	Vat & Mastic- below stoves - (96 ea)	690 SF	Removal
Hibben Apartments - fls 1, 3, 5, & 7	Vat & Mastic elevator cars 1 & 2	75 SF	Removal
Hibben Apartments - 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



0/2310

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

Date of Notification (1)					Name	of Building	Owner/Operator (2) [[] [[GEIN	-	Pag.	2-1-1-1		
6 /	11 /	12			Virtua Health - Facilities Development									
Agencies Notified	Type Notifica	tion			Street	Address		111 111	4-000	-	7//	Π	-:	
⊠ EPA					20 \	west Sto	w Road - suite 3	3 JULY JUN 13 2012						
⊠ DEP	☐ Amended				City, S	tate, Zip C	ode							
☐ DCA (NJAC 5:16) ☐ DHSS	Amendme	_	Studing		Mar	Iton, NJ	08503	ACDION						
DCA	justification		Juanig		Name	of Contact		ASBESTOS CAN Númber						
(NJAC 5:23-8)	☐ Cancellat				Joh	n Angelu	icci a	The State of the State		7	1		iii ii	
					FAC	FACILITY INFORMATION								
Name of Facility Where A	batement is T	aking	Place	(3)				Type of Facility	(4)	CO. S. A. Marketon	for a	- C. C. C.		
Virtua Health - Old	Voorhees H	ospi	tal				☐ School (K-12)							
Street Address						☐ Subchapter 8 (Other than K-12)								
101 Carnie Blvd							Other (i.e., private & commercial buildings, homes, etc.)							
City (5)								Square Feet	# of Floors	Ble	dg. Ag	ge		
Voorhees, NJ 08043	3-1548							90,000	6		50=	73330		
County (6)			10000		Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	red)				
Camden								hospital						
Name of Monitoring Firm	Hired by Build	ling O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Criterion Labs	56	•	- '					nvironmental						
Street Address							Street Address				-			
3370 Progress Driv	e Suite J						1121 N. Beth	lehem Pike - S	uite 60					
City, State, Zip Code							City, State, Zip Co	ode						
Bensalem, PA 1902	0						Spring House, PA 19477							
Project Manager for Moni				Tele	phone									
Mike Panapresto	3			1		244 1300 215-542-7000 00847				2/				
Start Date (10)	18	Sched	uled C	omple	etion Date (11) Name of OSHA M			fonitor						
6 / 25 /	N (2)				_ / _	20 (0)	CES							
Occupancy Status During	Abatement (0	Check	only o	ne)		Street Address								
☐ Facility Closed/Vacate	경기 (10 10 10 10 10 10 10 10 10 10 10 10 10 1				ment		1121 N. Beth	lehem Pike - S	uite 60					
☐ Abatement Performed						cribe	City, State, Zip Co	ode	-					
Time of Abatement: 7	:00AM	_PM/ <u>7</u>	7:00PI	VI	AM		Spring House							
Scope of Work (Check all	that apply)													
☐ >3 sf or >3 lf			□Re	novat	on		☐ Full Cont	tainment with Ne	gative Pressure					
≥160 sf or ≥260 lf			☑ De					g Procedure						
						☑ Non-Exempted (*) and Non-Friable Procedure								
				Loca: Iorma						Abatement Type			ype	
Location Asbestos-Containing I		n l			ely by	Ache	Description o stos Containing Ma		Amount	20	ᅏ	m	g	
TO BE ABA		,		intena			rmal systems insula		(Specify	Remova	Repair	cap	clos	
IN Facilit	у		Cusi	(12)	Staff?		VAT, or		SF or LF)	\ <u>a</u>	~	Encapsulate	Enclosure	
(13)			Vac		T	1	other miscellane	ous)				ate	"	
			Yes	No	N/A						_			
Heli Pad Roof	Darf					Caulk			200 SF					
Summit surgical cent						-	oofing material		19,440 SF					
Summit surgical cent							Black Flashing material 692 SF						1	
See attached Invento							ached table		see attached	\boxtimes				
1					JDEP V lauler ID		Cubic Yards of Waste	Name of Registered Landfill						
Waste Management					aulei IL	. 110.	400 yards	GROWS						
City, State							Disposal Date	City, State	Vol. 2 - 100.00 (00.00) - 100.00					
Tullytown, PA							10/26/2012	Tullytown	PA 19067					
Completed By (Print or Ty	rpe)	Title			erredietyn	111111111111111111111111111111111111111	Signature	7,	Dat	е				
Patricia Visco		0	ffice l	Mana	ger		Palu	cia Vi	Sco- E	5-1	1/-	20	12	



