**NOTIFICATION OF ASPERTOS ABATEMENT**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>RFL ELECTRONICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-30-2012</td>
<td></td>
</tr>
</tbody>
</table>

**Agency Notified**

<table>
<thead>
<tr>
<th>EPA</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Type Notification**

<table>
<thead>
<tr>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Street Address**

<table>
<thead>
<tr>
<th>RFL ELECTRONICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>353 Powerville Road</td>
</tr>
</tbody>
</table>

**City, State, Zip Code**

<table>
<thead>
<tr>
<th>BOSTON, NJ 02105</th>
</tr>
</thead>
</table>

**Name of Monitor Site to Bldg Owner (8)**

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**

<table>
<thead>
<tr>
<th>Best Removal Inc.</th>
</tr>
</thead>
</table>

**Telephone Number**

<table>
<thead>
<tr>
<th>201-329-7444</th>
</tr>
</thead>
</table>

**Facility Information**

**Name of Facility Where Abatement is Taking Place (9)**

<table>
<thead>
<tr>
<th>RFL ELECTRONICS</th>
</tr>
</thead>
</table>

**Square Foot**

<table>
<thead>
<tr>
<th>8822</th>
</tr>
</thead>
</table>

**Current Use (Prior to being demolished)**

<table>
<thead>
<tr>
<th>Plant/Office</th>
</tr>
</thead>
</table>

**Name of Registered Waste Handler**

<table>
<thead>
<tr>
<th>Best Removal Inc.</th>
</tr>
</thead>
</table>

**Location of Asbestos-Containing Material (ACM) TO BE ABATEED In Facility**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRAWL SPACE BLOWER</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Minerva Enterprises Inc.</th>
</tr>
</thead>
</table>

**Compliance by**

<table>
<thead>
<tr>
<th>R. Veldran</th>
</tr>
</thead>
</table>

**Author**

<table>
<thead>
<tr>
<th>P. Veldran</th>
</tr>
</thead>
</table>

**Received Date**

<table>
<thead>
<tr>
<th>AEB-61 (6-25-09)</th>
</tr>
</thead>
</table>

---

*Do not use this item for asbestos exposure emergency notification.*
**State of New Jersey**

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:60 and 12:110)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/30/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Klemco Inc.</td>
</tr>
<tr>
<td>Type of Abatement Contractor (5)</td>
<td>Vacant</td>
</tr>
<tr>
<td>Name of Abatement Contractor (6)</td>
<td>Klemco Inc.</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Vacant</td>
</tr>
<tr>
<td>Facility Where Abatement Is Taking Place (3)</td>
<td>Residence</td>
</tr>
<tr>
<td>Street Address</td>
<td>3901 West Ave.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Ocean City</td>
</tr>
<tr>
<td>County (6)</td>
<td>Cape May</td>
</tr>
<tr>
<td>County Code (1)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1000</td>
</tr>
<tr>
<td># of Stories</td>
<td>2</td>
</tr>
<tr>
<td>Building Age (years)</td>
<td>40</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Vacant</td>
</tr>
<tr>
<td>Name of Monitoring Firm</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Monitoring Firm, ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>N/A</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>5/21/12</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>5/21/12</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Owner - Describe</td>
<td>N/A</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Renovation/ Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>N/A</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</td>
<td>N/A</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>N/A</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>N/A</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal</td>
</tr>
<tr>
<td>Recycling</td>
<td>N/A</td>
</tr>
<tr>
<td>Disposal</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Klemco Inc.</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>C.M.C. M.U.A.</td>
</tr>
<tr>
<td>Name of State</td>
<td>N.J.</td>
</tr>
<tr>
<td>Name of Received</td>
<td>Woodbine, N.J.</td>
</tr>
<tr>
<td>Received Date</td>
<td>5/14/12</td>
</tr>
</tbody>
</table>

**Complied by: Joseph Klemm**

**Owner:**

*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)

Name of Building Owner/Operator (2):
Irina Ashkenazi

Agency Notified:
- EPA
- DEP
- DOH
- DCA

Type Notification:
- Initial
- Amended
- Amendment (excluding justification)
- Cancellation

Name of Facility Where Abatement is Taking Place (3):
Private home
Street Address:
734 Humboldt Street
City, State, Zip Code:
Secaucus, NJ 07094
Counties:
Hudson

County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner(s):
Gr Tech LLC

ASCM No.:

Name of Abatement Contractor (9):
Gr Tech LLC

Street Address:
576 Valley Rd #283
City, State, Zip Code:
Wayne, NJ 07470

Project Manager for Monitoring Firm:

Telephone No.:
973-638-1777
License No.:
01127

Start Date (10):
04/30/2012

Scheduled Completion Date (11):
05/04/2012

Occupancy Status During Abatement (Check only one):

Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe:

Scope of Work (Check all that apply):

- > 3 sf or > 3 lf
- > 100 sf or > 260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- 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:

