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

Ch # 3/65 Pg. 1

													19.			
Date of Notification (1)					Name	of Building	g Owner/Operator (2)	MEG		1 N	7 [5				
	27 /	17			TRU	JSTEES	OF PRINCETON	UNIVERSITY	ID) <u>E 6</u>	느	l Ü					
Agencies Notified	Type Notifica	ition			Street	Address			i i i i i i i i i i i i i i i i i i i				-111			
⊠ EPA					200	ELM DR	RIVE		III MAR	= 1	20	17				
□ DOLWD	☐ Amended				City, S	tate, Zip C	Code	***************************************			105.40		1			
⊠ DOH	Amendme	_					I, NJ 08544						1			
□ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		luding			of Contac			Telephone Numb	€ C	TMC	ROL	. &			
(NJAC 5.25-6)	Cancellati					BERT OF		LICENSING								
							IFORMATION				-					
Name of Facility Where A	Abatament is T	'akina l	Dlago	21	FAC	JILII Y IN	IFURIMATION	Type of Facility	(4)							
PRINCETON UNIVE					ADV			500								
	KISTI - FIK	E310	NE L	IDK.	AKI		School (K-12) Subchapter 8 (Other than K-12)									
Street Address	040								rivate and commerc	cial bu	iilding	S,				
1 WASHINGTON RO	JAD							homes, etc.)		DI	da A					
City (5)								Square Feet	# of Floors	10000	dg. Ag	je				
PRINCETON, NJ					10		WOTATE HOE ON WA	1,000,000			70					
County (6)					Coun	ty Code (7)(STATE USE ONLY)		ior if being demolish	nea)						
MERCER								UNIVERSIT								
Name of Monitoring Firm		ling Ov	vner (8)	ASCM		Name of Abateme									
ATC GROUP SERV	ICES LLC				000	98		VIRONMENTA	L, INC.							
Street Address							Street Address									
3 TERRI LANE							1123 BEAVE									
City, State, Zip Code							City, State, Zip Co									
BURLINGTON, NJ (08016						BRISTOL, PA 19007									
Project Manager for Monitoring Firm Telephone No.							Telephone No.		License No.							
MICHAEL R. KEEHN 609-386-8800							215-788-6040		00509							
Start Date (10) Scheduled Completion Date (11)							Name of OSHA M	lonitor								
3 /13 /	17	8	/	1	/ _	17	BRISTOL EN	VIRONMENTA	L, INC							
Occupancy Status During	Abatement (C	Check	only or	ne)			Street Address		Zina iliana							
☐ Facility Closed/Vacate	ed During Entire	e Perio	od of A	bate	ment		1123 BEAVR	STREET								
Abatement Performed						cribe	City, State, Zip Co	ode								
Time of Abatement: 7	:00AM-3:30P	M/	PN		AM		BRISTOL, PA	19007								
Scope of Work (Check all	I that apply)			-												
П. с. с с. с.			ZI D		1202			ainment with Neg	gative Pressure							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		_	Ren Den Den Ren Ren				☐ Mini-Enclosure ☐ Glovebag Procedure									
<u> </u>						☐ Non-Exempted (*) and Non-Friable Procedure										
				oca			Abatement Ty									
Location				orma	illy ely by		Description o			Re	Re	En	m m			
Asbestos-Containing TO BE ABA)			ince/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	cap	clos			
IN Facili			Custo		Staff?	(surfacing, VAT,	or	SF or LF)	Val.	~	Encapsulate	Enclosure			
(13)		-	, T	(12)	11 949866		other miscellane	ous)				ate				
DULLOS 54 1 51/5/ 0	000		Yes	No	N/A	DIDE IN	ICHI ATION		1010 LF							
PHASE 5A - LEVELS	C & B						SULATION					ᆜ				
PHASE 5A - LEVELS	C&B						TILE & MASTIC		43,057 SF			ᆜ				
PHASE 5A - LEVELS	C & B					Packed	fittings on fiber	glass	285 EA		Ш					
PHASE 5A - LEVELS							pads on fibergla		40 EA				Ш			
Name of Registered Was					IJDEP V lauler ID		Cubic Yards of Waste	Name of Regis								
SERVICE TRANSPO	ORT GROUP	, INC.		1	20990		VVasic	MINERVA	LANDFILL							
City, State							Disposal Date	City, State								
NEW CASTLE, DE								WAYNESE	BURG, OH							
Completed By (Print or Ty	ype)	Title					Signature	0 0	· / O Dat	e/27	1.	,				
BRIAN SCAFIRO		ES	TIMA	TOF	2			Scoler	2/1/ 0	127	117					
ASB-41				-			1/	- for	10	/						

