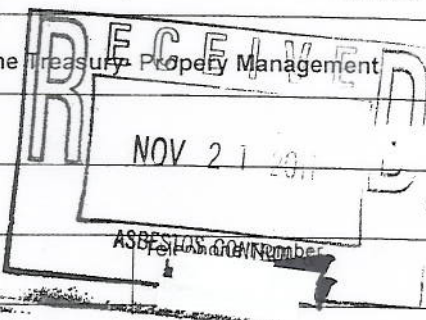


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

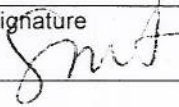
| | | | | | | | | | |
|--|--|--|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>11/15/11</u> 10 / 25 / 11 | | Name of Building Owner/Operator (2) State of New Jersey- Dept of the Treasury Property Management | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <u>11/15/11</u> Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address PO Box 034 City, State, Zip Code Trenton, NJ 08625-0034 Name of Contact | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Ancora Psychiatric Hospital | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 301 Spring Garden Rd. | | Square Feet 15,000 | # of Floors 1 | | | | | | |
| City (5) Hammonton, NJ 08037 | | Bldg. Age 50+ | | | | | | | |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) hospital | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc | | Name of Abatement Contractor (9) Controlled Environmental Systems | | | | | | | |
| Street Address 344 West State Street | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | | | | | |
| City, State, Zip Code Trenton, NJ 08618 | | City, State, Zip Code Spring House, PA 19477 | | | | | | | |
| Project Manager for Monitoring Firm Bill Wiessgarber | Telephone No. 609-743-0493 | Telephone No. 215-542-7000 | License No. 00847 | | | | | | |
| Start Date (10) 11 / 7 / 11 | Scheduled Completion Date (11) 1 / 7 / 12 | Name of OSHA Monitor CES | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM- PM/5:00PM- AM | | Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior - Roof - Larch Hall | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | White Painted tar paper sealant | 2520 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior -- Roof-Birch Hall | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | White Painted tar paper sealant | 2524 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler STG | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 120 | Name of Registered Landfill Minerva Landfill | | | | | |
| City, State New Castle, DE | | Disposal Date 11/7/12 | | City, State Waynesburg, OH 44688 | | | | | |
| Completed By (Print or Type) Patricia Visco | | Title Office Manager | | Signature <i>Patricia Visco</i> | | | Date 10/25/11 | | |



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check # 3503
(Pursuant to N.J.A.C. 8:60 and 12:120)

1108-4358

NO check

| | | | | | | | | | |
|---|---|---|---|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 11/15/11 | | Name of Building Owner / Operator (2) AtlantiCare Health Systems | | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED NOV 21 2011 ASBESTOS CONTROL & LICENSING </div> | | | | | |
| Agencies Notified | Type Notification | Street Address 1925 Pacific Ave. | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | City, State & Zip Code Atlantic City, NJ 08401 | | | | | | | |
| | | Name of Contact Patrick Walsh | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 1925 Pacific Ave. | | | Square Feet | # of Floors | Bldg. Age | | | | |
| City (5) Atlantic City | County (6) Atlantic | County Code (7) | Current Use (Prior if being demolished) Medical Center | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental | | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | |
| Street Address 1253 North Church Street | | Street Address PO Box 25 | | | | | | | |
| City, State & Zip Code Moorestown, NJ 08057 | | City, State & Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Jim Guilardi | | Telephone Number 856-840-8800 | Telephone Number 609-265-2107 | License Number 00529 | | | | | |
| Scheduled Start Date (10) 11/18/11 | Scheduled Completion Date (11) 11/21/11 | | Name of OSHA Monitor EMSL Analytical | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 2 PM Start <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | Street Address 108 Haddon Ave. | | | | | | |
| | | | City, State & Zip Code Westmont, NJ 08108 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Operating Rooms | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Mastic | 300 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 12 | Name of Registered Landfill TRRF Landfill | | | | | |
| City, State Lumberton, NJ | | Disposal Date 11/21/11 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwen Trumbetti | | Title Opps. Coord. | Signature  | | | Date 11/15/11 | | | |

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

Pg. 1

| Date of Notification (7) 8/18/2011 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | | | | | | | |
|---|---|--|--------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment # 8-11/18/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 200 Elm Drive | | City, State, Zip Code Princeton, NJ 08544 | | | | | | | |
| Name of Contact Robert Ortego | | Telephone Number [REDACTED] | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Washington Road | | Square Feet [REDACTED] | | | | | | | |
| City (5) Princeton | | # of Floors [REDACTED] | | | | | | | |
| County (6) Mercer | | Bldg. Age [REDACTED] | | | | | | | |
| County Code (7) (STATE USE ONLY) [REDACTED] | | Current Use (Prior if being demolished) [REDACTED] | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | ASCN No. 00098 | | | | | | | |
| Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | Street Address 1123 BEAVER STREET | | | | | | | |
| Street Address Bromley Corporate Center - Three Terri Lane | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | Telephone No. 215-788-6040 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | License No. 00509 | | | | | | | |
| Telephone No. 609-386-8800 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Start Date (10) 09 / 01 / 11 | | Scheduled Completion Date (11) REV# 8 12 / 02 / 11 | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/ PM- AM REV# 8 - 11/18/11 ONLY - 5:30 - 1:30 PM | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code BRISTOL, PA 19007 | | Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 27,295 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Saddle block | 85 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | wall vapor barrier material | 220 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | fittings | 10 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste 120 | Name of Registered Landfill GROWS Landfill | | | | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date as needed | | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature <i>Brian Scafiro</i> | | Date 11/18/11 | | | |

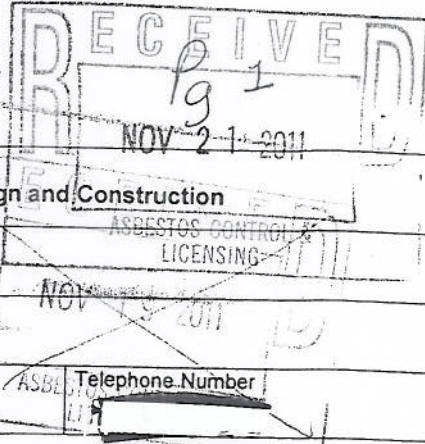
No check

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

Pg 2

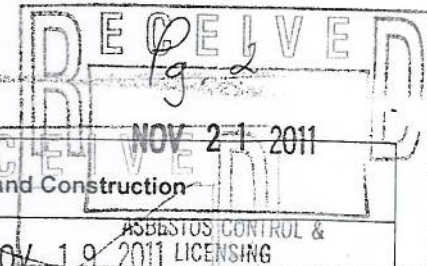
| | | | | | | | | | |
|--|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 18 NOV 21 2011 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial ASBESTOS CONTROL & AMENDEMENT <input checked="" type="checkbox"/> Amendment #8-11/18/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Washington Road | | Square Feet | # of Floors | | | | | | |
| City (5) Princeton | | Bldg. Age | | | | | | | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address Bromley Corporate Center - Three Terri Lane | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 License No. 00509 | | | | | | |
| Start Date (10) 09 / 01 / 11 | Scheduled Completion Date (11) REV 4 12 / 02 / 11 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM PM-AM REV # 8 - 11/18 - 5:30AM - 1:30PM (ONLY) | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling Plaster | 482 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 120 | Name of Registered Landfill GROWS North Landfill | | | | | |
| City, State NEW CASTLE, DE 19720 | | | Disposal Date as needed | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | Signature <i>Brian Scafiro</i> | | | Date 11/18/11 | | | |