Location of Registered Waste Hauler:
Gr Tech LLC

Cubic Yards of Waste:
0033785

Name of Registered Landfill:

Disposal Date:

City, State:
Wayne, NJ 07470

Completed by:
N. Jevtic
Title:
Owner

* Do not use this form for asbestos license exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
4/30/12

**Agency Notified**  
- [ ] EPA
- [ ] DEP
- [ ] COL
- [ ] ODH
- [ ] CCA

**Type of Notification**  
- [ ] Initial
- [ ] Amended
- [ ] Amendment # ___
- [ ] Emergency (including justification)
- [ ] Cancellation

**Name of Building Owner/Operator (2)**  
**FAITH TECH CONTRACTING**

**Street Address**  
159 W. 50

**City, State, Zip Code**  
**Cranford, N.J. 07016**

**Name of Contact**  
**BRUCE ALLEMIC**

**Telephone Number**  

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
**RESIDENCE**

**Street Address**  
308 ATLANTIC AVE.

**City (5)**  
**West Cape May**

**County (6)**  
**Cape May**

**Use Code (7) (STATE USE ONLY)**  
**VACANT**

**Name of Abatement Contractor (9)**  
**Klemco Inc.**

**Street Address**  
369 S. Spruce Ave.

**City, State, Zip Code**  
**MAPLE SHOAL, N.J. 08052**

**Telephone Number**  
**856-779-0422**

**License No.**  
00444

**Name of OSHA Manager**  
**JOSEPH KLEMM**

**Street Address**  
369 S. Spruce Ave.

**City, State, Zip Code**  
**MAPLE SHOAL, N.J. 08052**

**Start Date (10)**  
5/14/12

**Scheduled Completion Date (11)**  
5/21/12

**Occupancy Status During Abatement (Check only one)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe

**Scope of Work (Check all that apply)**
- [ ] Renovation
- [ ] Demolition
- [ ] Partial Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Non-Enclosure
- [ ] Gloves and Respirator
- [ ] Non-Exempted (1) and Non-Flexible Procedure

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (12)**

| Location Name | Not Used | Not Used | Asbestos Uses
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STUD</strong></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)**

| Description | Amount (Specify SF or LF)
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRANSITE</strong></td>
<td>500#</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**  
**Klemco Inc.**

**Hauler OPEP Waste Hauler Opep No.**  
13927

**Cubic Yards of Waste**  
5

**Name of Registered Lander**  
**O.C.M.C. M.U.A.**

**City, State**  
**MAPLE SHOAL, N.J. 08052**

**Disposal Date**  

**City, State**  
**WOODBINE, N.J.**

**Completed By**  
**JOSEPH KLEMM**

**Signature**  
**OWNER**

**Date**  
4/30/12

---

*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)

**Date of Notification:** 4-30-12  
**Agency Notified:**  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
**Type Notification:** Initial  
**Amendment #:**  
**Abatement:** Design  
**Contractor:** Construction  
**Address:** 18 Second Ave  
**City:** Oakley Beach  
**State:** NJ  
**Zip Code:** 08751  
**Name of Building Owner/Operator:** George Polizzano

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:** Single Family Property  
- **Street Address:** 2 River Drive  
- **City:** Toms River  
- **County:** Ocean  
- **Type of Facility:** Garage  
- **Current Use:** Garage  
- **Square Feet:** 1  
- **Number of Floors:**  
- **Bldg. Age:** 60+  
- **County Code:**  

**Name of Monitoring Firm Hired by Building Owner:** EPC Technologies  
**ASCN No.:** N/A  
**Name of Abatement Contractor:** EPC Technologies, Inc.

**Street Address:** P.O. Box 337  
**City:** New Egypt  
**State:** NJ  
**Zip Code:** 08533  
**Telephone No.:** 609-758-3365  
**License No.:** 00394

**Start Date:** May 10, 2012  
**Scheduled Completion Date:** May 10, 2012

**Occupy Status During Abatement (Check only one):** Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work (Check all that apply):**  
- ≥ 3 sf or ≥ 3.3 ft
- ≥ 180 sf or ≤ 260 sf
- Renovation  
- Demolition  
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Finable Procedure

### Location of Asbestos-Containing Material (ACM) to Be Abated

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) to Be Abated</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detached Garage</td>
<td>Yes</td>
<td>Siding Shingles</td>
<td>900 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** EPC Technologies  
**NJ DEP Waste Hauler ID No.:** 17000  
**Cubic Yards of Waste:** 6  
**Name of Registered Landfill:** Waste Management  
**Disposal Date:** 5-11-12  
**City:** Monroeville  
**State:** PA  
**Completed by:** Steve Schenker  
**Title:** President  
**Signature:** Steve Schenker  
**Date:** 4-30-12

