

NO CK

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

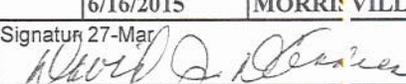
2015 JUN 16 AM 3:51
2015 JUN 16 AM 3:51
2015 JUN 16 AM 3:51

Date of Notification (1) <u>6</u> / <u>12</u> / <u>15</u>		Name of Building Owner/Operator (2) Verizon Communications / Job #1504-4887 C		Book #7189				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Greenwood Avenue		2015 JUN 16 AM 3:51 2015 JUN 16 AM 3:51 2015 JUN 16 AM 3:51			
			City, State, Zip Code Jenkintown, PA 19046					
			Name of Contact Alex Baylor	Telephone Number 3				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Verizon Perth Amboy Central Office			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 and commercial buildings, homes, etc.)					
Street Address 183 Jefferson Street			Square Feet	# of Floors	Bldg. Age			
City (5) Perth Amboy		County (6) Middlesex		County Code (7)(STATE USE ONLY)	Current Use (Prior to being demolished) Offices			
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 8436 Enterprise Ave.		Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 609-265-2107	License No. 0052				
Start Date (10) 6 / 1 / 15	Scheduled Completion Date (11) 6 / 15 / 15		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM			Street Address 200 Route 130 North					
			City, State, Zip Code Cinnaminson, NJ 08077					
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 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-Fixable 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 F)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Window Caulk	840 F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Roof Caulking	354 F	<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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 6/15/15		City, State Tullytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 		Date 6/12/15				

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

CHECK# 25001

2015 JUN 16 AM 3:47

Date of Notification (1) 6/12/2015		Name of Building Owner/Operator (2) Joe Filoon/Seminole Construction, LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 128 Bartlett Avenue	City, State, Zip Code West Creek, NJ 08092					
	Name of Contact DAVID D'ANDREA		Telephone Number					
	FACILITY INFORMATION							
	Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)						
Street Address 62 BAY SHORE DRIVE		Square Feet	# of Floors Bldg. Age					
City (5) ORTLEY BEACH, NJ		County Code (7) (STATE USE ONLY)	Current Use (Price if being demolished)					
County OCEAN		Name of Monitoring Firm Hired by Building Owner (8)	Name of Abatement Contractor (9)					
Street Address		ASCM No.	CREAM RIDGE ENVIRONMENTAL INC.					
Street Address 15 BLACK FOREST ROAD		City, State, Zip Code HAMILTON, NJ 08691						
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.					
		609-890-7110	00676					
Start Date (10) 6/15/2015	Scheduled Completion Date (11) 6/15/2015	Name of OSHA Monitor N/A						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM EXTERIOR ASBESTOS SHINGLES <input checked="" type="checkbox"/>		Street Address						
		City, State, Zip Code						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Non-Exempted (*) & 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 CF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
EXTERIOR		<input checked="" type="checkbox"/>	ASBESTOS SHINGLES	1200 S.F.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler TIMSTER TRUCKING		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 12 YDS	Name of Registered Landfill GROWS				
City, State WEST CREEK, NJ		Disposal Date 6/16/2015	City, State MORRISTOWN, PA					
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature 27-Mar 		Date 6/12/2015				

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

CHECK# 25000

2015 JUN 16 AM 3:48

Date of Notification (1) 6/10/2015		Name of Building Owner/Operator (2) MATT LUCAS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 69 BRITTON LANE
			City, State, Zip Code ROBBINSVILLE, NJ 08691
			Name of Contact DAVID D'ANDREA
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) LUCAS RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address 73 HERBERT ROAD		Square Feet	# of Floors Bldg. Age
City (5) UPPER FREEHOLD TWP., NJ	County Code (7) (STATE USE ONLY)	Current Use (Priority if being demolished)	
County MONMOUTH			

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address		Street Address 15 BLACK FOREST ROAD		
		City, State, Zip Code HAMILTON, NJ 08691		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676	