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



| Date of Notification (1) 8 / 18 / 11 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | | | | | | | |
|--|---|--|---|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #7-10/31/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive | | | | | | | |
| | | City, State, Zip Code Princeton, NJ 08544 | | | | | | | |
| | | Name of Contact Robert Ortego | | | | | | | |
| | | Telephone Number [REDACTED] | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Washington Road | | Square Feet | | | | | | | |
| City (5) Princeton | | # of Floors | | | | | | | |
| County (6) Mercer | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address Bromley Corporate Center - Three Terri Lane | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | License No. 00509 | | | | | | |
| Start Date (10) 09 / 01 / 11 | Scheduled Completion Date (11) 11 / 18 / 11 | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM / PM- AM | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address 1123 BEAVER STREET | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 27,295 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Saddle block | 85 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | wall vapor barrier material | 220 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | fittings | 10 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste 120 | Name of Registered Landfill GROWS Landfill | | | | |
| City, State NEW CASTLE, DE 19720 | | | | Disposal Date as needed | City, State Morrisville, PA 19067 | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature Brian Scafiro | | Date 10/31/11 | | | |

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



| | | | |
|---|---|---|--|
| Date of Notification (1) 8 / 18 / 11 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #7-10/31/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive | City, State, Zip Code Princeton, NJ 08544 |
| | | Name of Contact Robert Ortego | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|----------------------------------|--|-------------|
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address Washington Road | | Square Feet | # of Floors |
| City (5) Princeton | | Bldg. Age | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |

| | | | |
|--|-------------------------------|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| Street Address Bromley Corporate Center - Three Terri Lane | | Street Address 1123 BEAVER STREET | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm Michael Keehn | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | License No. 00509 |

| | | |
|--|--|---|
| Start Date (10) 09 / 01 / 11 | Scheduled Completion Date (11) 11 / 18 / 11 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/ PM- AM | | Street Address 1123 BEAVER STREET |
| | | City, State, Zip Code BRISTOL, PA 19007 |

Scope of Work (Check all that apply)

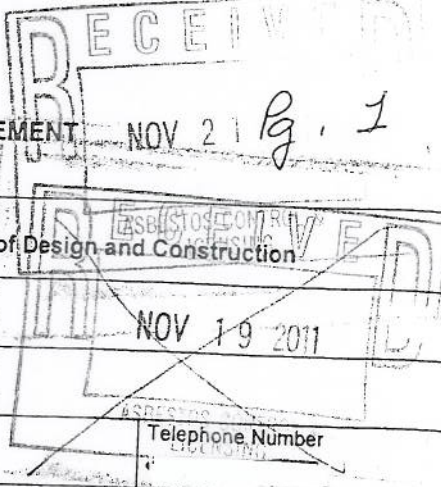
| | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling Plaster | 482 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|------------------------------------|-----------------------------|---|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 120 | Name of Registered Landfill GROWS North Landfill |
| City, State NEW CASTLE, DE 19720 | | Disposal Date as needed | City, State Morrisville, PA 19067 |
| Completed By (Print or Type) Brian Scafiro | Title Estimator | Signature Brian Scafiro | Date 10/31/11 |

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

NOV 21 9.1

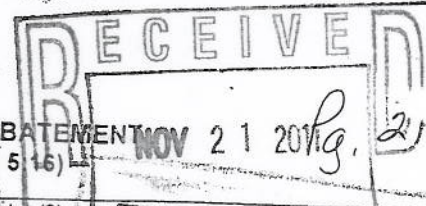


| | | | |
|--|---|--|---|
| Date of Notification (1) 8 / 18 / 11 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6-10/26/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive | |
| | | City, State, Zip Code Princeton, NJ 08544 | |
| | | Name of Contact Robert Ortego | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address Washington Road | | Square Feet # of Floors Bldg. Age | |
| City (5) Princeton | | Current Use (Prior if being demolished) | |
| 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) BRISTOL ENVIRONMENTAL, INC. |
| Street Address Bromley Corporate Center - Three Terri Lane | | Street Address 1123 BEAVER STREET | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 |
| Start Date (10) 09 / 01 / 11 | | Scheduled Completion Date (11) 10 / 31 / 11 | License No. 00509 |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM / PM- AM REV# 6- 10/26 & 10/28 ONLY - 5:30AM - 1:30PM | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Street Address 1123 BEAVER STREET | |
| | | City, State, Zip Code BRISTOL, PA 19007 | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 27,295 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Saddle block | 85 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | wall vapor barrier material | 220 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | fittings | 10 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--|------------------------------------|---------------------------------|---|--|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 120 | Name of Registered Landfill GROWS Landfill | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date as needed | | City, State Morrisville, PA 19067 | |
| Completed By (Print or Type) Patrick T. DeCaro | | Title Estimator | Signature <i>[Signature]</i> | Date 11/21/11 | |

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

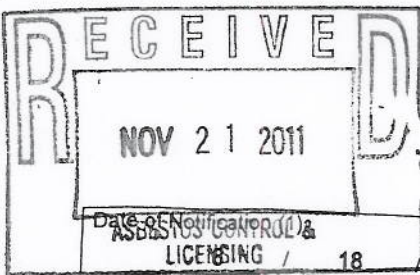


| Date of Notification (1) 8 / 18 / 11 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | | | | | | | |
|---|---|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6-10/26/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive | City, State, Zip Code Princeton, NJ 08544 | | | | | | |
| | | Name of Contact Robert Ortego | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Washington Road | | Square Feet | # of Floors | | | | | | |
| City (5) Princeton | | Bldg. Age | | | | | | | |
| County (6) Mercer | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address Bromley Corporate Center - Three Terri Lane | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) 09 / 01 / 11 | Scheduled Completion Date (11) 10 / 31 / 11 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/ PM- AM <i>REV#6 - 10/26+10/28 ONLY - 5:30 AM - 1:30 PM</i> | | Street Address 1123 BEAVER STREET | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclose |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling Plaster | 482 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 120 | Name of Registered Landfill GROWS North Landfill | | | | | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date as needed | | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Seafire | | Title | | Signature | | Date | | | |

