#### State of New Jersey MOTHPICATION OF ASSESTED ABATEMENT Property to NIAC 850 and 12-120

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4-30-2012 Type Notification		The State of the S	L EL		NUCS	1/5		1 11	_W		Ir	1)/
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Check # 1382		(F	ursu	iant t	o NJAC	8:60 ar	10 12:	120)	Amended	Notific	atic	on	_
Date of Notification (1	1)		1000	Name	of Buildi	ng Owner/	Operato	(2)			- ;		
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Agency Notified	Type Notification			Street	Address		, 1		N 0 0010	1 111			
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⊠ DOH	justification)	iiig		Name	of Conta	ict			Telephone Number	- 1	200		
☐ DCA	☐ Cancellation			Irina A	Ashkena	azi	te		199		1		
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Name of Facility Whe	ere Abatement is Taking Pl	ace (3)						Type of Facil	ity (4)	n was		Million I	
Private home								☐ School (K-	1 2)				
Street Address		XX						☐ Subchapte	er 8 (Other than K-1 2)				
734 Humboldt Stre	o p f							M Other (i.e.	private & commercial bu	ildings,			
City (5)			7.					Square Feet	THE RESIDENCE OF THE PARTY OF T	Bldg. Age			
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Hudson		- T	ASCN	/ No		Name o	f Abater	ment Contractor	(9)				
Name of Monitoring F	irm Hired by Building Own	er(8)	71001	110.					(0)				
Street Address						Gr Tecl	THE PROPERTY OF THE PARTY OF TH						
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City, State, Zip Code		******				576 Va							
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	uring Abatement (Check on	The same of the sa		77.60		Street A	***	onourums,					-
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	cated During Entire Period ned Outside of Normal Fac			L		City, Sta			<u> </u>				
☐ Other - Describe:						Fair La	wn, NJ	07410	£				
Scope of Work (Check	k all that apply)					Г	7						
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≥160 sf or >260 lf	it.			☐ Der	nolition	5		ebag Procedure					
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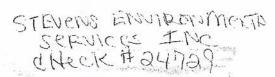
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Date of Notification (1)	4-30-12	<u> </u>	Nam		ng Owner Operato	1	Hon		<u>W</u>	4	711	
Agency Notified	Type Notification		Stree	t Address	3.0 VA.	end AU	MI MAY	2 2	012	1 10 1		1
D DEP	☐ Amended Amendment #		City,	State, Zip	Code	Beach,	NATO	875	L		Line	
Ø DOH	☐ Emergency (inclu justification)	ding	Nam	e of Conta	ict _	Lar same	Telephone Mi	mberio	1 8		-	$\dashv$
D DCA	☐ Cancellation		Ge	onge	Polizza	10			•			
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Name of Facility Where	Abatement is Taking P	lace (3)				Type of Facility	y (4)					$\neg$
Single f	anily Pro	penty				☐ School (K-1)	2)					
Street Address	liver Drive	1			7.		8 (Other than K-1 rivate & commerce)		ngs,			
City (E)				_		Square Feet	# of Floors	Bldg.	Age			$\exists$
loms	River N.	TO	175	3			1	6	0	<del>+-</del>		
County (6) O Cea	<u> </u>		Coun		) (STATE USE	4	Prior if being demo	olished)				
Name of Monitoring Firm	Hired by Building Own	ner AS0	CM No.		Name of Abaten	Dang 9	9)			-11-12		
(8) FPC Tec	Landlogies		NI	1	EPO	- Tech.	nologies	, T	20			
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City State, Zip Code		057	······································		City, State, Zip (	Code			~			
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Steve Sch	o Ked	hog	none no. 750 -	3365	609-758		10 %	0.39				
Start Date (10)	Scheduled C	Completion	Date (11)	363	Name of OSHA	Monitor			-			-
	1012 May				E.PC	Techo	ologies,	$\mathcal{I}_{\alpha}$				
Occupancy Status During	Abatement (Check or	nly one)							-			
Facility Closed/Vacate	d During Entire Period	of Abateme	ent .		P.C	Box ,	337					
☐ Abatement Performed ☐ Other – Describe:	Outside of Normal Fac	ility Hours	Ÿ.		The second secon	Equpt	The second secon	085	33	5		
Scope of Work (Check al	I that apply)					V/1	Negative Pressu	ıro .				
<b>8</b> ≥ 3 sf or ≥ 3 lf <b>8</b> ≥ 160 sf or ≥ 260 lf	#2 #2			novation nolition	☐ Mini- ☐ Glove	Enclosure ebag Procedure	d Non-Friable Pro		ŧ			
		Is Loc	ation					<u> </u>	A	bate		it
Locatio	n of	Norm			Description of	of	* 5			Тур	Je	
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TO BE AB		Custo Staf		(i.e.	<ul> <li>thermal systems surfacing, VAT</li> </ul>		(Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
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		Yes No	N/A			22					0	
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Name of Registered Was	te Hauler	NJDEP ID No.	Waste F	lauler	Cubic Yards of Waste	Name of Regis			1			
EPC Tech	nologies	10 140.	170	00	- 6		_ Monago	emen	+			
City, State NJ	ti <sup>72</sup>				Disposal Date 5-11-12	Monni,	sulle	PA				
Completed by	1/ Title Doo	-1-	1		Signature C1	75.1		Date 4-	20	- i	2	
Steve Schen	1 46. 6	sider			The	ve sche	che.	4-	<b>ラ</b> ロ		_	
ASB-41	* Do not	use this for	m for as	bestos lice	ensure exempted a	activities.						