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

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			- 500										•		
Date of Notification (1)				THE CHARLES AND CO.			er/Operator (2					-	-		
2 /	27 /	17		TRUSTEES OF PRINCETON UNIVERSITY F C E I V E IN											
Agencies Notified	Type Notification	on		Street	Address										
Agencies Notified ⊠ EPA	☐ Initial	011			ELM DR	IVF		l hear	3			Sant S			
⊠ DOLWD	☐ Amended			100000000	State, Zip C	2000		100	11 11 A D	- 1 20	117	-			
⊠ DOH	Amendmen	nt #	_	850	INCETON		08544	and and	L. MAR	1 21	111	Seco			
☐ DCA	☐ Emergency		ng	100000		20000000	00344		Telephone Number						
(NJAC 5:23-8)	justification				of Contact		0		ROL &						
	Cancellatio	n			BERT OF				Breed Franch S		10000000		-		
				FA	CILITY IN	FOR	MATION	T PRESCOPE	and the second s						
Name of Facility Where A	Abatement is Tal	king Plac	e (3)					Type of Facility							
PRINCETON UNIVE	RISYT - FIRE	STONE	LIBE	RARY		School (K-12)									
Street Address						Subchapter 8 (Other than K-12)Other (i.e., private and commercial buildings,									
1 WASHINGTON RO	DAD							homes, etc.)				223			
City (5)								Square Feet	# of Floors	Blo	lg. Ag	je			
PRINCETON, NJ								1,000,000	8	7	70				
County (6)				Cou	nty Code (7)(STAT	E USE ONLY)	Current Use (Pri	or if being demo	lished)			en de		
MERCER						1.55		UNIVERSITY	Y LIBRARY						
Name of Monitoring Firm	Hired by Buildin	ng Owne	r (8)	ASCM	No.	Nam	ne of Abateme	ent Contractor (9)			W. C.				
ATC GROUP SERV				10.110-00.000.000	098			VIRONMENTA							
Street Address					HOLE LOS COMMEN		et Address								
3 TERRI LANE							123 BEAVE	R STREET							
					-		State, Zip Co						_		
City, State, Zip Code	2016					BRISTOL, PA 19007									
BURLINGTON, NJ (To	lephone	No		phone No.		License No.						
Project Manager for Mon			- 1	epnone 309-386		1	priorie No. 15-788-6040		00509						
MICHAEL R. KEEH		L - 1 1 1	-			7.5	ne of OSHA M		30303						
Start Date (10)		heduled				1120 SAM 1156.0		ionitor VIRONMENTAI	INC						
3/13/		8		/	17_		et Address	VIINOMINIENTA	_,						
	Occupancy Status During Abatement (Check only one)														
☐ Facility Closed/Vacate							123 BEAVR								
Abatement Performed Time of Abatement: 7							State, Zip Co RISTOL, PA								
						BI	KISTOL, PA	13001			-				
Scope of Work (Check al	i triat apply)						□ Full Conf	tainment with Neg	gative Pressure						
≥3 sf or ≥3 lf			Renova				☐ Mini-Enc								
≥160 sf or ≥260 lf			emoli	ion			⊠ Glovebag Non-Fye	g Procedure mpted (*) and No	n-Friable Proce	dure					
			Is Loc	ation							atem	ent T	vpe		
Location	of		Norm	ally			Description of	of			-		-		
Asbestos-Containing				lely by	Asbe	stos C	Containing Ma	iterial (ACM)	Amount	(em	Repair	nca	nck		
TO BE ABA	ATED	l IV		nance/	(i.e	., ther	mal systems	insulation,	(Specify SF or LF)	Removal	air	Isde	Enclosure		
IN Facili	ity		(12				urfacing, VAT er miscellane		SI UILF)	=		Encapsulate	9		
(13)		Ye	1			0.11		-/				(0			
PHASE 6 - LEVEL 1					ACOUS	STICA	L CEILING	PLASTER	6075 SF			П			
				-	PIPE IN				200 LF			П	П		
PHASE 6 - LEVEL 1			10						4050 SF						
PHASE 6 - LEVEL 1			1		SPLINE	UEI	LING TILES) ·	4000 OF						
					<u></u>	10:		Name of D	tored I cadfill			Ш			
Name of Registered Was				NJDEP Hauler I		Cub	ic Yards of	Name of Regis							
SERVICE TRANSPO	ORT GROUP,	INC.		2099		vas			LANDFILL						
City, State						Disp	osal Date	City, State							
NEW CASTLE, DE								WAYNESE	BURG, OH						
Completed By (Print or T	ype)	Title					Signature	1 1	/	Date /	/	62			
BRIAN SCAFIRO	, , ,	ESTI	/IATO	R			A.	Sen Di	10	2/2	7//	17			
2			No. Carlotte	5575			xuan.	- mouro	14	1	1.	_3			