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

RECEIVED
NOV 21 2011
Pg 1

| Date of Notification (1) 8 / 18 / 11 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | | | | | | | |
|--|---|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5-10/21/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive | City, State, Zip Code Princeton, NJ 08544 | | | | | | |
| | | Name of Contact Robert Ortego | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Washington Road | | Square Feet | # of Floors | | | | | | |
| City (5) Princeton | | Bldg. Age | | | | | | | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address Bromley Corporate Center - Three Terri Lane | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | License No. 00509 | | | | | | |
| Start Date (10) 09 / 01 / 11 | Scheduled Completion Date (11) 10 / 31 / 11 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM / 5AM-1:30 PM REV # 5-10/21/11 ONLY | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 27,295 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Saddle block | 85 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | wall vapor barrier material | 220 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | fittings | 10 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 120 | Name of Registered Landfill GROWS Landfill | | | | | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date as needed | | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) | | Title | | Signature | | | | | |

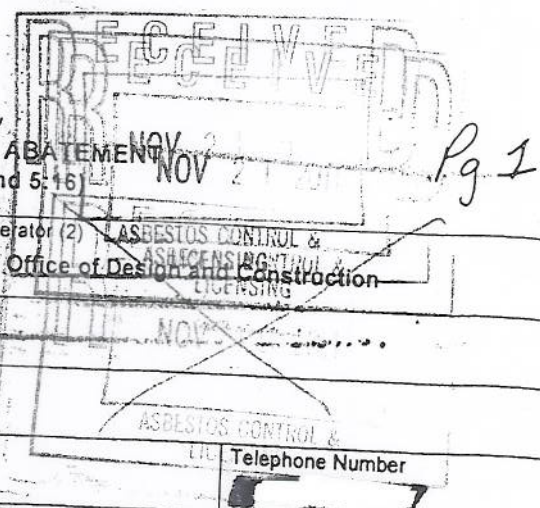


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Pg 2

| | | | |
|--|--|--|--|
| Date of Notification ASBESTOS CONTROL & LICENSING / 18 11 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5-10/21/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 200 Elm Drive | | City, State, Zip Code Princeton, NJ 08544 | |
| Name of Contact Robert Ortego | | Telephone Number | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address Washington Road | | Square Feet # of Floors Bldg. Age | |
| City (5) Princeton | | County Code (7)(STATE USE ONLY) | |
| County (6) Mercer | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | ASCM No. 00098 | |
| Street Address Bromley Corporate Center - Three Terri Lane | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| City, State, Zip Code Burlington, NJ 08016 | | Street Address 1123 BEAVER STREET | |
| Project Manager for Monitoring Firm Michael Keehn | | City, State, Zip Code BRISTOL, PA 19007 | |
| Telephone No. 609-386-8800 | | Telephone No. 215-788-6040 | |
| Start Date (10) 09 / 01 / 11 | | License No. 00509 | |
| Scheduled Completion Date (11) 10 / 31 / 11 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM PM- AM REV#5-10/21/11 ONLY 5AM-1:30 PM | | Street Address 1123 BEAVER STREET | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code BRISTOL, PA 19007 | |
| 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 Removal Repair Encapsulate Enclosure | | | |
| 3 rd floor | | Ceiling Plaster | |
| 482 SF | | | |
| | | | |
| | | | |
| | | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | |
| City, State NEW CASTLE, DE 19720 | | Cubic Yards of Waste 120 | |
| Disposal Date as needed | | Name of Registered Landfill GROWS North Landfill | |
| | | City, State Morrisville, PA 19067 | |

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



| | | | |
|---|---|---|--|
| Date of Notification (1) 8 / 18 / 11 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-10/14/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive | City, State, Zip Code Princeton, NJ 08544 |
| | | Name of Contact Robert Ortego | Telephone Number |

| | | | |
|--|--|---|--|
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |
| Street Address Washington Road | | | Square Feet |
| City (5) Princeton | | | # of Floors |
| County (6) Mercer | | | Bldg. Age |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |

| | | |
|--|--|---|
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. |
| Street Address Bromley Corporate Center - Three Terri Lane | | Street Address 1123 BEAVER STREET |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 |
| Project Manager for Monitoring Firm Michael Keehn | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 |
| Start Date (10) 09 / 01 / 11 | Scheduled Completion Date (11) 10 / 31 / 11 | License No. 00509 |

| | |
|--|---|
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM / PM- AM 10/14 ONLY - 5AM - 1:30 PM | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | Street Address 1123 BEAVER STREET |
| | City, State, Zip Code BRISTOL, PA 19007 |

REV# 4

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 27,295 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Saddle block | 85 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | wall vapor barrier material | 220 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | fittings | 10 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|------------------------------------|-----------------------------|---|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 120 | Name of Registered Landfill GROWS Landfill |
| City, State NEW CASTLE, DE 19720 | Disposal Date as needed | City, State | |

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

NOV 21 2011

Pg 2

| | | | |
|---|---|---|--|
| Date of Notification (1) 8 / 18 / 11 | | Name of Building Owner/Operator (2) Princeton University | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-11/14/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego | |

FACILITY INFORMATION

| | | | |
|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address Washington Road | | Square Feet | |
| City (5) Princeton | | # of Floors | |
| County (6) Mercer | | Bldg. Age | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |

| | | | | |
|--|--|--|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| Street Address Bromley Corporate Center - Three Terri Lane | | Street Address 1123 BEAVER STREET | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | License No. 00509 |

| | | | |
|---------------------------------|--|---|--|
| Start Date (10) 09 / 01 / 11 | Scheduled Completion Date (11) 10 / 31 / 11 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | |
|---------------------------------|--|---|--|

| | | | |
|--|--|--|--|
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM / PM- AM 10/14 ONLY - 5 AM - 1:30 PM | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | |
|--|--|--|--|

| | | | |
|---|--|---|--|
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |
|---|--|---|--|

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling Plaster | 482 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--|------------------------------------|-----------------------------|---|--|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 120 | Name of Registered Landfill GROWS North Landfill | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date as needed | | City, State Morrisville, PA 19067 | |

REV #4

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

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NOV 21 2011
Pg 1 of 2

ASBESTOS CONTROL & LICENSING

NOV 19 2011

ASBESTOS CONTROL & LICENSING

| | | | |
|--|--|--|---|
| Date of Notification (1) 8 / 18 / 11 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-9/21/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive | City, State, Zip Code Princeton, NJ 08544 |
| | | Name of Contact Robert Ortego | Telephone Number |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address Washington Road | | Square Feet | # of Floors |
| City (5) Princeton | | Bldg. Age | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. |
| Street Address Bromley Corporate Center - Three Terri Lane | | Street Address 1123 BEAVER STREET | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 |
| Start Date (10) 09 / 01 / 11 | Scheduled Completion Date (11) 10 / 31 / 11 | License No. 00509 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM / 7AM-12AM | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Street Address 1123 BEAVER STREET | |
| | | City, State, Zip Code BRISTOL, PA 19007 | |
| 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) |
| 3 rd floor | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Floor tile and mastic | 27,295 SF |
| 3 rd floor | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Saddle block | 85 each |
| 3 rd floor | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | wall vapor barrier material | 220 SF |
| 3 rd floor | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | fittings | 10 each |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Name of Registered Landfill GROWS Landfill |

REV. 9/22 + 9/23/11 - 7AM - 12AM
#3

RECEIVED
NOV 21 2011

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 17:27 and 17:28)
ASBESTOS CONTROL
LICENSING

Date of Notification (1)
8 / 18 / 11

Name of Building Owner/Operator (2)
Princeton University - Office of Design and Construction

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☒ DCA (NJAC 5:23-8)

Type Notification
☒ Initial
☒ Amended
Amendment #3-9/21/11
☐ Emergency (including justification)
☐ Cancellation

Street Address
200 Elm Drive

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Princeton University - JADWIN HALL

Street Address
Washington Road

City (5)
Princeton

County (6)
Mercer

County Code (7) (STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☒ Subchapter B (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates Inc.