STEVENS	ENVIDON	DOWN
SERVICE	35 IN Manufacture	Marine,
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Date of Notification (1)	-/2/12	46	T	Name	of Buildin	g Owner/Operator Trustees	s of Princeton	University		001	^	The second second
Agencies Notified	Type Notification		1	Street	Address		MacMillan E	WHI		201		L
EPA DEP DOL	☐ Initial ☐ Amended Amendment #	11	.	City, S	State, Zip C	Code	inceton, NL0	ASBESTO:	GON? ENSINO		8.	1
DOH DCA	☐ Emergency (in justification) ☐ Cancellation	cluding	- 1	Name	of Contac		- 40 	Telephone Num	ber.		Adventure of	9
				FAC		ORMATION			-		6-21	-2.7(=3)
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility	93) (7)				
Street Address	Firestor  Nassau St. & V				nd.		Other (i.e., p	8 (Other than K-1 rivate & commerc	2) ial bui	dings	i,	
City (5)	JOSEPH PRO			II Koz	id		homes, etc.	# of Floors	В	ldg. A	-	
	Prince	eton, l	NJ				1000000	8			70	_
	Mercer		_		nty Code ( ONLY)	7) (STATE		ior if being demol Library	ished)			
Name of Monitoring Firm		Owner		ASCM			nent Contractor (9	57				
(8) <u>ATC A</u>	Associates Inc.			00	098		vens Environr	nental Service	es, II	nc.		_
Street Address	Three Terri L	ane				Street Address		322 and 322				
City, State, Zip Code	Burlington, NJ (	08016				City, State, Zip C		n, NJ 08501		300		
Project Manager for Mo		70010	111-0-11	phone	No.	Telephone No.		License No.		-		
	Keehn			20	6-8800		59-9688		0049	3		
Start Date (10)	Sche	duled C			te (11)	Name of OSHA		ECS				
4/16/12 Occupancy Status Duri	ng Abstement (Che		/18/	12		Street Address	111	100				_
☐ Facility Closed/Vaca				ment			P.O. I	Box 341				
☐ Abatement Performe  Control   ed Outside of Norma	I Facility	y Hou	rs		City, State, Zip C		cs, NJ 08515					
Scope of Work (Check  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		novati molitic			☐ Mini-En	ntainment with Neclosure ag Procedure empted (*) and No		ıre			
			ocatio						1	Abate Ty	ment oe	
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Asbestos-Containing TO BE ABA IN Facilit (13)	TED	Cu S	stodia staff? (12)	000	(i.e.,	thermal systems i surfacing, VAT other miscellane	insulation, , or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		pipe insulat		(00 I E	1.			
	South Fan Room × _						ion	600 LF	×	_		-
South Fan	Room		-	×		mastic		540 SF	×			
Name of Registered Wa	aste Hauler		IN	JJDEP V		Cubic Yards	Name of Regis	stered Landfill				
1.5	ale Disposal			lauler ID	No.	of Waste 40 CU		T.R.R.F., I	nc.			
City, State	***************************************		<del>-</del> L-	1/2	.,,,	Disposal Date 5/18/12	City/State	Tullytown,				
Completed By	Allentown, N		_			Signature	/ IV <del>//</del>	Date	IA	_		_
Mahlon E. St	111000		ojec	t Man	ager		1		4/30	)/12		_



Date of Notification (1)			Nam	e of Buildir	ng Owner/Ope Trus	rator (2) tees of Prince	eton Un	iversity	1 W	E		di di	
Agencies Notified	Type Notific	cation		Stre	et Address		.A. MacMilla			20	112		The state of the s
EPA DEP DOL	Initial Amende Amendn	nent #	_	City,	State, Zip		Princeton, N		ALC:	<u> </u>		The state of the s	27
DOH DCA	justifica  Cancella		ig	Nam	e of Conta	ct Cobert Orte	1		ephone Nun	nber	i <del>- ti-</del>	P.	
	L	*		FA	CILITY IN	FORMATION		, na Paren	Contractor Services				
Name of Facility Where							Type of Fa			<del></del>			
	Fire	estone Li	brary				School Subcha		ner than K-1	12)			
Street Address	Nassau St.	& Wash	ingto	n Ro	oad			.e., private etc.)	& commerc		ilding	s,	
City (5)	ת		NII				Square Fee		of Floors	T	3ldg.	70	
County (6)	P	rinceton,	NJ	Col	inty Code (	7) (STATE			8 peing demol			70	_
N	<u> Mercer</u>			USE	EONLY)		_		Library	isticu			
Name of Monitoring Firm (8) A T C A				ASCN			atement Contract	8.99	-1 C:	T			No.
Street Address	Associates	inc.	.	00	0098	Street Addre	Stevens Envir	onment	ai Servic	es, I	nc.		
Street Address	Three Ter	ri Lane					P	O Box 3	322				
City, State, Zip Code	urlington,	NJ 08016	5			City, State, 2		own, N.	J 08501	5		7.00- 9-00	
Project Manager for Mor	nitoring Firm		The Contract	phone	No.	Telephone N			cense No.				
	Keehn		-		86-8800		259-9688	_   _	(	0049	3		
Start Date (10) 4/16/12		Scheduled 0	Complet 5/18/1		ate (11)	Name of OSI	HA Monitor	MECS					
Occupancy Status Durin	ng Abatement					Street Addre							_
☐ Facility Closed/Vacat								D. Box	341				
Abatement Performed  Other - Describe: 6				S		City, State, Z		ricks, N	J 08515	5 V. 57			
Scope of Work (Check a	all that apply)					[2] c	Containment with	Magativa	Deserves				_
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovation emolition			☐ Mini- ☐ Glov	Containment with -Enclosure rebag Procedure -Exempted (*) and			re			
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Location of	of		ormally I Solely	by		Descriptio	n of				Тур	е	
Asbestos-Containing N TO BE ABAT			ntenano			os Containing thermal system	Material (ACM)	A. 100 (100 (100 (100 (100 (100 (100 (100	mount pecify	R	Re	m.	E
IN Facility		5	Staff?		(1.0.,	surfacing, V.	AT, or		or LF)	Remova	Repair	caps	Enclosure
(13)		Yes	(12) No	N/A		other miscella	neous)			<u> </u>		Encapsulate	ure
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Name of Registered Was			100000000000000000000000000000000000000	DEP V	7-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Cubic Yards of Waste	Name of R	1					
	le Disposal		_	172	297	40 CU	_   _ /_	T.F	R.R.F., In	c.			_
City, State Allentown, NJ						Disposal Date 5/18/12	Gity, State	/ Tul	lytown, F	PA			1
Completed By		Title				Sign	NA A		Date		11	-	
Mahlon E. Ste	vens	Pre	oject.	Man	ager	_ ///				4/2/	12		_

