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

Date of Notification (1) 5/18/16

Name of Building Owner/Operator (2) Institute for Advanced Study

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Name of Facility Where Abatement is Taking Place (3)
Members Activities Building

Street Address Goldman Lane
City (5) Princeton, NJ
County (6) Mercer

Square Feet 3000
# of Floors 1
Bldg. Age 60+/-

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

Name of Abatement Contractor (5)
Stevens Environmental Services, Inc.

Name of Monitoring Firm HIRED BY BUILDING OWNER
MECS

Name of Contact Keith Sapp

Telephone Number

SCHEDULED COMPLETION DATE (11) 6/3/16

Start Date (10) 5/31/15

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8am to 4 pm

Scope of Work (Check all that apply)
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (1) and Non-Fireable Procedure

Name of Registered Waste Hauler
Stevens Environmental Services, Inc.

Name of Registered Landfill GROWS Landfill

City: State Allentown, NJ

Completed By
Mahlon E. Stevens

Title Project Manager

Signature

Date 5/18/16

* 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) 5/18/16

Name of Building Owner/Operator (2) Swem

 Agencies Notified Type Notification
[ ] EPA [ ] Initial
[ ] DEP [ ] Amended
[ ] DOH [ ] Amendment #
[ ] DOL [ ] Emergency (including justification)
[ ] DOH [ ] Cancellation

Street Address

City, State, Zip Code Trenton, NJ 08627

Name of Contact John Swem

Telephone Number 

FACILITY INFORMATION

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

Street Address

City (5) Trenton, NJ

County (5) Mercer

County Code (7) (STATE USE ONLY) 

Name of Abatement Contractor (9) Stevens Environmental Services, Inc.

Stevens Environmental Services, Inc.

PO Box 341

Crosswicks, NJ 08515

Project Manager for Monitoring Firm Bill Weisgarber

Telephone No. (609) 298-4070

Start Date (10) 5/27/15

Scheduled Completion Date (11) 6/3/16

Occupy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe: 8am to 4 pm

Scope of Work (Check all that apply)

[ ] ≥3 sf or ≥3 if
[ ] ≥160 sf or ≥260 if

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

Basement

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14) Yes

Description of Asbestos-Containing Material (ACM)

Thermal Pipe Insulation 195 sf

Amount (Specify SF or LF) 

Abatement Type

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler Stevens Environmental Services, Inc.

Name of Registered Landfill GROWS Landfill

City, State Allentown, NJ 

Disposal Date 5/27/16

City, State Morrisville, PA

Completed By Mahlon E. Stevens

Title Project Manager

Signature 5/18/16

* 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)  5/18/16

Name of Building Owner/Operator (2)  The Lawrenceville School

Agencies Notified Type Notification
☑ EPA  ☐ Initial
☐ DEP  ☑ Amended
☐ DOL  ☑ Amendment #
☐ DOH  ☐ Emergency (including justification)
☐ DCA  ☐ Cancellation

Street Address  2500 Main Street

City, State, Zip Code  Lawrenceville, NJ 08648

Name of Contact  James Keilsman

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Abbott Dining Hall

Street Address  Main Campus

City (5)  Lawrenceville, NJ

County (6)  Mercer

County Code (7)  !STATE USE ONLY! 6000

Type of Facility (4)  ☑ Residential

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

Square Feet  6000  # of Floors  2  Bldg. Age  70+/-

Name of Monitoring Firm Hired by Building Owner (8)  MECS

Street Address  PO Box 341

City, State, Zip Code  Crosswicks, NJ 08515

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  Bill Weisgarber

Telephone No.  (609) 298-4070

Start Date (10)  6/2/15  Scheduled Completion Date (11)  7/15/16

Occupy 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 l
☐ ≥ 160 sf or ≥ 260 l
☑ 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)

Location Normally Used Solely by Maintenance/ Custodial Staff?

Yes  No  N/A

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

Basement  Mastic  2500 sf

1st Floor  VAT/Mastic  1141 sf

Basement  TSI Fittings Wrap/Cut  162 l

1st Floor  TSI Fittings Wrap/Cut  26 l

Name of Registered Waste Hauler  Stevens Environmental Services, Inc.

NJDEP Waste Hauler ID No.  18292

Cubic Yards of Waste  15 CU

Name of Registered Landfill  GROWS Landfill

City, State  Allentown, NJ

Disposal Date  7/15/16

Completed By  Mahlon E. Stevens

Title  Project Manager

Signature

Date  5/18/16

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**DOL - 10 DAY**

Date of Notification (1) 2/4/16

Name of Building Owner/Occipient (2)

155 Elm St. LLC

Street Address 155 Elm St.

City, State, Zip Code Westfield, NJ 07090

Name of Contractor

Charlie Fielo

Telephone Number 609-633-0664

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

155 Elm St.

City (4) Westfield

County (5) Union

Name of Laboratory Firms Involved by Building Owner (6)

ACOM No.

Name of Asbestos categories (7)

A. Mac Contracting Inc.

Telephone No.

License No.

201-262-9840

00158

**TYPE OF FACILITY (8)**

School (K-12)

Substructure (Other than K-12)

Other (i.e. private & commercial buildings, homes, etc.)

**CONTAINMENT (9)**

Type of Abatement

Full Containment with Negative Pressure

Mini-Enclosure

Glovebox Procedure

Non-Enclosing/Non-NFS Procedure

**ABATEMENT TYPE**

Description of Asbestos Containing Material (ACM) (i.e. name, type, location, etc.)