Start Date (10) 6/12/2015	Scheduled Completion Date (11) 6/12/2015	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM EXTERIOR ASBESTOS SHINGLES <input checked="" type="checkbox"/>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure
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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		X		ASBESTOS SHINGLES	1500 SQ. FT.	X			

Name of Registered Waste Hauler CURRENT CONSTRUCTION		NJDEP Waste Hauler ID No. 35149	Cubic Yards of Waste 15 YDS	Name of Registered Landfill GROWS	
City, State ALLENTOWN, NJ 08501		Disposal Date 6/15/2015	City, State MORRISVILLE, PA		

Completed By DAVID D'ANDREA	Title PRESIDENT	Signature 27-Mar 	Date 6/10/2015
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ASB-41

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

Date of Notification (1) <u>6</u> / <u>12</u> / <u>15</u>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1506-4921 Check #7302 1 of 2							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <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 Trustees of Princeton University E.A. MacMillan Bldg.						
			City, State, Zip Code Princeton, NJ 08544						
			Name of Contact Telephone Number Robert Ortego, P.E.						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-1903 Hall		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 and commercial buildings, homes, etc.)							
Street Address Main Campus		Square Feet	# of Floors Bldg. Age						
City (5) Princeton		Current Use (Prior to being demolished) Parking Lot							
County (6) Mercer	County Code (7)(STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC							
Name of Abatement Contractor (9) AbateTech, Inc.		ASCM No. 00098	Telephone No. 609-265-2107						
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800	Licens. No. 00510						
Start Date (10) <u>6</u> / <u>22</u> / <u>15</u>	Scheduled Completion Date (11) <u>6</u> / <u>26</u> / <u>15</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/3:30 startPM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Restroom 414	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restroom 422	<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"/>
Restroom 525	<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"/>
Room 536	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 6/29/15	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 		Date 6/12/15				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

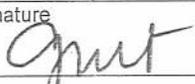
506-4921
Page 2 of 2

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 14F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 =	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restroom 134	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 =	<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"/>

PERFORMED
2015 JUN 16 AM 3:54
ASBESTOS CONTROL
& LICENSING

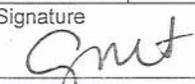
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

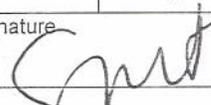
Date of Notification (1) <u>6</u> / <u>12</u> / <u>15</u>		Name of Building Owner/Operator (2) NJ Transit 2015 JUN 19 Job #1506-4319 Check #7278								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Penn Plaza East								
		City, State, Zip Code Newark, NJ 07105								
		Name of Contact Russell Samaroo								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Newark Penn Station		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 and commercial buildings, homes, etc.)								
Street Address 1 Raymond Blvd.		Square Feet	Bldg. Age							
City (5) Newark		Current Use (Prior to being demolished) Station								
County (6) Essex	County Code (7)(STATE USE ONLY)	Name of Abatement Contractor (9) AbateTech, Inc.								
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 0003	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 1253 N. Church Street		Street Address 30 Maple Ave. PO Box 25								
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048								
Project Manager for Monitoring Firm Jeff Seaman		Telephone No. 856-840-8800	License No. 0052							
Start Date (10) <u>6</u> / <u>12</u> / <u>15</u>	Scheduled Completion Date (11) <u>6</u> / <u>12</u> / <u>15</u>	Name of OSHA Monitor EMSL Analytical								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 9:30PM-6AM		Street Address 108 Haddon Ave.								
		City, State, Zip Code Westmont, NJ 08108								
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable 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 CF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Track 5 Middle Waiting Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	8 L	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S. Landfill						
City, State Lumberton, NJ		Disposal Date 6/15/15		City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 6/12/15			