Date of Notification (1)			Name of	Building O	wner/Operato	or (2)			ersyctokija	ersa <b>r</b> ia e	131754 144 144	N4003	
Apr	il 30, 2012		C	Ortho D	iagnostic	/ Johnson	& John	son	The state of the s		The l	-	9 .
Agencies Notified	Type Notification			Street A	Married Townson Control of the Contr				ECE	VII		10	WAS SEE
<b>⊠</b>	П		1	000 /	1001 Rou	te 202, PO	Box 30	0	E- 0/ E- 0	(garanta mangananan Mari	***********	T SA	180.00
EPA DEP	Initial Amended			City, Sta	te, Zip Cod	е		IIFN!			100	Antana Selection	and and a
DOL	Amendment #		- F	Raritan	NJ 0886	69			MAY 2	2012	-	4	4
⊠ pou	Emergency (in	cluding			f Contact			10 0	Telephone Num	ber	_ \		
DOH	justification) Cancellation		F	Project	Manager				1)				
	l <del></del>				LITY INFO	Contract of the Contract of th	1		- ROBLESTUS TUR	TAUL O	8		1
Name of Facility Where	Abatement is Taking	Place (3)				-		f Facility (4		()	-		_3
Ortho Diagnostic / J	ohnson & Johnso	n					Пѕ	chool (K-12	jornana janakinakit	AND STATE	ista time	4.4	
Street Address							S	ubchapter	8 (Other than K-12	) -			
1000 / 1001 Route 2	202							ther (i.e. pi tc.)	rivate & commercia	ai bulic	iings,	nome	is,
City (5)	202		-	-:-			Square		# of Floors	В	ldg. A	ge	
The same of the sa									3				
Raritan, NJ County (6)				County	Code (7)		Curren	t Use (Prio	r if being demolish	ed)			_
E-E-C-SILLARGON DA			1		USE ONLY)		7.5500.000		Facility	5.0			
Somerset	- Hind by Duilding O			ASCI	и No.	Nam	ne of Abate	ement Con					
Name of Monitoring Fire		wner (o)		ASCI	VI INO.	V-000							
Bulava Environment	tal, Inc.						et Address	Group, LI	_0.	-			-
Street Address									OTE 000				
12 Kilmer Drive	1.0							1.00	STE 209				
City, State, Zip Code							, State, Zip						
Hillsborough, NJ 08	844-3830							NJ 08034	The second secon				
Project Manager for Mo	nitoring Firm			Telepho	ne No.		phone No		License N	0.			
Edward J. Bulava					4-6207	1	3) 759 - 5	Control State of Control	00781				
Start Date (10)		Schedule	d Co	mpletion	Date (11)	Nan	ne of OSH	A Monitor					
2/2/1	2			12/31/	12	The	MACK	Group, Ll	LC.				
Occupancy Status Duri	ng Abatement (Check	Only On	e)			Stre	et Addres	S					
Facility ClosedNa	cated During Entire P	eriod of A	bate	ment		1500	0 Kings	HWY N,	STE 209				
Abatement Perform	med Outside of Norma	al Facility	Hour	s		City	, State, Zi	p Code					
Other - Describe:						— Che	rry Hill,	NJ 08034	4				
Scope of Work (Check	All That Apply)												
≥3 sf or ≥3 lf			Renov	ation			X Full	Containme	ent with Negative F	ressu	re		
≥160 sf or ≥260 lf		The Parket of	emol				Min.	i-Enclosure	1				
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							Nor	1-Exempled	(*) and Non-Friable	FIOCE		emen	t
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Location			Norma	ally ely by	manual financia	Descript					T		
Asbestos-Containin				ance/	Asbes	tos Containing thermal syste	g Material	(ACM)	Amount (Specify	7.		En	m m
TO BE A		Cus	2000	Staff?	(i.e.	surfacing,		tion,	SF or LF)	em	Rep	aps	Clo
(13	(CC) (100)		(12)	)		other misce	llaneous)	77.		Remova	Repair	Encapsulate	Enclosure
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		Yes	No	N/A	-					V		-	1
OCD Boile	er Room	IX		200		pipe	e		45 l/f	$\langle \rangle$	-	-	<u> </u>
_"	-	$\times$				Tan	nk		350 s/f	X			
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Tenant				NJ DEP	Mosto	Cubic Yard	MARKET TO SERVICE TO S	Name of	Registered Landfil				1
Name of Registered W		Hauler I		of Waste		rame of	giotorea Earjain	100					
Freehold Cartage					253	6		BFI Impe	erial Landfill				2
City, State			_		His Gratique	Disposal D	ate	City, Stat					300 (31)300
Freehold, NJ						12/31		48 ac at	, PA 15126				
Completed by Title						Şignat		171		ate			
The state of the s		Presid	dent		44	-	2-1	//	41:	30/12			
Michael Cooper	Jeill							-					

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Location of		Locatio		Ddati				emen ype	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Solely intenan todial S (12)	y by ce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosule
	Yes	No	N/A					O	1
Tenant House		X		pipe insulation	33 If	X			_
OCD Boiler Control Room	$\perp X$			VAT/Mastic	250 s/f	X			
OMP B 242 - fume hoods		X		transite	600 s/f	X	ļ		_
OCD BR	X			pipe insulation	7 s/f	X			
OCD CAMA Corridor		X		ACM insulation	1100 s/f	X			
OCD G Basement	X			fittings	38 .	X		-	
				X Mile A. C. Annual C.	1, 2, 200				-
				[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-	-
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Date of Notification (1					Operator (2)	HISTORY OF AN ARTHUR A	was continued to	15404	- a - (a+					
	arch 12, 2012		(			ic / Jol	hnson & J	ohnson	[2] D D D					
Agencies Notified	Type Notification			Street A						Eir	1			
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DEP	Amended Amendment	<sub>+</sub> 3			ite, Zip C			1111		. ]]				
DOL	Emergency (i		-		NJ 088	369		I III MAY	7 Z()]	Number	91	-		
DOH	justification)					) cores	į	ł.	Telephone	INGILIDE				
L DCA	Cancellation				Manage LITY INF		ION E	ASSEST	Da GUNTAUL			Ė		
Name of Facility Whe	ere Abatement is Taking	Place (3	)	FAU	LIIT INF	ORIVIA		ype of Facility (4	The second second second second second	17		2-02		
Ortho Diagnostic /								School (K-1	2)		was d			
Street Address	JOHNSON & JOHNS	JII	_					Subchapter	8 (Other than	K-12)				
	202								rivate & comn	nercial bu	ildin	ıgs,	home	es,
1000 / 1001 Route City (5)	202				of 1807/03		Se	etc.) quare Feet	# of Floors	т Т	Bld	g. A	ge	
The second secon								, , , , , , , , , , , , , , , , , , , ,	3					
Raritan, NJ County (6)				County	Code (7)			urrent Use (Prio		nolished)				
Somerset					USE ONLY	"		California (L. May 2004) et al ser est de California (May 16 y 20 🛊 17 E. Sery est de ca	Facili					
	irm Hired by Building (	Owner (8)		ASC	Л No.		Name of	Abatement Conf		.,				
Bulava Environme		(-)		2.000			100000000000000000000000000000000000000	CK Group, LI						
Street Address	intai, into.				-	7	Street Ad	The second secon		1,110				
12 Kilmer Drive							1500 Kir	ngs HWY N,	STE 209					
City, State, Zip Code								e, Zip Code	0.2.20					
Hillsborough, NJ 0							12000 1000	ill, NJ 08034	1					
Project Manager for M	March Street Control of the Control			Telepho	ne No.		Telephon			se No.				
Edward J. Bulava				arate Mari	4-6207		Secretary All Comme	9 - 5000	0078	1				
Start Date (10)		Schedule			Date (11)	)	, ,	OSHA Monitor						
2/2/	/12			12/31/			The MAG	CK Group, LI	_C.					
	uring Abatement (Chec	k Only Or		12/01/			Street Ad							
EN	Vacated During Entire F			ment			1500 Kir	ngs HWY N,	STE 209					
Abatement Perfe	ormed Outside of Norm	al Facility	Hour	S				e, Zip Code						
Other - Describe	e:		-				Cherry F	Hill, NJ 08034	1					
Scope of Work (Chec	ck All That Apply)											-		
≥3 sf or ≥3 lf		X F	Renov	ation			$\times$	Full Containme	ent with Negat	ive Press	sure			
≥160 sf or ≥260	If	-	Demol				$\bowtie$	Mini-Enclosure						
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TO BE	ABATED	100000	intena todial	ance/ Staff?	(i.e		al systems ir		(Specify	.   76	7	ZJ	Encapsulate	Enclosure
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	(10)		Ι	T	-	12/2//03/				l a		Ξ'	ate	ਰ
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OCD Bo	iler Room	$\times$	-		1 = = '		pipe		45 l/f	>				
	_"_	X	45		1-		Tank		350 s/f					
E Building	g Basement	$\forall$					fittings		51	>	(			
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	t House			NJ DEP	Maste		ic Yards		Registered La		\_			
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Freehold Cartage				22	253		6	BFI Impe	erial Landfil					
City, State			100		T-0-0 (N-0	Disp	osal Date	City, State	е					
Freehold, NJ							12/31/12	Imperial,	PA 15126					
Completed by		Title	5 5025—110				Signature	10/	1	Date				
Michael Cooper	90 133	A STATE OF THE STA	///		3/12/1	2								