ASCM No.
00098

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
Bromley Corporate Center - Three Terri Lane

Street Address
1123 BEAVER STREET

City, State, Zip Code
Burlington, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
09 / 01 / 11

Scheduled Completion Date (11)
10 / 31 / 11

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00AM-5:30PM / PM- AM
REV# 3 - 9/22 & 9/23/11 - 7AM-12AM

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) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling Plaster | 482 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
120

Name of Registered Landfill
GROWS North Landfill

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

RECEIVED
NOV 21 2011

| | | | |
|---|--|---|--|
| Date of Notification (1) 8 / 18 / 11 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-9/06/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive | City, State, Zip Code Princeton, NJ 08544 |
| | | Name of Contact Robert Ortego | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|----------------------------------|--|-------------|
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address Washington Road | | Square Feet | # of Floors |
| City (5) Princeton | | Bldg. Age | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |

| | | | |
|--|-------------------------------|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| Street Address Bromley Corporate Center - Three Terri Lane | | Street Address 1123 BEAVER STREET | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm Michael Keehn | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | License No. 00509 |

| | | | |
|--|--|---|--|
| Start Date (10) 09 / 01 / 11 | Scheduled Completion Date (11) 10 / 31 / 11 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/ PM- AM | | Street Address 1123 BEAVER STREET | |
| | | City, State, Zip Code BRISTOL, PA 19007 | |

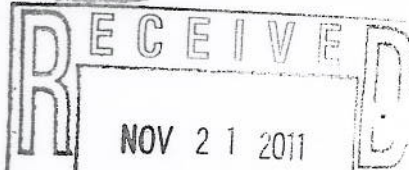
Scope of Work (Check all that apply)

| | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|-------------------------------------|--------------------------|---|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 27,777 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Saddle block | 85 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wall vapor barrier material | 320 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fittings | 10 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|------------------------------------|-----------------------------|---|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 120 | Name of Registered Landfill GROWS Landfill |
| City, State NEW CASTLE DE 19720 | Disposal Date | City, State | |

REV
#2



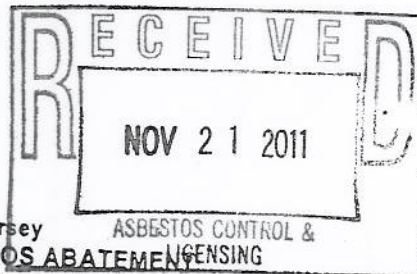
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

ASBESTOS CONTROL & LICENSING

pg 2

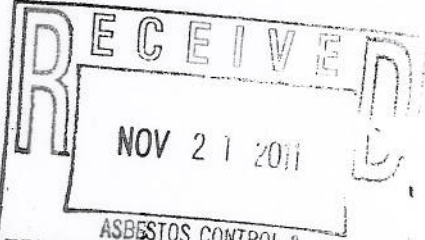
| | | | | | | | |
|--|---|--|---|---|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 8 / 18 / 11 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-9/06/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego | ASBESTOS CONTROL & LICENSING Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address Washington Road | | Square Feet | # of Floors | | | | |
| City (5) Princeton | | Bldg. Age | | | | | |
| County (6) Mercer | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | |
| Street Address Bromley Corporate Center - Three Terri Lane | | Street Address 1123 BEAVER STREET | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | | | | |
| Start Date (10) 09 / 01 / 11 | | Scheduled Completion Date (11) 10 / 31 / 11 | License No. 00509 | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM / PM- AM | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| 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 | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| 3 rd floor | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Ceiling Plaster | 482 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 120 | Name of Registered Landfill GROWS North Landfill | | | |
| City, State | | | | | | | |

REV #2



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

| | | | | | | | | | |
|--|--|--|--|-----------------------------|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 8 / 18 / 11 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-8/23/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego | Telephone Number [Redacted] | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Washington Road | | Square Feet | # of Floors | | | | | | |
| City (5) Princeton | | Bldg. Age | | | | | | | |
| 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) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address Bromley Corporate Center - Three Terri Lane | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | | | | | | |
| Start Date (10) 09 / 01 / 11 | | Scheduled Completion Date (11) 10 / 31 / 11 | License No. 00509 | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / PM- AM | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 27,777 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Saddle block | 85 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wall vapor barrier material | 320 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fittings | 10 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Cubic Yards of | | Name of Registered | | | | | |

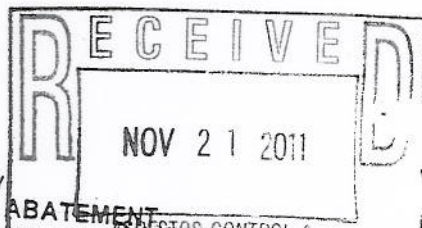


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 15:16)

ASBESTOS CONTROL &
LICENSING

pg. 2

| | | | | |
|--|--|---|---|---|
| Date of Notification (1) 8 / 18 / 11 | | Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-8/23/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego | Telephone Number | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL | | FACILITY INFORMATION | | |
| Street Address Washington Road City (5) Princeton County (6) Mercer | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. | | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| Street Address Bromley Corporate Center - Three Terri Lane City, State, Zip Code Burlington, NJ 08016 | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | |
| Start Date (10) 09 / 01 / 11 | | Scheduled Completion Date (11) 10 / 31 / 11 | License No. 00509 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | |
| 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 Removal Repair Encapsulate Enclosure |
| 3 rd floor | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Ceiling Plaster | 482 SF | <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | <input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | <input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | <input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure |
| Name of Registered Waste Hauler | | NJDEP Waste | | |



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

ASBESTOS CONTROL & LICENSING
2150

Date of Notification (1)
8 / 18 / 11

Agencies Notified
☒ EPA 0208
☒ DOLWD0338
☒ DHSS 0215
☒ DCA 0161
(NJAC 5:23-8)

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

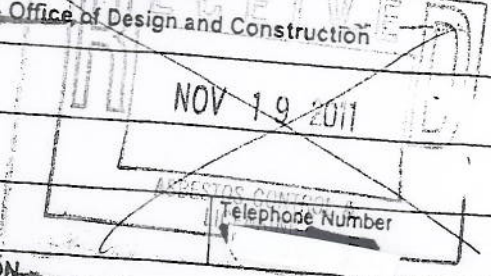
Name of Building Owner (2)
Princeton University - Office of Design and Construction

Street Address
200 Elm Drive

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University - JADWIN HALL

Street Address
Washington Road

City (5)
Princeton

County (6)
Mercer

County Code (7) (STATE USE ONLY)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates Inc.