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/2/12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>Trustees of Princeton University</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>E.A. MacMillan Building</td>
</tr>
<tr>
<td></td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Robert Ortega</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| **Name of Facility Where Abatement is Taking Place (3)** | Firestone Library |
| **Street Address** | Nassau St. & Washington Road |
| **City (5)** | Princeton, NJ |
| **County** | Mercer |
| **County Code (7) (STATE USE ONLY)** | |
| **Name of Monitoring Firm Hired by Building Owner (8)** | ATC Associates Inc. |
| **ASCM No.** | 00098 |
| **Type of Facility (4)** | Subchapter 8 (Other than K-12) |
| **Square Feet** | 1000000 |
| **# of Floors** | 8 |
| **Bldg. Age** | 70 |
| **Current Use (Prior if being demolished)** | Library |
| **Occupancy Status During Abatement (Check only one)** | |
| | Facility Closed/Vacated During Entire Period of Abatement |
| | Abatement Performed Outside of Normal Facility Hours |
| | Other - Describe: 6AM - 12 Midnight |
| **Start Date (10)** | 4/16/12 |
| **Scheduled Completion Date (11)** | 5/18/12 |
| **Scope of Work (Check all that apply)** | |
| | ≥3,500 sf or ≥250 LF |
| | Renovation |
| | Demolition |
| | Full Containment with Negative Pressure |
| | Mini-Enclosure |
| | Glovebag Procedure |
| | Non-Exempted (*) and Non-Fireable Procedure |

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

| **Location Normally Used Solely by Maintenance/Custodial Staff? (12)** | No |
| **Description of Asbestos Containing Material (ACM)** | pipe insulation 600 LF |
| | mastic 540 LF |

| **Name of Registered Waste Hauler** | Carnevale Disposal |
| **Cubic Yards of Waste** | 40 CU |
| **Name of Registered Landfill** | T.R.R.F., Inc. |

| **Completed By** | Mahlon E. Stevens |
| **Title** | Project Manager |
| **Date** | 4/30/12 |

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 4/2/12

Name of Building Owner/Operator (2):

Trustees of Princeton University

Name: E.A. MacMillan Building
Street Address: 9 2012
City, State, Zip Code: Princeton, NJ 08544
Name of Contact: Robert Ortega
Telephone Number: 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):

Firestone Library

Street Address:
Nassau St. & Washington Road
City, State, Zip Code:
Princeton, NJ

County (6):
Mercer
County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (8):
ATC Associates Inc.
ASCM No. 00098

Name of Abatement Contractor (9):
Stevens Environmental Services, Inc.
Street Address:
PO Box 322
City, State, Zip Code:
Allentown, NJ 08501

Project Manager for Monitoring Firm:
Mike Keelh
Telephone No. (609) 386-8800

Start Date (10): 4/16/12
Scheduled Completion Date (11): 5/18/12

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 6AM - 12 Midnight

Scope of Work (Check all that apply):
- >3 sf or >3 If
- >160 sf or >260 If
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Fan Room</td>
<td>Yes</td>
<td>Pipe insulation</td>
<td>600 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Carnevale Disposal
City, State: Allentown, NJ

Disposal Date: 5/18/12

Completed By:
Mahlon E. Stevens
Title: Project Manager
Signature: 
Date: 4/2/12

* Do not use this form for asbestos licensure exempted activities.
**Date of Notification (1)**
April 30, 2012

**Name of Building Owner/Operator (2)**
Ortho Diagnostic / Johnson & Johnson

**Street Address**
1000 / 1001 Route 202, PO Box 300
Raritan, NJ 08869

**Name of Contact**

**Project Manager**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Ortho Diagnostic / Johnson & Johnson

**Street Address**
1000 / 1001 Route 202
Raritan, NJ

**City (5)**

**County (6)**
Somerset

**County Code (7)**

**Current Use (Prior to being demolished)**
Facility

**Type of Facility (4)**

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**

**# of Floors**
3

**Bldg. Age**

**Abatement Type**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe</td>
<td>45 sf/lf</td>
</tr>
<tr>
<td>Tank</td>
<td>350 sf</td>
</tr>
<tr>
<td>fittings</td>
<td>51</td>
</tr>
<tr>
<td>Vat/Mastic</td>
<td>150 sf</td>
</tr>
</tbody>
</table>

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCD Boiler Room</td>
<td>pipe</td>
</tr>
<tr>
<td>F Building Basement</td>
<td>Tank</td>
</tr>
<tr>
<td>Tenant House</td>
<td>fittings</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Vat/Mastic</td>
</tr>
</tbody>
</table>

**Freehold Cartage**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold, NJ</td>
<td>12/31/12</td>
<td>BFI Imperial Landfill</td>
</tr>
</tbody>
</table>