Amount (Specify 3P or LF)

Asbestos-containing materials (ACM) to be abated

Yes

No

N/A

Location of Asbestos-Containing Material (ACM) to be Abated

TO BE ABATED

on Facility

Roo F

Location

Roo F

Description

Roo F

Removal

Roof Flashing

Waste

650 Yd.²

Name of Registered Hazardous Waste Hauler

Newark Carting Inc.

NJ WMO: 04509

Name of Registered Landfill

Grand Central Sanitary Landfill

City, State, Zip Code

Newark, N.J. 07105

Disposal Date

2/4/16

Completion Date

2/4/16

*Do not use this form for asbestos issuance exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/3/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>RICHARD MEYERS BURG.</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**

<table>
<thead>
<tr>
<th>Agency/Department</th>
<th>Type of Notification</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justication)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address**

| City, State, Zip Code | TENAFLY, N J 07670 |

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

**RESIDENCE**

| County Code (7) (STATE USE ONLY) |  |

**Name of Monitoring Firm HIRED by Building Owner (8)**

| Name of Abatement Contractor (9) | A M A C Contracting Inc. |

**Start Date (10)**

| Scheduled Completion Date (11) | 6/1/16 |

**Occupancy Status During Abatement (Check Only One)**

- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: __________

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

- Partial Demolition
- Full Demolition
- Other – Describe: __________

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Newark Carting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, NJ</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>IESI PA Bethlehem Landfill Corp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Bethlehem, PA</td>
</tr>
</tbody>
</table>

**Completion Date**

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Joseph Vocaturo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Vice President</td>
</tr>
</tbody>
</table>

**Signature**

| Date | 5/3/16 |

**Do not use this form for asbestos licensure exempted activities.**
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/17/16</td>
<td>HOWARD GOLDBERG</td>
</tr>
</tbody>
</table>

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

**Street Address:**
- GLADSTONE

**City:**
- GLADSTONE

**County:**
- SOMERSET

**Name of Monitoring Firm Hired by Building Owner (5):**
- A.MAC Contracting Inc.

**Name of Abatement Contractor (6):**
- Omega Environmental Services

**Start Date (10):** 6/02/16

**Scheduled Completion Date (11):** 6/20/16

**Scope of Work (Check All That Apply):**
- 100 of or >260 ft
- Demolition

**Location of Asbestos-Containing Material (ACM) To Be Abated in Facility (13):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Exclusively 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>Basement Boiler Room</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>183 LF</td>
<td>✔</td>
</tr>
<tr>
<td>Oil Tank Room</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>16 LF</td>
<td>✔</td>
</tr>
<tr>
<td>Storage Room</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>16 LF</td>
<td>✔</td>
</tr>
<tr>
<td>Basement Boiler Room</td>
<td>Yes</td>
<td>CHIMNEY PACKING</td>
<td>4 LF</td>
<td>✔</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
- Newark Carting Inc.

**Name of Registered Landfill:**
- ECI PA Bethlehem Landfill Corp.

**Disposal Date:** 6/02/16

**Signature:**
- J. Vocature

**Date:** 5/18/16

*Do not use this form for asbestos licensure exempted activities*
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>5/15/16</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MR. LUSTBAUER</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>ESSEX FELLS, NJ 07021</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>ANDREW</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>MR. LUSTBAUER</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>ESSEX</td>
</tr>
<tr>
<td>County (6)</td>
<td>ESSEX</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>License No.</td>
<td>00158</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>5/31/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>6/30/16</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>RES</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥2500 sf or ≥2500 if</td>
<td></td>
</tr>
<tr>
<td>≥1600 sf or ≥2000 if</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Location</td>
<td>Basement</td>
</tr>
<tr>
<td>Description of Material</td>
<td>PLUCER</td>
</tr>
<tr>
<td>Amount</td>
<td>450 SF</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>04505</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IESI PA Bethlehem Landfill Corp.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, NJ 07105</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>7/31/16</td>
</tr>
<tr>
<td>Completed by</td>
<td>R. McDonald</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>5/18/16</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:90 and 12:120)

State of New Jersey

Date of Notification (1)
5/19/16

Name of Building Owner/Operator (2)
Princeton University, Trustees of Princeton University

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment # ______
- Emergency (including justification)
- Cancellation

Street Address
EA McMillan Building

City, State, Zip Code
Princeton, NJ 08544

Type of Facility (4)

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

Name of Facility Where Abatement Is Taking Place (3)
Student Housing

City (5)
Princeton

County Code (7) (STATE USE ONLY) ______

Square Feet
5,400

# of Floors
4

Bldg. Age
131

County (6)
Mercer

Current Use (Prior to being demolished)
Residential

Name of Monitored Firm Hired by Building Owner (8)
ATC Group Services

Name of OSHA Monitor
EMSL

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
3 Terri Lane

Telephone No.
609-386-8800

License No.
01161

City, State, Zip Code
Burlington, NJ 08016

Telephone No.
484-872-8884

Name of Project Manager for Monitoring Firm
Michael R. Keehn

City, State, Zip Code
Exton, PA 19341

Start Date (10) 6/6/16

Scheduled Completion Date (11) 6/24/16

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- X £3 sf or £3 If
- X £160 sf or £280 sf
- X Renovation
- X Demolition
- X Full Containment with Negative Pressure
- X Mini-Enclosure
- X Glovebag Procedure
- X Non-Exempted (*) and Non-Friable Procedure

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

First Floor

Second & Third Floors

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)

Joint Compound a/w drywall wall

Amount (Specify SF or LF)
208 SF

Abatement Type
Remove
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler

GROWS Landfill

Disposal Date
TBD

City, State
Morrисville, PA

Name of Registered Landfill

GROWS Landfill

Completed by
Joe White

Title
Project Manager

Signature

Date
5/19/16

* Do not use this form for asbestos licensure exempted activities.