ASCM No.
00098

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
Bromley Corporate Center - Three Terri Lane

Street Address
1123 BEAVER STREET

City, State, Zip Code
Burlington, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
09 / 01 / 11

Scheduled Completion Date (11)
10 / 31 / 11

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00AM-3:30PM/ PM- AM

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

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) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | | | | | |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Saddle block | 27,295 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | wall vapor barrier material | 85 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | fittings | 220 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | 10 each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

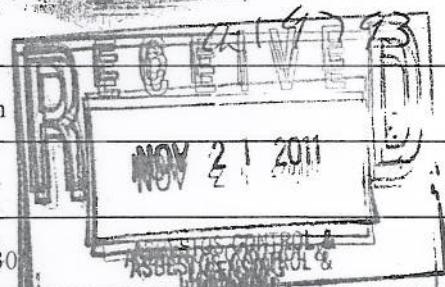
NJDEP Waste Hauler ID No

Cubic Yards of Waste

Name of Registered Lead

NOTIFICATION OF ASBESTOS ABATEMENT

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



| | | | |
|---|--|--|--|
| Date of Notification (1) November 16, 2011 | | Name of Building Owner/Operator (2) Michelle Madsen | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | 4 Laurel Lane | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | Chester, NJ 07930 | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | Name of Contact | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | Michelle Madsen | |

FACILITY INFORMATION

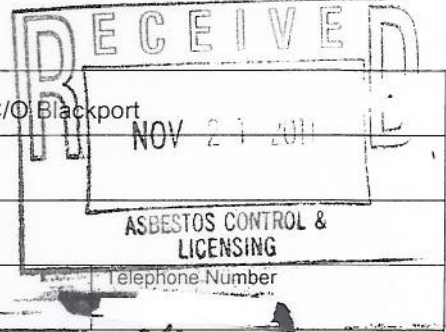
| | | | | | |
|---|------------------------|--|--|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) | | |
| Street Address 602 Monmouth Avenue | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| City Spring Lake | County (6) Monmouth | County Code (7) (STATE USE ONLY) | Square feet 1000sf | # of Floors 1 | Bldg. Age 60 |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number 732-349-9932 | | License Number 00624 |
| Scheduled Start Date (10) 11/29/11 | | Scheduled Completion Date (11) 12/01/11 | | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) | | | Street Address 1056 Stelton Road | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____ | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| Scope of Work (Check all that apply) | | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | |
| <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|
| | YES | NO | N/A | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior | | X | | Asbestos siding | 900 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|------------------------------------|--|---|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 2 | Name of Registered Landfill T.R.R.F. |
| City, State Toms River, New Jersey | Disposal Date 12/02/11 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature <i>Nicholas Fernicola</i> | Date 11/16/2011 |

*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) 11/16/11 | | Name of Building Owner/Operator (2) Wex Trust / HPC Mortgage Fund C/O Blackport | | | | | | | |
| Agencies Notified | Type Notification | Street Address 901 South 17th Street Suite 206 | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Fort Lauderdale FL 33316 | | | | | | | |
| | | Name of Contact Peter Herrigel / Owner Rep | | | | | | | |
| Telephone Number | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former Residential Housing | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 109 Lincoln Place | | Square Feet 10000 | # of Floors 3 | | | | | | |
| City (5) Atlantic City | | Bldg. Age 1920's | | | | | | | |
| County (6) Atlantic | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residential Housing | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Global Safety Contracting Corp | | | | | | |
| Street Address | | Street Address 151 Forest Ave | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Lyndhurst, NJ 07071 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-685-6625 | License No. 01038 | | | | | | |
| Start Date (10) 12/5/11 | Scheduled Completion Date (11) 02/29/11 | Name of OSHA Monitor Envirovision Consultants | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 20-21 Wagaraw Road | | | | | | | |
| | | City, State, Zip Code Fair Lawn, NJ 07406 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Please See Attached list | | | X | Please see attached list | | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Global Safety Contracting Corp | | NJDEP Waste Hauler ID No. 32604 | Cubic Yards of Waste | Name of Registered Landfill T.R.R.F. | | | | | |
| City, State Lyndhurst, NJ | | | Disposal Date | City, State Tullytown, PA | | | | | |
| Completed by Mark Jovic | | Title Vice President | Signature | | | Date 11/16/11 | | | |

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

419795

| | | | | |
|---|---|---|--|--|
| Date of Notification (1) November 17, 2011 | | Name of Building Owner/Operator (2) Abatare Builders Inc. | | <div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 16px; font-weight: bold; margin-top: 5px;">NOV 21 2011</div> |
| Agencies Notified | Type of Notification | Street Address 92 Mantoloking Road | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Brick, NJ 08723 | | |
| | | Name of Contact John Arnold | | |
| Telephone Number _____ | | | | |

FACILITY INFORMATION

| | | | | | |
|---|----------------------------|---|--|-------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Building | | | Type of Facility (4) | | |
| Street Address 256 Rte. 37 West | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| | | | | | |
| City Toms River | County (6) Ocean | County Code (7) (STATE USE ONLY) | Square feet 5500 sf | # of Floors 1 | Bldg. Age 50 |
| Current Use (Prior if being demolished) Building | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address 1889 Rte. 9, Unit 61 | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code Toms River, NJ 08755 | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | Telephone Number 732-349-9932 | Telephone Number 732-349-9932 | | License Number 00624 |
| Scheduled Start Date (10) 11/17/11 | | Scheduled Completion Date (11) 11/18/11 | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____ | | | Name of OSHA Monitor E.M.S.L. Analytical | | |
| | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| | | | | | |
| Scope of Work (Check all that apply) | | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | |
| <input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition | | | | | |

| 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 | | | |
|--|--|---|--|---|---------------------------|---------------------------------|----------------------------|---|---|
| | | | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Ceiling | | X | | Asbestos transite panels | 125 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---|---|--|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 2 | Name of Registered Landfill T.R.R.F. |
| City, State Toms River, New Jersey | Disposal Date 11/21/11 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature | Date 11/17/2011 |

*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)