**Michael Cooper**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>4/30/12</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenant House</td>
<td>No</td>
<td>pipe insulation</td>
<td>33 lf</td>
<td></td>
</tr>
<tr>
<td>OCD Boiler Control Room</td>
<td>No</td>
<td>VAT/Mastic</td>
<td>250 s/f</td>
<td></td>
</tr>
<tr>
<td>OMP B 242 - fume hoods</td>
<td>No</td>
<td>transite</td>
<td>600 s/f</td>
<td></td>
</tr>
<tr>
<td>OCD BR</td>
<td>No</td>
<td>pipe insulation</td>
<td>7 s/f</td>
<td></td>
</tr>
<tr>
<td>OCD CAMA Corridor</td>
<td>No</td>
<td>ACM insulation</td>
<td>1100 s/f</td>
<td></td>
</tr>
<tr>
<td>OCD G Basement</td>
<td>No</td>
<td>fittings</td>
<td>38</td>
<td></td>
</tr>
</tbody>
</table>

**Abatement Type**
- [X] Removal
- [X] Encapsulate
- [ ] Repair
- [ ] Enclosure

*Date stamp: MAY 2 2012*
Date of Notification: March 12, 2012

Name of Building Owner/Operator: Ortho Diagnostic / Johnson & Johnson

Street Address: 1000 / 1001 Route 202, PO Box 300
City, State, Zip Code: Raritan, NJ 08869

Name of Facility Where Abatement is Taking Place: Ortho Diagnostic / Johnson & Johnson

Street Address: 1000 / 1001 Route 202
City: Raritan, NJ
County: Somerset

Name of Monitoring Firm Hired by Building Owner: Bulava Environmental, Inc.

Street Address: 12 Klimer Drive
City, State, Zip Code: Hillsborough, NJ 08844-3830

Project Manager for Monitoring Firm: Edward J. Bulava
Telephone No.: 908-874-6207

Name of Abatement Contractor: The MACK Group, LLC.

Street Address: 1500 Kings HWY N, STE 209
City, State, Zip Code: Cherry Hill, NJ 08034

Start Date: 2/2/12
Scheduled Completion Date: 12/31/12

Occupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Scope of Work: Renovation

Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe</td>
<td>45 lf</td>
<td>Removal</td>
</tr>
<tr>
<td>Tank</td>
<td>350 sf</td>
<td>Removal</td>
</tr>
<tr>
<td>fittings</td>
<td>51</td>
<td>Removal</td>
</tr>
<tr>
<td>Val/Mastic</td>
<td>150 sf</td>
<td>Removal</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: NJ DEP Waste Hauler ID No.: 22253
Cubic Yards of Waste: 6
Name of Registered Landfill: BFI Imperial Landfill

Freehold Cartage
City, State: Freehold, NJ
Disposal Date: 12/31/12

Name of Project Manager: Michael Cooper
Title: President
Signature: Date: 3/12/12

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
February 21, 2012

**Name of Building Owner/Operator (2)**  
Ortho Diagnostic / Johnson & Johnson

**Street Address**  
1000 / 1001 Route 202, PO Box 300

**City/State/Zip Code**  
Raritan, NJ 08869

**Name of Contact**  
Project Manager

**FACILITY INFORMATION**

**Type of Facility (4)**  

<table>
<thead>
<tr>
<th>School (K-12)</th>
<th>Subchapter 8 (Other than K-12)</th>
<th>Other (i.e. private &amp; commercial buildings, homes, etc.)</th>
</tr>
</thead>
</table>

**Square Feet**  
3

**# of Floors**  
1

**Bldg. Age**

<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place (3)**  
Ortho Diagnostic / Johnson & Johnson

**County Code (7)**  
Somerset

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)**  
Bulava Environmental, Inc.

**Street Address**  
12 Kilmer Drive

**City/State/Zip Code**  
Hillsborough, NJ 08844-3830

**TelephoneNumber**  
908-874-6207

**Start Date (10)**  
2/2/12

**Scheduled Completion Date (11)**  
12/31/12

**Facility Closed/Abated During Entire Period of Abatement**

- [X] Yes
- [ ] No
- [ ] N/A

**Abatement Performed Outside of Normal Facility Hours**

- [X] Yes
- [ ] No
- [ ] N/A

**Name of OSHA Monitor**  
The MACK Group, LLC.

**Street Address**  
1500 Kings HWY N, STE 209

**City/State/Zip Code**  
Cherry Hill, NJ 08034

**License No.**  
00781

**Scope of Work (Check All That Apply)**

- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Frangible Procedure

**Description of Asbestos Containing Material (ACM)**

- [ ] Yes
- [ ] No
- [ ] N/A

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>(13)</th>
<th>(15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCD Boiler Room</td>
<td>pipe</td>
</tr>
<tr>
<td>F Building Basement</td>
<td>Tank</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

| 45 l/f  |
| 350 s/f  |

**Name of Registered Waste Hauler**  
Freehold Cartage

**NJ DEP Waste Hauler ID No.**  
22253

**Cubic Yards of Waste**

| 4.5  |

**Disposal Date**  
12/31/12

**City/State**  
Imperial, PA 15126

**Name of Registered Landfill**  
BFI Imperial Landfill

**Completed by**  
Michael Cooper

**Title**  
President

**Signature**  
(date)

**ASB-41 (R-06-06)**

* 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)