Date of Notification (1)			Name of	Building (	Owner/Op	perator (2		医质质	II W	7	3 1	The same	1	
Febru Agencies Notified	ary 21, 2012			Ortho Di		c / Johr	nson &	Johnson				-/		
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Name of Facility Where	Abatement is Taking	Place (3)	)	TAUL	LITT HAT C	JINMATTC.		Type of Facility						
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1000 / 1001 Route 2	202						L	etc.)	private a commi	Croidi	Juliu	mgs,	Home	,,,
City (5)			2007-00					Square Feet	# of Floors		BI	dg. A	ge	
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County (6)				County C			(	Current Use (Pri	or if being dem	olished	1)			
Somerset				(STATE U	ISE ONLY)				Facilit	у				
Name of Monitoring Fire	m Hired by Building (	Owner (8)		ASCM	No.	1	Name o	f Abatement Cor	ntractor (9)					
Bulava Environment	tal Inc					-	The MA	CK Group, L	LC.					
Street Address	tai, 1110.		-				Street A	Colonia de la co						
12 Kilmer Drive							1500 Ki	ngs HWY N,	STF 209					
City, State, Zip Code			-				urte war	ite, Zip Code			-	_		
	011 3030							Hill, NJ 0803	Δ					
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Edward J. Bulava Start Date (10)		Schedule						f OSHA Monitor				-	-	
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2/2/1: Occupancy Status Durii		k Only On		12/31/1			Street A		LO.					
57									STE 200					
	cated During Entire F med Outside of Norm							ngs HWY N, ite, Zip Code	31E 209		110	- 100		
Other - Describe:	nea Outside of North	al Facility	rioui	·					4					
	All That Annha						Cherry	Hill, NJ 0803	4					-
Scope of Work (Check	All That Apply)	57					I	1						
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Asbestos-Containin	g Material (ACM)		d Sole intena	ely by				iterial (ACM)	Amount				щ	m
TO BE Al		1 222		Staff?	(i.e.		systems cing, VAT	insulation,	(Specify SF or LF)		Remova	Re	Encapsulate	Enclosure
(13			(12)				niscellane		0, 5, 2, ,		VOD	Repair	Sul	nsc
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OCD Boile	er Room	X				a si	pipe		45 l/f		$\leq$			
_"_		X					Tank		350 s/f		X	18.00		
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Name of Registered W	aste Hauler		1110	NJ DEP V		Cubic		Name of	Registered Lar	ndfill	-		l	
				Hauler ID		of Was		DELLer	orial Landfill					
Freehold Cartage				222	.33	Diana	4.5 sal Date	City, Sta	erial Landfill		-			
City, State								1						
Freehold, NJ							2/31/12		, PA 15126	D-1-				
Completed by		Title				S	ignature	19/-		Date				
Michael Cooper	40	Presid	lent	10						2/21/	12			atic Name and

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)		Т	Name of	Building	Owner/	Operator (2	- 11)),	666	$\mathbb{V}$	E	m	1
February 10,	2012	C	Ortho D	iagnosti	c/Jo	hnson &	Johnson		The second			War and the same of the same o
Agencies Notified Type No	otification		Street A	ddress			Total Control of the	MAY 2	0010	I		MINISTER.
⊠ EPA ☐ Ini	tial	1	1000 / 1	1001 Ro	ute 20	02, PO Bo	x 300	WAI Z	2012		w	
DEP X An	nended .	1	City, Sta	ite, Zip Co	de		1 1	-		1		No.
	nendment #1 nergency (including	—  F	Raritan,	NJ 088	69		i i	ASBLSTOS CON	ROLL	1		
	stification)		Name of	f Contact			-	Telephone Nur	mber			
	ancellation	F	roject	Manage	r		1150				592	
			FACI	LITY INFO	ORMA			•			-	
Name of Facility Where Abateme	nt is Taking Place (3	)				1	ype of Facility (4	4)				
Ortho Diagnostic / Johnson	& Johnson						School (K-12		20			
Street Address								8 (Other than K-1 rivate & commerc		dinge	hom	00
1000 / 1001 Route 202							etc.)	ivate & commerc	ai Duin	uniga	, 110111	cs,
City (5)		******				S	quare Feet	# of Floors	Е	ldg. /	\ge	
Raritan, NJ								3				
County (6)			County	Code (7)			urrent Use (Prio	r if being demolis	hed)			
Somerset			(STATE U	JSE ONLY)	-			Facility				
Name of Monitoring Firm Hired by	y Building Owner (8)		ASCN	1 No.		Name of	Abatement Cont					
Bulava Environmental, Inc.						The MA	CK Group, LI	_C.				
Street Address						Street Ad				********		- Adda
12 Kilmer Drive						1500 Kir	ngs HWY N,	STE 209				
City, State, Zip Code							e, Zip Code	012 200				-
	20						Hill, NJ 08034	4				
Hillsborough, NJ 08844-383 Project Manager for Monitoring Fi			Telepho	ne No		Telephor	The second secon	License N	lo.		2.000	
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Edward J. Bulava Start Date (10)	Schedule			Date (11)		-	OSHA Monitor	00761				
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Occupancy Status During Abatem	ant (Chack Only On		12/31/1			Street Ac	CK Group, LI	_0.				
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Facility Closed/Vacated Duri Abatement Performed Outsid							ngs HWY N,	STE 209				70.000
Other - Describe:	ue of Normal Facility	nouis	5				e, Zip Code					
				treasure of		Cherry F	Hill, NJ 08034					
Scope of Work (Check All That A	pply)											
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≥160 sf or ≥260 lf		emoli)	uon			×	Mini-Enclosure Glovebag Proc	edure				
							Non-Exempted	(*) and Non-Friable	Proce	dure		
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In Facility (13)		(12)		100		miscellaned		SF ULLE)	Remova	Repair	Encapsulate	Enclosure
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	Yes	No	N/A	ļ					-	-		-
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Freehold, NJ Completed by	Title					Signature	imperial,	PA 15126	ate			
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Michael Cooper	Presid	ent	1040					21	0/12	-		