Ch 14794

| | | | |
|--|---|--|--|
| Date of Notification (1) November 17, 2011 | | Name of Building Owner/Operator (2) Egg Harbor Twp. School District | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 7 Swift Drive | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 21 2011 ASBESTOS CONTROL & </div> |
| | | City, State, Zip Code Egg Harbor Twp., NJ 08234 | |
| | | Name of Contact Henry Rodrique | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|---|-----------------|--|
| Name of Facility Where Abatement is Taking Place (3) Clayton J. Davenport Elementary School | | | Type of Facility (4) <input checked="" type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 2501 Spruce Avenue | | | Square feet 89,000 sf | | |
| City Egg Harbor Twp. | County (6) Atlantic | County Code (7) (STATE USE ONLY) | # of Floors 1 | Bldg. Age 40 | |
| | | | Current Use (Prior if being demolished) School | | |
| Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address 130 Brown Road | | Street Address 1889 Route 9, Unit 61 | | | |
| City, State, Zip Code Newfield, NJ 08344 | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | | |
| Project Manager for Monitoring Firm Jim Eberts | Telephone Number 856-205-1077 | Telephone Number 732-349-9932 | License Number 00624 | | |
| Scheduled Start Date (10) 11/18/11 | Scheduled Completion Date (11) 12/30/11 | Name of OSHA Monitor E.M.S.L. Analytical | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____ | | Street Address 1056 Stelton Road | | | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | |

| 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 | | | | |
|--|--|---|---|--|---------------------------|----------------|---|--|--|--|
| | R | R | E | | | E | | | | |
| | E | P | N | N | | | | | | |
| | M | A | C | C | | | | | | |
| | O | I | A | L | | | | | | |
| | V | R | P | S | | | | | | |
| | A | | S | U | | | | | | |
| | L | | E | R | | | | | | |
| Exterior | | X | | | Exterior caulk | 3800 lf | X | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | | | |
|---|------------------------------------|--|---|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 5 | Name of Registered Landfill T.R.R.F. |
| City, State Toms River, New Jersey | Disposal Date 1/02/12 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature <i>Nicholas Fernicola</i> | Date 11/17/2011 |

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

State of New Jersey
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 (Pursuant to NJAC 8:26 and 12:120)

NOV 19 2011

| | | | |
|---|--|---|--|
| Date of Notification (1) | | Name of Building Owner/Owner (2) | |
| 11-18-11 | | SDI LLC / Bill BASCO | |
| Agency Notified: | Type Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 17000 Horizon Way Suite 200 | |
| <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | City, State, Zip Code 11 LAUREL NJ 08054 | |
| | | Name of Contact Bill BASCO | |

FACILITY INFORMATION

| | | | |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | |
| STEAK and ALE | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address | | Square Feet | 8 of Floors |
| 1830 Frontage Rd | | 20000 | 50 ft |
| City (5) | | City, State, Zip Code | City, State, Zip Code |
| Cherry Hill | | DELANCO NJ 08075 | DELANCO NJ 08075 |
| County (6) | | County Code (7) (STATE USE ONLY) | Current Use (Prior to being demolished) |
| Camden | | | STEAK and ALE |

| | | | | |
|---|--|--------------------------------|----------------------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) | |
| Street Address | | | ANI JOE LLC | |
| City, State, Zip Code | | | Street Address | |
| | | | 1212 Burlington Ave | |
| Project Manager for Monitoring Firm | | Telephone No. | City, State, Zip Code | |
| | | 636 824 0971 | DELANCO NJ 08075 | |
| Start Date (10) | | Scheduled Completion Date (11) | Telephone No. | |
| 11-28-11 | | 12-10-11 | 636 824 0971 | |
| Occupancy Status During Abatement (Check only one) | | License No. | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | 01070 | | |

| | | | |
|---|--|-----------------------|--|
| Scope of Work (Check all that apply) | | Name of OSHA Monitor | |
| <input type="checkbox"/> 25 sf or less <input type="checkbox"/> 251 sf or less <input type="checkbox"/> 160 sf or less <input type="checkbox"/> 250 sf or less <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Encapsulated (?) and Non-Frangible Procedure | | Street Address | |
| | | City, State, Zip Code | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|----|--|---------------------------|-------------------------------------|--------|-------------|------------------|
| | Yes | No | NA | | | Removal | Repair | Encapsulate | Entire structure |
| Roof | | | | T/E (ACM) | 8500 SF | <input checked="" type="checkbox"/> | | | |

| | | | | | |
|----------------------------------|-------|---------------------------|----------------------|-----------------------------|--|
| Name of Registered Waste Handler | | RIDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill | |
| J. Robinson Waste | | 28357 | 20cy | WM of PA | |
| City, State | | Disposal Date | City, State | | |
| Bellmawr NJ | | TBD | Tullytown Pa | | |
| Completed by | Title | Signature | Date | | |
| J Hill | VP | JH | 11-18-11 | | |

State of New Jersey
Asbestos Abatement License Application
(Pursuant to NJAC 8:26 and 12:120)

1 001 100/00 0 000

RECEIVED

-NOV 19 2011

ASBESTOS CONTROL &

08-254

Telephone Number

NOV 27 2011

ASBESTOS CONTROL &

4020

SING

Apt 2 Units

| | | | |
|---|--|----------------------------------|--|
| Date of Notification (1) | | Name of Building Owner/Owner (2) | |
| 11-15-11 | | Anthony Baccello | |
| Agency Notified | Type Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | P.O. Box 4650 | |
| <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | City, State, Zip Code | |
| | | Tom River NJ | |
| | | Name of Contact | |
| | | Pat Esbe | |

FACILITY INFORMATION

| | | | |
|--|-----------|---|-------------|
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | |
| Apartment 2 Units | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address | | Square Feet | # of Floors |
| 913 Wright St | | 28000 | 3 |
| City (5) | Tom River | ASBESTOS CONTROL & | |
| County (6) | | Current Use (Prior to being demolished) | |
| | | County Code (7) (STATE USE ONLY) | |
| | | | Apt 2 Units |

| | | | | |
|---|--|-----------------------|----------------------------------|-------------|
| Name of Monitoring Firm Hired by Building Owner (5) | | ASCM No. | Name of Abatement Contractor (9) | |
| | | | ANI-JOE LLC | |
| Street Address | | Street Address | | |
| | | 1212 Burlington Ave | | |
| City, State, Zip Code | | City, State, Zip Code | | |
| | | DELANCO NJ 08075 | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. | License No. |
| | | | 856 824 0971 | 01070 |

| | | | |
|---|--------------------------------|-----------------------|--|
| Start Date (10) | Scheduled Completion Date (11) | Name of OSHA Monitor | |
| 11-30-11 | 12-10-11 | | |
| Occupancy Status During Abatement (Check only one) | | Street Address | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO | | City, State, Zip Code | |

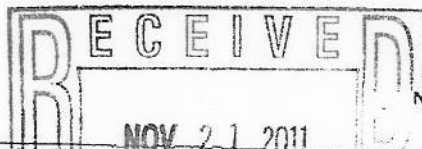
| | | | |
|--|--|---|--|
| Scope of Work (Check all that apply) | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Fixable Procedure | |
| <input type="checkbox"/> ≥ 2 sf or ≥ 2 SF <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 F | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
|--|---|----|----|--|---------------------------|-------------------------------------|--------|-------------|
| | Yes | No | NA | | | Removal | Repair | Encapsulate |
| 2nd Floor outside | | | | TILE (ACM) | 500SF | <input checked="" type="checkbox"/> | | |
| | | | | | | | | |
| | | | | | | | | |