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

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M		MAR	_	1	2017		

Date of Notification (1)					Name	of Building	g Ow	ner/Operator (2)	11 11 11	П —	1	.017			
2 /	24 /	17							Burlington Cou	T I						
Agencies Notified	Type Notifica	ation			Stree	t Address				ASBES				OL 8		
⊠ EPA	☐ Initial				Taxonia-co.	5 Madisor	n Av	e			ICEN	ISIN	<u>G</u>			
□ DOLWD	Amended	i				State, Zip 0					-	_	7/			
☑ DHSS	Amendme	ent #_				unt Holly										
☐ DCA	☐ Emergen		cluding]		of Contac		00000		Telephone Numb	or			-		
(NJAC 5:23-8)	justification Cancellat					Jude Fanning										
	☐ Caricellat	1011			1											
None of Facility Mileson A	batana at is T		Disease	(0)	FA	CILITY IN	IFOR	RMATION	Tona of Facility //	()						
Name of Facility Where A Virtua Memorial Hos									Type of Facility (4	+)						
Street Address							-		☐ Subchapter 8	(Other than K-12)	y 					
62 Richmond Ave									Other (i.e., priv homes, etc.)	vate and commerc	cial bui	dings	,			
City (5)									Square Feet	# of Floors	Bld	g. Age	е			
Lumberton, NJ																
County (6)					Cou	nty Code (7)(STA	TE USE ONLY)	Current Use (Prio	r if being demolish	ned)					
Burlington									Hospital							
Name of Monitoring Firm	Hired by Build	ding C	wner ((8)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)							
Vertex Air Quality S	ervices						E	BRISTOL EN	VIRONMENTAL	, INC.						
Street Address					Stre	eet Address										
700 Turner Way							1	123 BEAVE	R STREET							
City, State, Zip Code						City	y, State, Zip Co	ode								
Aston, PA 19014						E	BRISTOL, PA	19007								
Project Manager for Monit	toring Firm			Tel	ephone	No.	Tel	ephone No.		License No.						
Don Heim		6	10-558	3-8902	2	15-788-6040		00509								
Start Date (10)	uled C	omple	etion Da	ate (11)	Nar	me of OSHA N	lonitor				10.					
3 / 13 /	_2	1_/	17_	В	RISTOL EN	VIRONMENTAL	, INC.									
Occupancy Status During Abatement (Check only one)							Stre	eet Address								
☐ Facility Closed/Vacated	170						1	123 BEAVE	R STREET							
Abatement Performed Time of Abatement: 7:								y, State, Zip Co BRISTOL, PA								
Scope of Work (Check all	that apply)							JKISTOL, TA	13007							
□ >3 of or >3 If			⊠ Re	novo	ion				ainment with Nega	tive Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			De						g Procedure							
					0.41010				n-Friable Procedure							
			532	Loca					=		Aba	teme	nt Ty	ре		
Location of Asbestos-Containing N		1)		Norma d Sol	ely by	Asha	ctoc	Description of Containing Ma		Amount	Re	Re	E	Ē		
TO BE ABA		,	Ma	inten	ance/			ermal systems		(Specify	Remova	Repair	cap	Enclosure		
IN Facility	y		Cust	todial (12)	Staff?			surfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	ure		
(13)			Yes	No	N/A	1	oti	her miscellane	ous)				ē			
therapy room						linoleur	m			1200 SF						
.,								***								
			П									П	П			
						-								님		
Name of Registered Wast	a Haular		Ш		NJDEP	Masta	Cub	oic Yards of	Name of Registe	ered Landfill				Ш		
SERVICE TRANSPO		, INC) .	0.00	dauler I	D No.	Wa		Minerva Lar							
City, State					2000			posal Date	City, State							
NEW CASTLE, DE 1	9720						3	/21/17	Waynesburg	g, OH						
Completed By (Print or Ty	pe)	Title						Signature	0 :	Dat	e ,					
Gino Pizzigoni	Arvata	Es	stimat	tor				Tono	Emprojer							