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Date of Notific						Owner/Operat		611	1			-	-//	111
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	Amendment Emergency (		— F		, NJ 088	369		L.	Annual Control of the	IQLAS:	VC	Ġ		
□ DOH	justification)			Name o	f Contact			194	Telepho	one Nui	nber-		- second	
DCA	Cancellation	-	F	Project	Manage	er.		Planting						
Name of Facili	t. Where Abetement is Takin	~ Dlace (2		FACI	ILITY INF	ORMATION		T			. 7	18.9		
	ty Where Abatement is Takin		)					Type of Facility	(4)					
	ostic / Johnson & Johns	on					_ [	School (K-		77				
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County (6)					Code (7)			Current Use (Pri	or if being d	emolis	ned)		CMINE TO	
Somerset				(STATE U	USE ONLY,	<i></i>			Fac	cility				
	oring Firm Hired by Building	Owner (8)	***	ASCN	No.	Nan	ne o	f Abatement Cor			1			
Bulava Envir	onmental, Inc.					The second second		ACK Group, L						
Street Address			-	-			_	ddress					-	
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	er for Monitoring Firm			Telepho	no No			Hill, NJ 0803 ne No.		ense N	•	00000		
Edward J. Bu			16	one in		10000000					0.			
Start Date (10)		Schodule		08-874	1-0207 Date (11)			59 - 5000 f OSHA Monitor	007	81			- 5	
Start Date (10)		Scriedule												
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	losed/Vacated During Entire F							ngs HWY N,	STE 209					
Other - De	nt Performed Outside of Norm escribe:	al Facility	Hours			0.000.000.000		ite, Zip Code						
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Scope of Work	(Check All That Apply)													
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	In Facility	Cust	odial S (12)	statt?	,	surfacing, \	VAT,	or	SF or L		Remova	Repair	aps	Enclosure
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Name of Regis	tered Waste Hauler		- OI - COM	J DEP W auler ID		Cubic Yards of Waste	,	Name of	Registered L	andfill				
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Freehold, NJ						2/10/1			PA 1512	6				
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Michael Coop	nor	Presid	ont	100		Garate		19//						
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Location of		s Location	ly	Description of		Abatement Type				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Us Ma	ed Solel aintenar stodial S (12)	ly by nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
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Date of Notification (1)	-						Operator				and the				-		
Ma	rch 28, 2012			Ortho D	iagnos	ic / Jo	hnson 8	& Johi	nson	1/2 F	F 11 (1	77 17	on production	- No. of 1	1		
Agencies Notified	Type Notification			Street A	ddress				111 15.	10	s u i	7 1		M			
⊠ EPA	Initial			1000 / 1	001 R	oute 20	02, PO E	Box 3	00		· (1 - 17 · 11						
DEP	Amended			City, Sta	te, Zip C	ode						25-273	1	1			
DOL	Amendment		1	Raritan,	NJ 088	369				$UV_{i}$	2 2	UIZ.		J			
DOH DOH	Emergency (i	including		Name of	Contact					Te	lephone	Numb	er				
DCA	Cancellation			Project	Manage	er			Euro-	1.			~	•			
				FACI	LITY INF	ORMAT	TION		angaga angga a		- 1-17-12	The Property of					
Name of Facility When			3)					Туре	of Facility		~ 00000000000			119 015			
Ortho Diagnostic / .	Johnson & Johns	on				į.			School (K-					2.4	W. K.		
Street Address							-		Subchapte Other (i.e.				build	linas.	home	es.	
1000 / 1001 Route	202	LICE STATE							etc.)		71						
City (5)								Squar	re Feet	# (	of Floors		В	ldg. A	ge		
Raritan, NJ											3						
County (6)			- 4	County (	Code (7) ISE ONLY	1	7	Curre	nt Use (Pr	ior if be	eing demo	olishe	d)				
Somerset				JOLALE C	ISIS ONLI	' —			200		Facility	У		- 3			
Name of Monitoring Fi	rm Hired by Building (	Owner (8)	-	ASCM	No.		Name	of Aba	tement Co	ntracto	r (9)						
Bulava Environmer	ntal, Inc.	7. 1						-	Group, L	LC.		0-231			N. 200 - 3-1		
Street Address							Street	Addres	SS								
12 Kilmer Drive								The same of the same of	HWY N,	STE	209	3112					
City, State, Zip Code							City, S	state, Z	ip Code								
Hillsborough, NJ 08	8844-3830				3				NJ 0803	4		- 25					
Project Manager for M	onitoring Firm			Telephor	ne No.		Teleph	none N	0.		Licens	se No.					
Edward J. Bulava		•		908-874			(973)				00781					14	
Start Date (10)		Schedul		mpletion I			(Activities)	Name of OSHA Monitor The MACK Group, LLC.									
2/2/1				12/31/1	2		_	-		LC.							
Occupancy Status Dur	ing Abatement (Check	k Only O	ne)				Street										
	acated During Entire F								HWY N,	STE	209			nere Marie de la companie			
Abatement Perfor Other - Describe:	med Outside of Norm	al Facility	y Hour	s			1000		ip Code								
							Cherry	y Hill,	NJ 0803	4							
Scope of Work (Check	All That Apply)	-					15										
≥3 sf or ≥3 lf		parent .	Renova				K		l Containm		h Negativ	ve Pre	essur	е			
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Locati	ion of		Norma	lly		D	escription	of				1		1)	/pe	T	
Asbestos-Containing	ng Material (ACM)	2000	ed Sole aintena	53000 53000	(200)	stos Cor	ntaining M	Material		1	Amount	15			m	m	
TO BE A			todial		(i.e		al systems acing, VA		ation,		Specify F or LF)		Remova	Re	Encapsulate	Enclosure	
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		Yes	No	N/A								-	7				
OCD Boil	er Room	$\perp \Delta$	-				pipe				45 l/f		$\triangle$				
		X	1+4				Tank			3	350 s/f		Х				
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		1/2	V					Maria I					$\Diamond$			-	
Tenant				NJ DEP W	lasto	-	<b>∕at/Mas</b> t c Yards	IIC	Name of		150 s/f ered Lan	dfill	$\triangle$		1		
Name of Registered W	vaste nautei			Hauler ID		of W			ivallie of	rtegisi	ered Lan	idiiii					
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Freehold, NJ							12/31/12	2	Imperial	, PA	15126						
Completed by		Title					Signature	//	21	0		Date					
Michael Cooper	*	Presid	dent		2.57		- Justin	-//	/_			3/28	/12				