Date of Notification (1)  
February 10, 2012 

Name of Building Owner/Operator (2)  
Ortho Diagnostic / Johnson & Johnson

Street Address  
1000 / 1001 Route 202, PO Box 300 
Raritan, NJ 08869

Name of Contact  

Project Manager

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Ortho Diagnostic / Johnson & Johnson

Street Address  
1000 / 1001 Route 202

City (5)  
Raritan, NJ

County (6)  
Somerset

County Code (7)  
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  
Bulava Environmental, Inc.

Street Address  
12 Kilmer Drive 
Hillsborough, NJ 08844-3830

Project Manager for Monitoring Firm  
Edward J. Bulava

Telephone No.  
908-874-6207

Start Date (10)  
2/2/12

Occupancy Status During Abatement (Check Only One)  
Facility Closed/Vacated During Entire Period of Abatement

Scheduled Completion Date (11)  
12/31/12

Abatement Performed Outside of Normal Facility Hours

License No.  
(973) 759 - 5000  00781

Name of Abatement Contractor (9)  
The MACK Group, LLC.

Street Address  
1500 Kings HWY N, STE 209 
Cherry Hill, NJ 08034

Phone No.  
(973) 759 - 5000  00781

Name of OSHA Monitor

The MACK Group, LLC.

Street Address  
1500 Kings HWY N, STE 209 
Cherry Hill, NJ 08034

Scope of Work (Check All That Apply)  
≥23 sf or ≥3 If  
≥160 sf or ≥260 If

OCD Boiler Room

Renovation

Demolition

Is Location Normally Used Solely by Maintenance/Custodial Staff? (15)  

Yes  No  N/A

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
pipe

Tank

Amount (Specify SF or LF)  
45 lf

350 sf

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility (13)

Name of Registered Waste Hauler  
Freehold Cartage

Hauler ID No.  
22233

Cubic Yards of Waste

4

Name of Registered Landfill  
BFI Imperial Landfill

City, State  
Freehold, NJ

Disposal Date  
12/31/12

City, State  
Imperial, PA 15126

Completed by  
Michael Cooper

Title  
President

Signature  

Date  
2/10/12

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:129)

**Date of Notification (1):** February 01, 2012  
**Name of Building Owner/Operator (2):** Ortho Diagnostic / Johnson & Johnson  
**Street Address:** 1000 / 1001 Route 202, PO Box 300  
**City, State, Zip Code:** Raritan, NJ 08869  
**Type of Facility (4):** School (K-12)  
**Name of Contact:**  
**Telephone Number:**  
**FACILITY INFORMATION**  
**Name of Facility Where Abatement is Taking Place (3):** Ortho Diagnostic / Johnson & Johnson  
**County Code (7):**  
**Current Use (Prior if being demolished):**  
**Square Feet:** 3  
**# of Floors:**  
**Bldg. Age:**  
**Somerset**  
**Name of Monitoring Firm Hired by Building Owner (8):** Bulava Environmental, Inc.  
**ASCM No.:**  
**The MACK Group, LLC.**  
**Street Address:** 1500 Kings HWY N, STE 209  
**City, State, Zip Code:** Cherry Hill, NJ 08034  
**Telephone No.:** (973) 759 - 5000  
**License No.:** 00781  
**Name of OSHA Monitor:** The MACK Group, LLC.  
**Street Address:** 1500 Kings HWY N, STE 209  
**City, State, Zip Code:** Cherry Hill, NJ 08034  
**Edward J. Bulava**  
**Start Date (10):** 2/2/12  
**Scheduled Completion Date (11):** 2/10/12  
**Facility Closed/Vacated During Entire Period of Abatement**  
**Abatement Performed Outside of Normal Facility Hours**  
**Other - Describe:**  
**Scope of Work (Check All That Apply):**  
- ≥3 sf or ≥3 lf  
- ≥160 sf or ≥260 lf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure  
**Location of Asbestos-Containing Material (ACM) TO BE ABATED**  
**In Facility (13):** OCD Boiler Room  
- pipe  
- Tank  
- Cubic Yards of Waste: 4  
- Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):  
- Amount (Specify SF or LF):  
- Name of Registered Waste Hauler:** Freehold Cartage**  
- NJ DEP Waste Hauler ID No.: 22253  
- Freehold, NJ  
- Disposal Date: 2/10/12  
- City, State: Imperial, PA 15126  
- BFI Imperial Landfill  
- Michael Cooper  
- Title: President  
- Completed by:  
- Signature:  
- Date: 2/1/12  