State of NJ Notification of Asbestos Abatement

2017-22 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check #18267_ Date of Notification (1) Name of Building Owner/Operator (2) 0 2 1/12 17 1/11 17 Kathleen Murphy ASBESTOS CONTROL & Agencies Notified Type Notification Street Address EPA X Initial ☐ DEP City, State, Zip Code X DOL Amendment Ridgefield Park, NJ 07660 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Kathleen Murphy **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Kathleen Murphy Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Ridgefield Park Bergen residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 03/09/2017 03/10/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road X Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition ☐ Full Containment w/negative pressure X Renovation ▼ Glovebag procedure ★ Mini-enclosure X >3 sf or >3 If >160 sf or >260 lf Non-friable procedure Is location normally used solely E Location of Ε e by maintenance/custodial е n asbestos-containing Amount Description of asbestos-containing n staff(12) m p C (Specify SF or material to be material (ACM) 0 C a abated in facility (13) LF) Yes No N/A L p main room pipe insulation X 120 lf crawl space 80 If X X pipe insulation duct (wrap & cut) 45 sf X crawl space & main basement X Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. Tullytown Resource & Recovery Center City, State Disposal Date City, State

03/10/2017

Secretary/Treasurer

Signature

Tullytown, PA

Gordana Luna

Date

02/27/2017

Lincoln Park, NJ

Gordana Luna

Completed by (Print or Type)

D&S Proj. #: 17-62

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

Completed by (Print or BOGDAN JOLDZ	r Type) ZIC	Title PRESII	DENT				· I Ministra			02/24	1/201	1			
City, State PATERSON, NJ				03/14/		9	TULLYTOW	VN, PA		Date	100	7			
Registered Waste Hau D & S RESTORAT	TION, INC.		506	Disposal	2 yds.		TULLYTOW City, State		OURCE REC	O T DI	-	Control	- Contractor		
	lor.	INID	EP Hauler II	D# T	Cubic Yards	of Waste	Name of Registe	red Land	fill	OVE	Y	-			
										-	T	后			
DIODINEIN						data Palotti		-			Ħ	I	盲		
BASEMENT			X		BARE H	EATIN	IG PIPES		0111	-	H		情	盲	
BASEMENT			X		PIPE INS				60 L FT 6 l ft		H		片	廿	
material (acm) to abated in facility	be	staff(12) Yes	No	N/A		al (ACM)		1	LF)		v e	i	р	L	
Location of asbestos-contain	ina	by mainte	normally us nance/custo	sed solel	Descrip		asbestos-containing		Amount (Specify SF	or	e m o	e p a	n c a	n c	
≥160 sf or ≥260 lf	f 🗆 [Demolition						Non-Ex	xempted (*) and	d Non-fi	K	R	E	Е	
Scope of Work (check > 3 sf or > 3 lf		Renovation	1					Mini-en Gloveb	an procedure						
Describe:	NORMAL HO	UKS							ntainment w/ne	gative	ressu	ıre			
Abatement perform	med outside of	f normal ta	acility hours-			_	Paterson, NJ 0	7503							
Occupancy Status During	g Abatement (ated during et	(Check on htire perio	d of abateme	ent.			City, State, Zip Cod								
03/13/17		03/30/	The second secon			-	20 California A	venue							
Start Date (10)				Date (^	- 11	D & S Restorat	tion, me		-#					
	Start Data (10) Sched. Completion Date (11)						Name of OSHA Mor								
Project Manager for Mon	Project Manager for Monitoring Firm Phone Number						973-345-8020			011	69	_		_	
25			I Dhar	o Numbo	ar .		Telephone Number		Lic	ense N		r			
City, State, Zip Code							Paterson, NJ 0								
Officer Variess							20 California A City, State, Zip Code								
Street Address						Street Address									
Name of Monitoring Firm	I filled by bids	g. Oor \	/				D & S RESTORATION, INC.								
GLEN RIDGE Name of Monitoring Firm	Hired by Bldg	ESSE			ASCM No.	1	Name of Abatement Contractor (9)								
		FOCE	V				use only)								
City (5)		County	(6)				ty Code (7)	Curro	Current Use (Prior if being demolished)						
								Square	e Feet # of F	Floors		Bldg	Age		
Street Address								_	Bldgs./Home	es, etc.					
kathleen crane and all	fred cohen								Subchapter Other (Priva	8 (Othe	r than nercia	K-12 al	.)		
Name of facility where ab	atement is tak	king place	(3)						School (K -						
				FACILI	TY INFORMA	ATION		Type of	Facility (4)		-				
☐ DCA ☐ Ca	ncellation	ka	athleen crai		alfred cohen			-		-					
	cluding tification)		of Contact		10 1 1					A DO				_	
	nergency		LEN RIDG		7028	_		Telephone Number						-	
Amen	dment #:	- 11	State, Zip C												
EPA Initi	al ended	11	_			_						_		_	
Agencies Notified Type	Notification		t Address						L	ICENS	ING				
Date of Notification (1)	<u> </u>	katl	nleen crane	and alf	fred cohen				ACREST	000	0111	ROL	8	-	
= Shi-difference (1)		Name	of Building	Owner/C	Operator (2)										
-								1	MAI	7 - 1	20	17	besette	4	