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)			Name of	f Building	Owner/Opera	tor (2)					vi)			5
March 30,	2012		Ortho D	iagnost	ic / Johnso	n & Jo	hnson	KI	April and the second	graduate minimals	and the second			4
	lotification		Street A					1	1.157	Δ.	1/19/5			Ī
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	mendment #5		Raritan,	NJ 088	369		1.	A	SELSTUS	CUM 1				1
	mergency (including stification)		Name o	f Contact				Te	elephone	e Numb	er	2627 19630	court-	
Nacrosia /	ancellation		Project	Manage	er			Tille.						
4			FACI	LITY INF	ORMATION				and the same					
Name of Facility Where Abateme	ent is Taking Place (	3)				Тур	e of Facilit	y (4)						
Ortho Diagnostic / Johnson Street Address	& Johnson					$\exists \exists$	School (F Subchap	ter 8 (Ot			le cill d	l:	hami	
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City (5)						Squ	uare Feet	#	of Floors	S	B	ldg. A	ge	
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Somerset			(STATE U	USE ONLY					Facili	itv				
Name of Monitoring Firm Hired b	y Building Owner (8	)	ASCM	No.	Nai	me of Al	batement C	ontracto		-		_		365
Bulava Environmental, Inc.					The	MAC	K Group,	LLC.						
Street Address						eet Add								
12 Kilmer Drive					150	0 Kino	s HWY I	N STE	209					
City, State, Zip Code							Zip Code	', '						
Hillsborough, NJ 08844-38	30						II, NJ 080	134						
Project Manager for Monitoring F			Telepho	ne No.	and the second s	ephone			Licen	ise No.		_		
Edward J. Bulava			908-874		0.658487	d our	- 5000		0078	1				
Start Date (10)	Schedu	10000	mpletion				SHA Monit	or	100.0	-				
2/2/12			12/31/1		3	MAC	K Group,	LLC.						
Occupancy Status During Abates	ment (Check Only O	ne)	12/01/	-		eet Add								
Facility Closed/Vacated Du	ring Entire Period of	Abata	ment		150	0 Kind	s HWY I	N. STE	209					
Abatement Performed Outs					-		Zip Code	.,						
Other - Describe:					1		II, NJ 080	)34						
Scope of Work (Check All That A	(ppiy)				100		,						_	
≥3 sf or ≥3 lf	$\square$	Renov	ration			X	ull Contair	ment wi	th Negat	tive Pre	essur	e		
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Location of Asbestos-Containing Materia	L(ACM) Us		lely by	Ashaa	Descript tos Containin		ial (ACM)		Amount					T
TO BE ABATED	M:		ance/		thermal system				(Specify		Z,	m	Enc	四
In Facility	Cus	stodial (12	Staff?	,	surfacing,	100 05 100			SF or LF	)	Remova	Repair	aps	Enclosure
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_"_	$\times$				Tar				350 s/f	:	$\stackrel{\frown}{\times}$			
F Building Baseme	nt X				fittin	as			51		X			
Tenant House		X			Vat/Ma				150 s/f	:	$\langle \rangle$			
Name of Registered Waste Haul	er .	14	NJ DEP W	Vaste.	Cubic Yard		Name	-	tered La					L
, talle of registered tractering			Hauler ID		of Waste									
Freehold Cartage		- 6	222	.53	. 6	11	BFI Im	perial	Landfil	1			Santa	
City, State			N NO.	r in	Disposal D	ate	City, S	tate						
Freehold, NJ					12/31		Imperi	al, PA	15126			10.00		
Completed by	Title			th.	Signat	we	1071	0		Date				
Michael Cooper	Presi	dent		· .						3/30	/12			

TO BE ABATED In Facility		s Location						emen ype	t
Asbestos-Containing Material (ACM)  TO BE ABATED	Use Ma	ed Solel aintenar stodial S (12)	y by nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	(Specify SF or LF)		Repair	Encapsulate	Enclosure
	Yes	No	N/A			Removal		ਰ	
Tenant House		X		pipe insulation	33 If	$\times$			<u> </u>
OCD Boiler Control Room	X	Ĺ.,		VAT/Mastic	250 s/f	$\perp X$			
OMP B 242 - fume hoods		X		transite	600 s/f	X	ļ	ļ	
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Date of Notification (1)			Name o	of Buildin	g Owner/Op	perator		) E in		1.77	- Non-	Taring to the second	77		
April 18, 2012			los .		57		& Johnson	Property of							
Agencies Notified Type Notification			Street A		3007 00111	13011		111				-	7.		
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DOH Emergency justification)		1		of Contac	SECTION CONTROL			Telepho		nber			-		
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					FORMATIC	)N	+ Flagge Governor C								
Name of Facility Where Abatement is Takir		3)					Type of Facility	(4)		**	9 80	5925	239-27		
Ortho Diagnostic / Johnson & Johns	son						School (K-								
Street Address							ASSESSMENT OF THE PROPERTY OF	er 8 (Other that private & con			dinac	hom			
1000 / 1001 Route 202 City (5)				23,			Other (i.e. etc.)  Square Feet	# of Floo			Bldg.				
Raritan, NJ												3 -			
County (6)		77.00	County	Code (7)			Current Use (Pr	rior if being de	molish	ned)					
Somerset			(STATE	USE ONL	Y)			Fac		/					
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	и No.		Name	of Abatement Co		iiity		-				
Bulava Environmental, Inc.	3.03	100			0.00		ACK Group,								
Street Address	-		+	-			Address	LLO.					-		
12 Kilmer Drive					1	1500 k	Kings HWY N	STF 209							
City, State, Zip Code		_					tate, Zip Code	, 012 200					- 100		
Hillsborough, NJ 08844-3830							Hill, NJ 0803	34							
Project Manager for Monitoring Firm			Telepho	ne No.			one No.		nse N	0.		-			
Edward J. Bulava			908-874	4-6207			759 - 5000	0078							
Start Date (10)	Schedu		mpletion			Name of OSHA Monitor									
2/2/12			12/31/1	12	Т	The M	ACK Group, I	LC							
Occupancy Status During Abatement (Chec	k Only O	ne)					Address				= 9,50%	- 10000			
Facility Closed/Vacated During Entire	Period of	Abate	ment		1	500 k	Gings HWY N	STE 209							
Abatement Performed Outside of Norm	al Facilit	y Hour	's		_	-	ate, Zip Code								
Other - Describe:				72	c	Cherry	Hill, NJ 0803	34							
Scope of Work (Check All That Apply)													-		
≥3 sf or ≥3 If	$\times$	Renov	ation				Full Containn	nent with Nega	ative P	ressu	re				
≥160 sf or ≥260 If		Demol	ition			2	Mini-Enclosur	е							
					4	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	1	s Loca	tion									emen	t		
Location of		Norma		20	Dono	cription	of				T	уре			
Asbestos-Containing Material (ACM)	1.00	ed Sole		Asbe			aterial (ACM)	Amoun	t	W 2		m			
TO BE ABATED In Facility		todial		(i.€	e. thermal s			(Specif	•	Re	D	Encapsulate	Enclosure		
(13)		(12)		57 57	surfacii other mi			SF or LI	-)	Remova	Repair	psu	losu		
	1									la la	₹	late	ē		
	Yes	No	N/A							-		-			
OCD Boiler Room	$\perp X$				ŗ	oipe		45 l/f		X					
_n	X			1 100 - 1	т. Т	ank		350 s/	f	X					
F Building Basement	X				fit	ttings	71.1	51		X					
Tenant House		X			Vat	/Masti	С	150 s/	f	X					
Name of Registered Waste Hauler	14.		J DEP W		Cubic Y		Name of	Registered La		V_\		- 11	-		
F		1	Hauler ID		of Waste		DEL I								
Freehold Cartage City, State			222	35	Disposa	6 L Data	The second secon	erial Landfi	11		2000				
			100	- vy a l			City, Sta								
Freehold, NJ Completed by	Title					31/12 nature		, PA 15126		•	- 2				
	2000000	lost			519	Hature	19/-	2	Dat						
Michael Cooper	Presid	ent			2.4				4/18	3/12					