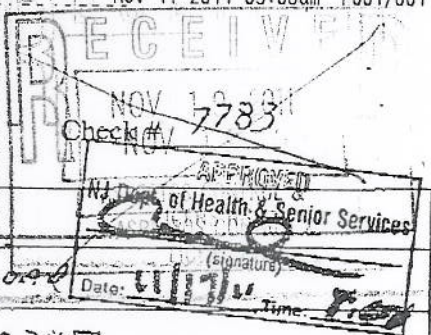
| | | | | | |
|----------------------------------|-------|----------------------|----------------------|-----------------------------|--|
| Name of Registered Waste Handler | | Waste Handler ID No. | Cubic Yards of Waste | Name of Registered Landfill | |
| J. Robinson Wast | | 20357 | 4cy | WM of PA | |
| City, State | | Disposal Date | City, State | | |
| Bellmawr NJ | | TBD | Tullytown Pa | | |
| Completed by | Title | Signature | Date | | |
| Joe Hill | VP | JH | 11-15-11 | | |

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

| | | | | | | | | | |
|--|--|--|-----|---|------------------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 11/16/11 | | Name of Building Owner/Operator (2) AMY HARGROVE HARGROVE DEMOLITION | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1507 STATE STREET | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code CAMDEN, NJ 08105 | | | | | | | |
| | | Name of Contact AMY HARGROVE | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) KRAMER CHEMICAL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1251 S. FRONT STREET | | Square Feet 25,000 | | | | | | | |
| City (5) CAMDEN | | # of Floors 1 | | | | | | | |
| County (6) CAMDEN | | Current Use (Prior if being demolished) WAREHOUSE | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) AE12, LLC | | | | | | | |
| City, State, Zip Code | | Street Address 300 S. LENOLA RD | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code MAPLE SHADE, NJ 08052 | | | | | | | |
| Telephone No. | | Telephone No. 856-439-1060 | | | | | | | |
| Start Date (10) 11/26/11 | | License No. 00689 | | | | | | | |
| Scheduled Completion Date (11) 12/2/11 | | Name of OSHA Monitor AE12, LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 300 S. LENOLA RD | | | | | | | |
| | | City, State, Zip Code MAPLE SHADE, NJ 08052 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| SIDING | | | X | TRANSITE | 4500 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler AE12, LLC OR TBD | | NJDEP Waste Hauler ID No. 21376 | | Cubic Yards of Waste 60 | Name of Registered Landfill TBD | | | | |
| City, State MAPLE SHADE, NJ | | Disposal Date | | City, State | | | | | |
| Completed By Wm. Minnick | | Title Program Mgr | | Signature Wm. Minnick | | Date 11/16/11 | | | |



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



| | | | | | | | | | | |
|--|---|--|---|---|---|--|--------|-------------|-----------|--|
| Date of Notification: NOV 21 2011 11/17/11 | | Name of Building Owner/Operator (2) MRS PHILLIPS | | Check # 7783 | | | | | | |
| Agencies Notified: ASBESTOS CONTROL & LICENSING | | Street Address 374 HAMILTON ROAD | | NJ Dept. of Health & Senior Services (signature) Date: 11/17/11 Time: PM | | | | | | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Amended | City, State, Zip Code RIDGEWOOD NJ 07450 | | Name of Contact MRS PHILLIPS | | | | | | |
| <input checked="" type="checkbox"/> DEP | <input type="checkbox"/> Amendment # | Telephone Number | | | | | | | | |
| <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Emergency (including justification) | | | | | | | | | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | | | | | | | | |
| <input type="checkbox"/> DCA | | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PHILLIPS | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 374 HAMILTON ROAD | | | Square Feet 1650 | | | | | | | |
| City (5) RIDGEWOOD | | | # of Floors 2 | | | | | | | |
| County (6) BERGEN | | | Bldg. Age 56 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | | Current Use (Prior if being demolished) RES | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCN No. | | Name of Abatement Contractor (9) A. Mac Contracting Inc. | | | | | | |
| Street Address | | Street Address 105 Lowell Road | | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Glen Rock, NJ 07452 | | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-262-5841 | | | | | | |
| Start Date (10) 11/17/11 | | Scheduled Completion Date (11) 11/18/11 | | License No. 00156 A | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | Name of OSHA Monitor Omega Environmental Services Inc. | | | | | | |
| | | | | Street Address 280 Huyler Street | | | | | | |
| | | | | City, State, Zip Code Hackensack, NJ 07606 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Renovation | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure | | | | | | |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Demolition | | <input type="checkbox"/> Mini-Enclosure | | | | | | |
| | | | | <input type="checkbox"/> Glovebag Procedure | | | | | | |
| | | | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT | 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) Boilers | Amount (Specify SF or LF) 64 sf | Abatement Type | | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | |
| | | | X | | | X | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Name of Registered Waste Hauler DJM Transport Inc. | | NJDEP Waste Hauler ID No. 29681 | | Cubic Yards of Waste 1 | | Name of Registered Landfill Cumberland County Landfill | | | | |
| City, State Keamy, New Jersey | | Disposal Date 11/17/11 | | City, State Newburg, PA 17242 | | | | | | |
| Completed by R. McDonald | | Title President | | Signature R. McDonald | | Date 11/17/11 | | | | |

REMEMBER - MAIL IN HARD COPY

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27-7 and 17:27-9)

Date of Notification (1)

11/15/11

NOV 21 2011

Name of Building Owner/Operator (2)

Ginger Garrett

Agency Notification

☐ JARA☐ JDRP☒ JDOU☒ JDOH☐ JACA

Type Notification

☒ Initial Notification☐ Amended Notification☒ EMERGENCY☐ Cancellation

Street Address

115 Elmwood Avenue

City, State, Zip Code

Irvington, NJ 07111

Name of Contact

Ginger Garrett

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private

Street Address

115 Elmwood Avenue

City (5)

Irvington

County (6)

Essex

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

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

Square Foot

2100

of Floors

2

Bldg. Age

85

Current Use (Print if being demolished)

Residence

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

67

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Project Manager for Monitoring Firm

Telephone Number

N/A

Schedules Start Date (10)

11/16/11

Sched. Completion Date (11)

11/17/11

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 Hours - Describe: Off-Hours Descriptive☐ Other - Describe: Other Occupancy Descriptive

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ 250 sf or > 250 sf☐ 12160 sf or > 260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☐ Mini-Enclosure☒ Glovebag Procedure☐ Non-Fixable Procedure

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

Is Location Normally Used Solely By Maintenance/Custodial Staff (-2)

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
REMEDIATION
REPAIR
ENCLOSURE
ENCLOSURE
ENCLOSURE

Basement

X

Pipe Insulation

18 lf

X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.