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

RECEIVED

Date of Notification (1) <u>6</u> / <u>11</u> / <u>15</u>		Name of Building Owner/Operator (2) Verizon Communications		Job # <u>1405-763</u> Check # <u>7301</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>100 Greenwood Ave.</u>						
	City, State, Zip Code <u>Jenkintown, PA 19046</u>			ASBESTOS CONTROL & LICENSING					
	Name of Contact <u>Alex Baylor</u>		Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Verizon - Hightstown CO</u>			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 and commercial buildings, homes, etc.)						
Street Address <u>393 Mercer Street</u>			Square Feet						
City (5) <u>Hightstown</u>			# of Floors	Bldg. Age					
County (6) <u>MERCER</u>		County Code (7)(STATE USE ONLY)	Current Use (Prior to being demolished) <u>Offices</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>USA Environmental</u>		ASCM No.	Name of Abatement Contractor (9) <u>AbateTech, Inc.</u>						
Street Address <u>8436 Enterprise Avenue</u>		Street Address <u>30 Maple Ave. PO Box 25</u>							
City, State, Zip Code <u>Philadelphia, PA 19153</u>		City, State, Zip Code <u>Lumberton, NJ 08048</u>							
Project Manager for Monitoring Firm <u>Mark Jenkins</u>		Telephone No. <u>215-365-5810</u>	Telephone No. <u>609-265-2107</u>	License No. <u>0052</u>					
Start Date (10) <u>6 / 16 / 15</u>		Scheduled Completion Date (11) <u>6 / 17 / 15</u>		Name of OSHA Monitor <u>EMSL Analytical</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00PM-1:30AM</u>			Street Address <u>200 Route 130 North</u>						
			City, State, Zip Code <u>Cinnaminson, NJ 08077</u>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible 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
<u>Basement</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Floor tile and Mastic</u>	<u>70 SF</u>	<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 <u>AbateTech, Inc.</u>		NJDEP Waste Hauler ID No. <u>18750</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>G.R.O.W.S. Landfill</u>					
City, State <u>Lumberton, NJ</u>		Disposal Date <u>6/17/15</u>	City, State <u>Tullytown, PA</u>						
Completed By (Print or Type) <u>Jennifer Piraine</u>		Title <u>Operations Coordinator</u>	Signature 		Date <u>6/11/15</u>				

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

Date of Notification (1) <u>6</u> / <u>10</u> / <u>15</u>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1304-4626		Check # <u>300</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>15</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bldg.							
	City, State, Zip Code Princeton, NJ 08544			Telephone Number						
	Name of Contact Robert Ortego, P.E.									
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 20 Washington Road			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 and commercial buildings, homes, etc.)							
Street Address 20 Washington Road, Princeton University Main Campus			Square Feet		Bldg. Age					
City (5) Princeton			1,000,000		5					
County (6) Mercer			County Code (7)(STATE USE ONLY)		85					
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates			ASCM No. 00098		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 3 Terri Lane			Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016			City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800		Telephone No. 609-265-2107						
Start Date (10) 3 / 24 / 14		Scheduled Completion Date (11) 8 / 30 / 15		License No. 0052						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ <u>3:30PM-12AM</u>		Name of OSHA Monitor EMSL Analytical								
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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fixable 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	
Room 227A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	400	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandon Exterior Steam Tunnell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cut & Wrap	300	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	714	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Fl. Column C-D between 5&6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double layer Floor tile & Mastic	270	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40		Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 8/30/15		City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 6/10/15				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

304-4626
Page 2 of 2

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or 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
Light Court TAR Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heritage Glass TAR Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Perimeter Window Caulk	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Window Glazing	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Transformer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris clean up	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Transformer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Transformer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	96 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Transformer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	15 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1964 Addition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waterproofing Mastic	2,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor to 3 rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows including caulk & glazing	00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Tower- 2 nd Floor Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (wrap & cut)	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Penthouse, Stair Tower 7 & 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1964 Addition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2015 JUN 16 AM 3:52
304-4626
Page 2 of 2