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 04/30/12			Building Owner/ University	Operato		WET	77								
Month/Day/Year					1	HUIF	the desired to the second		111						
Agency Notified Type No	tificat	ion		Street Add	iress	1931		11	111						
EPA x	Init	ial		P.O. box 2	158		HAV 0	0010	111						
DEP	- No	otifica	tion	City, State	e, Zip Code	UU	MATZ	ZUIZ IL	1						
DCA	Am	ended	2007220	Princeton				1							
DOH	_	tifica		Name of C		i		Telenhone N	umber	i i					
<i>D</i> 0.1	335997	cellat	100 m	Robert Ot	,	Esta	ASBESTOS CON	¥7		1					
	_ Can	icciiai	1011		TY INFORMA	TION	4.05.00		0	t t					
		***	(2)	FACILA	I I INFORMA	HON	TT			i i					
Name of Facility Where Abatement is T Princeton University 20 Washington			(3)			* ***	School School	ty (4)		(10)					
Street Address	_				***************************************	-		hapter 8 (Othe r (i. e. Private							
20 Washington Road								ldings, homes, e		erciai					
20 wasnington Road							Square Feet	# of Floors	Bldg.	Age					
City (5)	Con	inty (	6)		County Code	(7)	100000	4	50+	Age					
Princeton	Con	mey (	0,7		(STATE USE ONL)			Prior if being de		Ð					
Timeeton					OTIVE COL ONE	-,	University	trior it being ut	monsne	•,					
Name of Monitoring Firm Hired by Bui ATC Associates, Inc	lding (	Owner	(8)		ASCM No.	100000000000000000000000000000000000000	e of Abatement Co	State of William Medical Collins on the contract							
						-									
Street Address 3 Terri Lane					22	990000000000000000000000000000000000000	t Address Crue Avenue								
City, State, Zip Code Burlington NJ 08016					2		State, Zip Code Mills, PA 19342	*							
Project Manager of Monitoring Firm Mike Keehn				Telephone 609-386-88		Parties (1535-41)	hone Number 64-9622		Licen 1103	ce Numb	oer				
Scheduled Start Date (10) 05/10/12	Sch	ed. Cor	npletion Date 05/25/12	(11)	Name of OSHA Monitor Criterion Labs										
			3.4			Crite	TION LADS								
Month/Day/Year Occupancy Status During Abatement (C	'hook e	nlv o		onth/Day/Yea	Ir	Street Address									
x Facility Closed/Vacated During			AND THE PERSON NAMED IN	atement		129.50	Progresive Drive								
Abatement Performed Outside of				Attendent			State, Zip Code		-						
#			cinty												
Hours - Describe: 7:00 AM	- 3:30	FIVE				Bensa	lem PA 19020								
Other - Describe:					=	]									
Scope of work (Check all that apply)							Full Containme	ent with Negativ	e Pressu	re					
Demolition			x	Renovation	1.		Mini - Enclosu	re							
x > 3  sf or  > 3  if							Glovebag Proc	edure							
>160 sf or >260 lf						х	Non-Friable Pr	ocedure							
	1	Is					T		batemen	Type					
Location of	1.	ocatio		Desc	ription of				T	E	E				
Asbestos - Containing	20070355	rmall			s-Containing		Amou	nt R		N	N				
Material (ACM)		Jsed		0.000	ial (ACM)		(Speci	10/1	R	C	C				
TO BE ABATED		olely			rmal systems		SF or		E	A	L				
In Facility		Main	-		surfacing, VAT		LF	0	P	P	0				
(13)		nance			miscellaneous)			l v	Â	ŝ	s				
	Fig. 1	stodia						A	I	Ū	Ū				
	250/55	aff (12						L	R	L	R				
	Yes	No	N/A			أدسد					E				
Ground Floor - exterior outside room 1		x		window cau	lk		170 LF	x							
1st Floor - exterior outside room 101 G		x		window cau	lk		170 LF	x							
2nd Floor - exterior outside room 201 G		x		window cau	lk		170 LF	х							
Name of Registered Waste Hauler				EP Waste er ID No.	Cubic Yards of Waste		Name of Registe	ered Landfill							
Horizon Disposal					3		GROWS		Įď.						
City, State Trenton NJ					Disposal Date As needed		City, State Morrisville PA	7. 41							
Completed By (Print or Type) Title						Signati	ure , V	1		Date					
Mark Goshow Project Man						Y	Marky	some		4-	3011				
ABS-41	The second second	Marian Marian	//	10 010			-								

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Date of Notification (1) 04/30/12			Name of Polyone	Building Owner	/Operate	or (2)	5 医 []	VE		u)				
Month/Day/Year Agency Notified x EPA	Type Notificat		Street A				4Y 2 2	N12						
x DEP		iai tification		Porcupine rd ate, Zip Code		11 11 1917	41 Z /	UIZ						
x DCA		ended		stown Ni 08067				į						
x DOH		tification		Contact		ASSI	Telephone	Number						
		cellation	Daryl M			L	., receptione	Jumber	ĺ					
			FACIL	ITY INFORMA	TION	· All of the second second second		-	-	3				
Name of Facility Where Abatem Polyone boiler house and bldg 5		Place (3)				Type of Facility School	A CONTRACTOR OF THE PARTY OF TH	or than I	Z12)	,				
Street Address Rt 31 & Porcupine Rd						x Other buil	(i. e. Private dings, homes,	& commetc.)	ercial					
City (5)	Com	nty (6)		Camata Cada	(7)	Square Feet	# of Floors	Bldg.						
Predickstown	Cou	mty (0)		County Code (STATE USE ONI	50000	Current Use (P	rior if being d		d)					
						boiler unit			., 					
Name of Monitoring Firm Hired Criterion labs	l by Building C	Owner (8)		ASCM No.	100 March 200 M	ne of Abatement Contractor (9) ociated Specialty Contracting								
Street Address 3370 progress drive				11	100000000000000000000000000000000000000	eet Address LaCrue Ave								
City, State, Zip Code bensalem pa 19020						State, Zip Code Mills, PA 19342								
Project Manager of Monitoring mike panepresso	30(3):20()	Telephon 215-244-	e Number 1300	F-1000000000000000000000000000000000000	Telephone Number Licence Number 110-364-9622 1103									
Scheduled Start Date (10) 05/10/12	Sched. C	ompletion Dat 05/14/12			of OSHA Monito ion labs	r								
Month/Day/Year Occupancy Status During Abate x Facility Closed/Vacated I			Month/Day/Y	car		Address			-					
Abatement Performed O					-	progress dr State, Zip Code								
Hours - Describe: 7					7.550	lem pa 19020								
Scope of work (Check all that app	oly)				11	Full Containme	_	ve Pressu	ire					
The second secon		х	Renovatio	on	x	Mini - Enclosur								
x >3 sf or >3 if >160 sf or >260 if					X	Glovebag Proce								
200 01 200 11		Is		· · · · · · · · · · · · · · · · · · ·		Non-Friable Pro								
Location of	Lo	cation	Dec	cription of		#	A	batemen	E	E				
Asbestos - Containing		mally		os-Containing		Amoun	t R		N	N				
Material (ACM)	U	sed		erial (ACM)		(Specif	1000	R	C	C				
TO BE ABATED	So	lely	U. B. L	nermal systems		SF or	M	E	A	L				
In Facility		Main-	7,045	, surfacing, VAT	Γ.	LF	0	P	P	0				
(13)	7775	ance/	or other	r miscellaneous)			l V	A	S	S				
	12 (A) (A) (A)	todial					A	I	U	U				
	Yes	f (12) No N/A	1				L	R	L	R				
Bldg 523 hallway	x	1.77	thermal			3 LF	x			E				
Boiler room roof	х		thermal			5 LF	x							
Boiler room inside	x		thermal			15 LF	x							
						,								
Name of Registered Waste Hauler hree county carting		10000000	DEP Waste der ID No.	Cubic Yards of Waste		Name of Registe								
City, State		Disposal Date		City, State										
leptford nj		05/18/12		salem nj										
Completed By (Print or Type) Mark Goshow	War Art 1 State of the State of	Title Pro	e ect Manager	0 8	Signati	Parksoli	in	1237	Date 4-3	W11				
			and the same of th		/ /		page 10 March 19 Co.							