17040

Cubic Yards of Waste

.5

Name of Registered Landfill

G.R.O.W.S.

City, State

Montclair, NJ 07042

Disposal Date

11/18/11

City, State

Morrisville, PA 19067

Completed By (Print or Type)

Constantine Vivian

Title

President

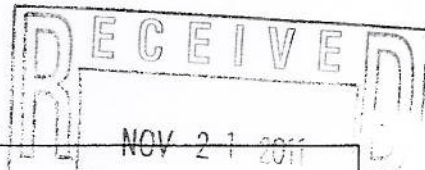
Signature

Date

11/15/11

Check 2439

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



| Date of Notification (1) 11-17-11 | | Name of Building Owner/Operator (2) Woodside Associates, Inc | | | | | | |
|--|--|---|---|--|---------------------------|----------------|--------|-------------|
| Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 19 Mt. Pleasant Road | | | | | | |
| | | City, State, Zip Code Chester Heights, PA 19017 | | | | | | |
| | | Name of Contact Jennifer Borys | Telephone Number [REDACTED] | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former BP Gas Station | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 1010 Saint George's Avenue | | Square Feet 2700 | # of Floors 1 | | | | | |
| City (5) Rahway | | Bldg. Age +/-50 | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) vacant gas station | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental | | ASCM No. | Name of Abatement Contractor (9) Pepper Environmental Services, Inc. | | | | | |
| Street Address 9 S. Main Street | | Street Address 2251 Fraley Street | | | | | | |
| City, State, Zip Code Mullica Hill, NJ 08067 | | City, State, Zip Code Philadelphia, PA 19137 | | | | | | |
| Project Manager for Monitoring Firm Jack Carney | Telephone No. 856-223-0080 | Telephone No. 215-533-5155 | License No. 00848 | | | | | |
| Start Date (10) 11-29-11 | Scheduled Completion Date (11) 12-1-11 | Name of OSHA Monitor EHS Environmental | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 9 South Main Street | | | | | | |
| | | City, State, Zip Code Mullica Hill, NJ 08062 | | | | | | |
| Scope of Work (Check all that apply) *abatement prior to demo* | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate |
| front office | | | X | 12x12grayVAT (bottom layer) | 270 SF | X | | |
| Roof | | | X | tar | 200 SF | X | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Service Transport | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill A & L Salvage | | | | |
| City, State Morrisville, PA | | | Disposal Date | City, State Libson, OH | | | | |
| Completed by Jennifer Niven | Title Dir. of Operations | | | Signature [Signature] | Date 11-17-11 | | | |

Check # 1048

RECEIVED

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

RECEIVED

| | | | | | |
|--|--|--|--|--|--|
| Date of Notification (1) 11/16/11 | | NOV 21 2011 | | Name of Building Owner/Operator (2) Ferro Corporation | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Notification Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation | | Street Address Rt 130 South City, State, Zip Code Bridgeport NJ 08014 Name of Contact John Nepi | |
| | | | | NOV 19 2011 ASBESTOS CONTROL & LICENSING Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|---|
| Name of Facility Where Abatement is Taking Place (3) Ferro Corporation | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address Rt 130 South | | | Square Feet | | |
| City (5) Bridgeport | | | # of Floors 1 | | Bldg. Age |
| County (6) Gloucester | | | County Code (7) (STATE USE ONLY) | | Current Use (prior if being demolished) |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ESI | | ASCM No. | Name of Contractor (9) County Environmental | | |
| Street Address P.O. Box 160 | | | Street Address 461 New Churchmans Rd. | | |
| City, State, Zip Code Kirkwood DE, 19708 | | | City State, Zip Code New Castle, DE 19720 | | |
| Project Manager for Monitoring Firm Lew Morrison | | Telephone No. 302-332-0400 | Telephone Number (302) 322-8946 | | License Number 00578 |
| Scheduled Start Date (10) 11-18-11 | | Scheduled Completion Date (11) 11-18-11 | | Name of OSHA Monitor County Environmental | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe: Storage facility | | | Street Address 461 New Churchmans Road | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | | City, State, Zip Code New Castle, DE 19720 | | |
| | | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
|--|---|----|-----|--|------------------------------|----------------|--------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Enclosure |
| Small amount of PACM damaged debris has been found on top of the duct system in the area. Work has to be performed so heat can be turned on in area. Remaining 4 LF of pipe will be removed that is damaged in area as well. | x | | | Insulation is a thermal application from hot water line. | 4 lf | X | X | X |
| *removal of the 70SF of transite panels on the slurry storage building to facilitate the repairs/welding to the corner columns. | | | | (2) 4x8 Sheets of Transite Panels | 70sf | x | | |
| | | | | | | | | |
| | | | | | | | | |

CHECK # 1047

RECEIVED
NOV 21 2011

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

RECEIVED
NOV 19 2011
ASBESTOS CONTROL & LICENSING

| | | | |
|--|---|--|--|
| Date of Notification (1) 11/16/11 | | Name of Building Owner/Operator (2) Ferro Corporation | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Notification Type <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation | | Street Address Rt 130 South City, State, Zip Code Bridgeport NJ 08014 Name of Contact John Nepi Telephone Number |

FACILITY INFORMATION

| | | | |
|---|--|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Ferro Corporation | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address Rt 130 South | | Square Feet | # of Floors 1 |
| City (5) Bridgeport | | Bldg. Age | |
| County (6) Gloucester | County Code (7) (STATE USE ONLY) | Current Use (prior if being demolished) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ESI | ASCM No. | Name of Contractor (9) County Environmental | |
| Street Address P.O. Box 160 | | Street Address 461 New Churchmans Rd. | |
| City, State, Zip Code Kirkwood DE, 19708 | | City, State, Zip Code New Castle, DE 19720 | |
| Project Manager for Monitoring Firm Lew Morrison | Telephone No. 302-332-0400 | Telephone Number (302) 322-8946 | License Number 00578 |
| Scheduled Start Date (10) 11-18-11 | Scheduled Completion Date (11) 11-18-11 | Name of OSHA Monitor County Environmental | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe: Work will be done in a small Mech Equip Rm | | Street Address 461 New Churchmans Road | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | City, State, Zip Code New Castle, DE 19720 | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate |
| Small amount of PACM damaged debris has been found on top of the duct system in the area. Work has to be performed so heat can be turned on in area. Remaining 4 LF of pipe will be removed that is damaged in area as well. | x | | | Insulation is a thermal application from hot water line. | 4 lf | X | X | X |
| | | | | | | | | |
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|--|--------------------------------------|-----------------------------|---|
| Name of Reg. Waste Hauler Service Transport Group, Inc. | NJDEP Waste Hauler ID No. SW-0947 | Cubic Yards of Waste <20 | Name of Reg. Landfill Minerva landfill |
|--|--------------------------------------|-----------------------------|---|