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

m [G	E	₩.	rint For
	MAR	- 4	2017	
77 7.	2007111		46.00 4.0	
AS	BEST	S CC	INC	S JC

Date of Notification (1) 02/24/2017		Name of Building Owner/Operator (2) Glenwood Apartments& County Club						L MA	<u>n –</u>	4	2011	-		
Agencies Notified Type Notification			Street A	ddress	_ane				ASBES	TOS)L &	
EPA Initial Amended Amendment	#			ate, Zip Co		,		A con arrange		er to rise i	The state of the s			
■ Emergency justification) ■ DCA Cancellation			Name of	f Contact rieto				Те	Telephone Number					
Name of Facility and Advantage of Facility and			FACI	LITY INF	ORMAT	ION					_			
Name of Facility Where Abatement is Takin Glenwood Apartment	g Place (3)					Type of Facil	55000000						
Street Address							School (ner than K-1	2)				
6-8 Aspen Mall									& commerc		ldings	, hom	es,	
City (5) Oldbridge, NJ						Square Feet 2,000	# c	of Floors	Bidg. Age 65+					
County (6)			County (Code (7) USE ONLY)		Current Use (Residence		ing demolis	hed)	15			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCN	No.		Name of Abatement Contractor (9) DIA General Construction, Inc								
Street Address							Address Clifton Ave, PMB Suite 218							
City, State, Zip Code							State, Zip Code on, NJ 07012							
Project Manager for Monitoring Firm			Telephor	ne No.			one No. 389-0089		License N	10.				
Start Date (10) 03/09/2017	d Con	npletion I	Date (11)			of OSHA Moni General Cor		n. Inc		1707 2500				
Occupancy Status During Abatement (Chec					Address									
Facility Closed/Vacated During Entire F	eriod of A	batem	nent				Clifton Ave	, PMB S	uite 218					
Other – Describe:	al Facility	Hours			City, State, Zip Code Clifton, NJ 07012									
Scope of Work (Check All That Apply)	_					-	1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Barrers 1	enova emolit	ition Mini-Enclosure Glovebag Procedure											
	Τ .						Non-Exemp	on-Exempted (*) and Non-Friable Procedure Abatement						
Location of	N	Locati ormal	ly		Dec	scription	of				Туре			
Asbestos-Containing Material (ACM) TO BE ABATED		i Sole ntenar			tos Cont	aining M	aterial (ACM)	- 1	mount	_		ш	_	
In Facility	Custo	odial 8 (12)	Staff?	(I.e.	surfac	cing, VA			Specify or LF)	Remova	Repair	ıcap	Enclosure	
(13)	Yes	No	N/A		other n	niscellan	eous)			oval	air	Encapsulate	sure	
6 A-D Aspen Mall-Crawl Space	X			Р	ipe/Elb	ow Ins	ulation	18	80 LF	Х				
8 A-D Aspen Mall-Crawl Space	x				<u> </u>	ow Ins			50 LF	X				
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards	Name	of Registe	red Landfil	1_				
Service Transport Group				NJDEP Waste Hauler ID No. COMPANDED			Name of Registered Landfill Minerva Landfill							
		1995	auler ID I 0990	NO.	6 CY	ste	Mine	rva Land	lfill					
		1995		NO.	6 CY	al Date	City, S	tate	dfill 	—— 3				