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenant House</td>
<td>No</td>
<td>pipe insulation</td>
<td>33 LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>March 28, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ortho Diagnostic / Johnson &amp; Johnson</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>- EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>- DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>- DOL</td>
<td>Amendment #4</td>
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<tr>
<td>- DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>- DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>1000 / 1001 Route 202, PO Box 300</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Raritan, NJ 08869</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>Ortho Diagnostic / Johnson &amp; Johnson</td>
</tr>
<tr>
<td>Street Address</td>
<td>1000 / 1001 Route 202</td>
</tr>
<tr>
<td>City (5)</td>
<td>Raritan, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Somerset</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Facility</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Bulava Environmental, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>12 Kilmer Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hillsborough, NJ 08844-3830</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Edward J. Bulava</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>908-874-6207</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2/2/12</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12/31/12</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Other - Describe:</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>³100 sf or ³1000 sf</td>
</tr>
<tr>
<td>- Renovation</td>
<td></td>
</tr>
<tr>
<td>- Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>OCD Boiler Room</td>
</tr>
<tr>
<td>In Facility (13)</td>
<td>Yes</td>
</tr>
<tr>
<td>- F Building Basement</td>
<td>No</td>
</tr>
<tr>
<td>Tenant House</td>
<td>N/A</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>pipe</td>
</tr>
<tr>
<td></td>
<td>Tank</td>
</tr>
<tr>
<td></td>
<td>fittings</td>
</tr>
<tr>
<td></td>
<td>Vat/Mastic</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>Name of Registered Waste Hauler</td>
</tr>
<tr>
<td>Repair</td>
<td>BFI Imperial Landfill</td>
</tr>
<tr>
<td>Encapsulate</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Enclosure</td>
<td>Imperial, PA 15126</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>Freehold Cartage</td>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>City, State</td>
<td>Freehold, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>12/31/12</td>
</tr>
<tr>
<td>Completed by</td>
<td>Michael Cooper</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Date</td>
<td>3/28/12</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)  
March 30, 2012  

Name of Building Owner/Operator (2)  
Ortho Diagnostic / Johnson & Johnson  

Street Address  
1000 / 1001 Route 202, PO Box 300  
Raritan, NJ 08869  

Name of Facility Where Abatement is Taking Place (3)  
Ortho Diagnostic / Johnson & Johnson  

City (5)  
Raritan, NJ  

County (6)  
Somerset  

County Code (7)  

Name of Monitoring Firm Hired by Building Owner (8)  
Bulava Environmental, Inc.  

Street Address  
12 Kilmer Drive  
Hillsborough, NJ 08844-3830  

Telephone No.  
908-874-5207  
Edward J. Bulava  

Start Date (10)  
2/2/12  

Scheduled Completion Date (11)  
12/31/12  

Name of Abatement Contractor (9)  
The MACK Group, LLC.  

Street Address  
1500 Kings HWY N, STE 209  
Cherry Hill, NJ 08034  

Telephone No.  
(973) 759 - 5000  
License No.  
00781  

Name of OSHA Monitor  
The MACK Group, LLC.  

Street Address  
1500 Kings HWY N, STE 209  
Cherry Hill, NJ 08034  

Occupancy Status During Abatement (Check Only One)  
X Facility Closed/Vacated During Entire Period of Abatement  

Abatement Performed Outside of Normal Facility Hours  

Other - Describe:  

Scope of Work (Check All That Apply)  
X ≥3 sf or ≥3 if  
X ≥160 sf or ≥2600 sf  

Renovation  
Demolition  

Location of Asbestos-Containing Material (ACM)  
TO BE ABATED  
in Facility (13)  

OCD Boiler Room  
-  

F Building Basement  
-  

Tenant House  
-  

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  
Yes  
No  
N/A  

Lung  
-  

Description of Asbestos-Containing Material (ACM)  
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
pipe  
Tank  
fittings  
Vat/Mastic  

Amount (Specify SF or LF)  
45 l/f  
350 s/f  
51  
150 s/f  

Abatement Type  
Removal  
Repair  
Encapsulation  
Endothermy  

Endothermy  

Freehold Cartage  
22253  
6  
BFI Imperial Landfill  

City, State  
Freehold, NJ  

Freehold, NJ  

Name of Registered Waste Hauler  
NJ DEP Waste Hauler ID No.  
Cubic Yards of Waste  
Name of Registered Landfill  

Disposal Date  
12/31/12  
City, State  
Imperial, PA 15126  

Completed by  
Michael Cooper  
Title  
President  
Signature  
3/30/12  

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (Y/N/N/A)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenant House</td>
<td>X</td>
<td>pipe insulation</td>
<td>33 ft</td>
<td>X</td>
</tr>
<tr>
<td>OCD Boiler Control Room</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>250 s/f</td>
<td>X</td>
</tr>
<tr>
<td>OMP B 242 - fume hoods</td>
<td>X</td>
<td>transite</td>
<td>600 s/f</td>
<td>X</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) April 18, 2012
Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson
Agencies Notified Type Notification
[ ] EPA [ ] Initial
[ ] DEP [ ] Amended
[ ] DOL [ ] Amendment #4
[ ] DOH [ ] Emergency (including
[ ] DCA [ ] justification)
[ ] [ ] Cancellation