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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) Name of Building Owner/Operator 04/30/12 Princeton University Month/Day/Year Agency Notified Type Notification Street Address 2012 EPA Initial P.O. box 2158 DEP Notification City, State, Zip Code Princeton NJ 08543 DCA Amended DOH Notification Name of Contact Telephone Number Cancellation Robert Otego **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Magie Apartments School (K12) Subchapter 8 (Other than K12) Other (i. e. Private & commercial Street Address buildings, homes, etc.) Princeton University Square Feet # of Floors Bldg. Age 50+ County Code (7) 60000 City (5) County (6) (STATE USE ONLY) Current Use (Prior if being demolished) Princeton University ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Associated Specialty Contracting Inc. ATC Associates, Inc Street Address Street Address 3 Terri Lane 98 LaCrue Avenue City, State, Zip Code City, State, Zip Code **Burlington NJ 08016** Glen Mills, PA 19342 Telephone Number Licence Number Project Manager of Monitoring Firm Telephone Number 00705 Mike Keehn 609-386-8800 610-364-9622 Sched. Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 05/17/12 Criterion Labs 05/10/12 Month/Day/Year Month/Day/Year Street Address Occupancy Status During Abatement (Check only one) 3370 Progresive Drive x Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Bensalem PA 19020 Hours - Describe: 7:00 AM - 3:30 PM Other - Describe: Full Containment with Negative Pressure Scope of work (Check all that apply) Mini - Enclosure Renovation Demolition Glovebag Procedure >3 sf or >3 if >160 sf or >260 lf Non-Friable Procedure Abatement Type Is E Location of Location Description of Asbestos-Containing Amount R N Normally Asbestos - Containing (Specify E R C C Material (ACM) Material (ACM) Used M E Solely (ie. Thermal systems SF or A L TO BE ABATED P P 0 0 insulation, surfacing, VAT, LF In Facility by Maintenance/ or other miscellaneous) V A S S (13)U A I Custodial R R Staff (12) N/A Yes No 1st floor Apt 1 M living room VAT & mastic 2 SF VAT & mastic 2 SF x 2nd floor Apt 1 M bedroom 2 SF VAT & mastic X 3rd floor Apt 3 F living room x VAT & mastic 2 SF 4th Floor Apt 3 F bedroom Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste GROWS Horizon Disposal City, State Disposal Date City, State Morrisville PA As needed Trenton NJ Completed By (Print or Type) Title Mark Goshow Project Manager

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 04/30/12 Month/Day/Year	1			Building Owner on University	Operate	or (2)	WE			0			
	Ame Not		n Princeto Name of	ate, Zip Code on NJ 08543	The second secon	MAY 2	'elenhone Na	ımher					
Name of Facility Where Abatem	ent is Taking P	Place (3	FACII	JTY INFORMA	TION	Type of Facility (4	<u> </u>						
Magic Apartments  Street Address Princeton University	int is raining r					School Subchapt x Other (i.		comm					
City (5) Princeton	Cour	nty (6)	ayaşımın der elemin	County Code			of Floors 8	Bldg. 50+					
Name of Monitoring Firm Hired ATC Associates, Inc	by Building O	wner (	8)	ASCM No.	University  Name of Abatement Contractor (9) Associated Specialty Contracting Inc								
Street Address 3 Terri Lane	93.15.15.15.15.15.15.15.15.15.15.15.15.15.			- January in se		t Address Crue Avenue							
City, State, Zip Code Burlington NJ 08016						ity, State, Zip Code len Mills, PA 19342							
Project Manager of Monitoring Mike Keehn	Firm		Telephor 609-386-	ne Number 8800	1000	ephone Number Licence Number 0-364-9622 OO7O5							
Scheduled Start Date (10) 05/10/12 Month/Day/Year	100,000	Sched	. Completion Da 05/17/1 Month/Day/Y	12	Name of OSHA Monitor Criterion Labs								
Occupancy Status During Abate  x Facility Closed/Vacated I  Abatement Performed O  Hours - Describe: 7  Other - Describe: 7	During Entire l utside of Norm	Period o	) of Abatement		3370 City,	t Address Progresive Drive State, Zip Code alem PA 19020							
Scope of work (Check all that app Demolition x >3 sf or >3 if >160 sf or >260 lf	oly)		x Renovati	ion	xx	Full Containment v Mini - Enclosure Glovebag Procedu Non-Friable Proce	re	Pressu	ire				
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Nor U So by ten Cus	Is cation rmally sed blely Main- ance/stodial ff (12)	Asbes Ma (ie. T insulatio	escription of stos-Containing terial (ACM) hermal systems on, surfacing, VA' er miscellaneous)		Amount (Specify SF or LF)	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			
5th floor Apt 5P dining room		x	VAT & n	nastic		2 SF	x						
6th floor Apt 5 P bedroom		x	VAT & n	nastic		2 SF	x						
7th floor Apt 7W entrance area		x	VAT & n	nastic		2 SF	x						
8th floor Apt 8W bedroom	x	VAT & n	nastic	2 SF x									
Name of Registered Waste Haule Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste		Name of Registered GROWS	Landfill		8	fa .				
City, State Trenton NJ		Disposal Date As needed	2	City, State Morrisville PA									
Completed By (Print or Type) Mark Goshow		Γitle Project Manageι		Signat	TachSish	in	5r	Date 4-	30-11				

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