JUN 95

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				Name of Building Owner/Operator (2)									
Month/Day/Year								Advanced to the first of the deleter			31		
	e Notificati Initi		-	Street Add P.O. box 2				IIN 1 3 20	112		Surveyor SS		
DEP		tificati	ion		e, Zip Code				160	-1	2 1		
DCA		ended		Princeton			1 1		-	DATE OF THE PARTY	Sales Sales		
DOH		tificati	ion	Name of C			ASBITelephone Number						
5011		cellati		Robert Otego									
		Commen		1.1	TY INFORMAT	TION	The state of the state of		Marine San		- 4		
Name of Facility Where Abatemen Nassau Hall - Basement	t is Taking I	Place	(3)	THORAX.			x Subcl	y (4) I (K12) napter 8 (Other	than K				
Street Address			9					(i. e. Private &		rcial			
Nassau Street							Square Feet	# of Floors	Bldg. A	0.000			
City (5)	Cou	nty (6	6)		County Code		50000	5	200				
Princeton					(STATE USE ONL)	Y)		rior if being der	nolished)			
Name of Monitoring Firm Hired b Pennoni Associates Inc		ASCM No.		University e of Abatement Contractor (9) ciated Specialty Contracting									
Street Address 515 Grove Street Suite 1B						110000	Address Crue Avenue				2011 0001 - 32		
City, State, Zip Code Haddon Heights NJ				State, Zip Code Mills, PA 19342	1								
Project Manager of Monitoring Fi	Telephone 856-547-05		8778787878	phone Number Licence Nu 364-9622 1103				er					
Scheduled Start Date (10) 06/29/12	Scheduled Start Date (10) Sched. Comple						pletion Date (11) Name of OSHA Monitor Criterion Labs						
Month/Day/Year					onth/Day/Year								
Occupancy Status During Abateme Facility Closed/Vacated Du	ring Entire	Perio	d of A	batement		3370 1	Street Address 3370 Progresive Drive						
x Abatement Performed Out Hours - Describe:7:0			cility				State, Zip Code lem PA 19020						
Other - Describe:	U /AIVI - 3.50	1 141											
Scope of work (Check all that apply	y)					x		ent with Negativ	e Pressu	re			
Demolition			X	Renovation	n		Mini - Enclosu						
>3 sf or >3 if							Glovebag Proc	edure					
x >160 sf or >260 lf				Non-Friable Procedure									
0.1.2		Is		Abatemen					Type				
Location of Asbestos - Containing Material (ACM)	No.	ocatio ormall Used		Asbesto Mate	cription of os-Containing rial (ACM)		Amou (Speci	fv E	R	E N C	E N C		
TO BE ABATED		olely		100	ermal systems		SF o		E	A	L		
In Facility	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	v Main			surfacing, VA		LF	O V	P	P	O S		
(13)		nance		or other	miscellaneous)			I A	I A	U	U		
	10550	ıstodia aff (12						l î	R	L	R		
		No		1				"	1 *		E		
Basement Outside mens-women's r		x	IVE	floor tile			400	х					
Basement Outside mens-women's r	oom	x		mastic			400	x					
Basement mens-womens room		x		pipe fitting	is .		30 (ea.)	x	-				
Name of Registered Waste Hauler	EP Waste	Cubic Yards		Name of Regis	tered Landfill		<u> </u>	L					
Horizon Disposal	ler ID No.	of Waste	3	GROWS									
City, State					Disposal Date	e	City, State			720			
Trenton NJ			24-70 11 T		As needed		Morrisville PA						
Completed By (Print or Type) Mark Goshow Wink	osloi	1	Title Proj	ect Manager		Signat	Per M.	shu	ATTENDED TO	Date	171)		
ABS-41	3,00					(G4667		