Ortho Diagnostic / Johnson & Johnson
Street Address
1000 / 1001 Route 202, PO Box 300
City, State, Zip Code
Raritan, NJ 08869
Name of Contact

FACILITY INFORMATION
Type of Facility (4)
[ ] School (K-12)
[ ] Subchapter 8 (Other than K-12)
[ ] Other (i.e. private & commercial buildings, homes, etc.)
Square Feet # of Floors Bldg. Age

Current Use (Prior to being demolished)
Facility

Name of Facility Where Abatement is Taking Place (3)
Ortho Diagnostic / Johnson & Johnson
Street Address
1000 / 1001 Route 202
City (5)
Raritan, NJ
County (6)
Somerset
County Code (7) [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.
Street Address
12 Kilmer Drive
City, State, Zip Code
Hillsborough, NJ 08844-3830
Project Manager for Monitoring Firm Edward J. Bulava
Telephone No. 908-874-6207
Start Date (10) 2/2/12
Scheduled Completion Date (11) 12/31/12

Name of Abatement Contractor (9) The MACK Group, LLC.
Street Address
1500 Kings HWY N, STE 209
City, State, Zip Code
Cherry Hill, NJ 08034
Telephone No. (973) 759 - 5000
License No. 00781

Name of OSHA Monitor
The MACK Group, LLC.
Street Address
1500 Kings HWY N, STE 209
City, State, Zip Code
Cherry Hill, NJ 08034

Occupancy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe:

Scope of Work (Check All That Apply)
[ ] >3 sf or >3 if
[ ] ≥160 sf or ≥260 if
[ ] Renovation
[ ] Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
in Facility (13)

OCD Boiler Room

F Building Basement

Tenant House

Name of Registered Waste Hauler
Freehold Cartage
City, State
Freehold, NJ

cubic yards of waste

Name of Registered Landfill
BFI Imperial Landfill
City, State
Imperial, PA 15126
Disposal Date
12/31/12

Completed by
Michael Cooper
Title
President

* Do not use this form for asbestos licensure exempted activities.
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
Name of Building Owner/Operator (2) Princeton University
Agency Notified EPA
Type Notification x Initial
DEP Notification
DCA Amended
DOH Notification
Cancellation
Street Address P.O. box 2158
City, State, Zip Code Princeton NJ 08543
Name of Contact Robert Oeto
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Princeton University - 20 Washington Road
Street Address 20 Washington Road
City (5) Princeton
County (6) County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc
ASCM No. Name of Abatement Contractor (9) Associated Specialty Contracting
Street Address 98 LaCrae Avenue
City, State, Zip Code Gen Mills, PA 19342
Telephone Number 610-356-9622 Licence Number 1103
Name of OSHA Monitor Criterion Labs
Street Address 3370 Progressive Drive
City, State, Zip Code Bensalem PA 19020

Type of Facility (4) School (K12)
Subchapter 8 (Other than K12) x Other (i.e. Private & commercial buildings, homes, etc.)
Square Feet 10000 # of Floors 4 Bldg. Age 50+
Current Use (Prior to being demolished) University

Project Manager of Monitoring Firm Mike Keelhan
Telephone Number 609-356-8500
Scheduled Start Date (10) 05/10/12 Sched. Completion Date (11) 05/25/12
Month/Day/Year Month/Day/Year

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility
x Hours - Describe: 7:00 AM - 3:30 PM
Other - Describe:
Scope of work (Check all that apply) x Demolition
x Renovation
x Non-Friable Procedure
x Full Containment with Negative Pressure
Mini - Enclosure
Glovebag Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulation, surfacing, VAT, or other miscellaneous</td>
<td>E N R C</td>
</tr>
</tbody>
</table>

Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Location Conversion Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Floor - exterior outside room 1</td>
<td>x window caulk</td>
</tr>
<tr>
<td>1st Floor - exterior outside room 101 G</td>
<td>x window caulk</td>
</tr>
<tr>
<td>2nd Floor - exterior outside room 201 G</td>
<td>x window caulk</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 3
Name of Registered Landfill GROWS
Horizon Disposal City, State Trenton NJ Morrisville PA
Disposal Date As needed
Completed By (Print or Type) Mark Goshaw Title Project Manager
Signature Mark Goshaw Date 5-30-14

ABS-41 JUN 95
G4667
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

Name of Building Owner/Operator (2)
Polyone

Agency Notified Type Notification Street Address
x EPA Initial Rt 31 & Porcupine Rd
x DEP Notification City, State, Zip Code
x DCA Amended Predickstown NJ 08067
x DOH Notification Name of Contact

Name of Contact Daryl Mosley

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Polyone boiler house and bldg 523

Street Address
Rt 31 & Porcupine Rd

City (5) Predickstown County (6) County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

Criterion labs

ASCM No. Name of Abatement Contractor (9)

Criterion labs

Associated Specialty Contracting

Street Address
98 LaCruce Ave

City, State, Zip Code
Glen Mills, PA 19342

Telephone Number
610-364-9622

Licence Number
1103

Name of OSHA Monitor

Criterion labs

Street Address
3370 progress dr

City, State, Zip Code
Braslaw PA 19020

Occupancy Status During Abatement (Check only one)

x Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility

Hours - Describe: 7:00am to 3:30pm

Other - Describe:

Scope of work (Check all that apply)

Demolition

x Renovation

Full Containment with Negative Pressure

x Mini - Enclosure

x Glovebag Procedure

Non-Friable Procedures

Location of Location of Asbestos - Containing Material (ACM) TO BE ABATED

In Facility

(13)

Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)

Yes No N/A

Description of Asbestos-Containing Material (ACM)

(i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

salem county landfill

Completed By (Print or Type)
Mark Goshaw

Title Project Manager

Signature

Date 4-30-12

ABS-41

JUN 95

G4667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:1-20.7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/30/12</td>
<td>Princeton University</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Notification</td>
<td>P.O. Box 2158</td>
<td>Robert Otogo</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Notification</td>
<td>Princeton NJ 08543</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magic Apartments</td>
<td>School (K12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County</th>
<th>City (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton</td>
<td></td>
<td>Princeton</td>
<td>Princeton</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
<th>Licence Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC Associates, Inc</td>
<td></td>
<td>Associated Specialty Contracting Inc.</td>
<td>610-364-9622</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-386-8800</td>
<td>98 LaCrue Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Licence Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-386-8800</td>
<td>610-364-9622</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager of Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Keen</td>
<td>609-386-8800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/10/12</td>
<td>05/17/12</td>
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</table>

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility

<table>
<thead>
<tr>
<th>Month/Day/Year</th>
<th>Uses</th>
<th>Hours - Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>7:00 AM - 3:30 PM</td>
</tr>
</tbody>
</table>

Other - Describe:

Scope of work (Check all that apply)

- Demolition
- Renovation
- >3 sf or >3 if
- >100 sf or >260 if

Location of Asbestos - Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(e. Thermal systems, insulation, surfacing, V.A.T., or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
</tr>
<tr>
<td>R</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>E</th>
<th>N</th>
<th>E</th>
<th>N</th>
<th>C</th>
<th>E</th>
<th>R</th>
<th>A</th>
<th>L</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos - Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st floor Apt 1 M living room x VAT &amp; mastic</td>
</tr>
<tr>
<td>2nd floor Apt 1 M bedroom x VAT &amp; mastic</td>
</tr>
<tr>
<td>3rd floor Apt 1 F living room x VAT &amp; mastic</td>
</tr>
<tr>
<td>4th floor Apt 3 F bedroom x VAT &amp; mastic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler 10 No.</td>
<td>1</td>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>Trenton NJ</td>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>As needed</td>
<td>Morrisville PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mark Goshow</th>
<th>Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Signature</td>
</tr>
</tbody>
</table>

ABS 41
JUN 95

G4667
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  
Name of Building Owner/Operator (2) Princeton University

Agency Notified  
- EPA  
- DEP  
- DCA  
- DOH

Type Notification  
- Initial  
- Amended  
- Cancellation

Name of Facility Where Abatement is Taking Place (3)  
Majest Apartments

Street Address  
Praetorinus University

City (5) Praetorinus  
County (6)  
County Code (7) (STATE USE ONLY)  
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc

ASCM No.  
Name of Abatement Contractor (9) Associated Specialty Contracting Inc

Street Address  
98 LaCrue Avenue

City, State, Zip Code  
Burlington NJ 08016

Licence Number  
610-364-9622

Name of OSHA Monitor  
Criterion Labs

Street Address  
3370 Progressive Drive

City, State, Zip Code  
Bensalem PA 19020

Telephone Number  
609-307-8080

Telephone Number  
518-307-8080

Occupancy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility  
- Hours - Describe: 7:00 AM - 3:30 PM

Other - Describe:  

Scope of work (Check all that apply)  
- Demolition  
- Renovation  
- Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED  
- Location Normally Used  
- Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)  

Location of Asbestos - Containing Material (ACM) TO BE ABATED  
- Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
1

Name of Registered Landfill  
GROWS

City, State, Zip Code  
City, State, Morrisville PA

Disposal Date  
As needed

Completed By (Print or Type)  
Mark Gushow  
Mark Gushow

Title  
Project Manager

Signature  
Mark Gushow

Date  
4-30-14

G4667