NO C		NOT				BESTOS ABAT AC 8:60 and 5:1		R	En	F.		
Date of Notification (1) 6 / 26 /	15			Name Pri	of Buildin	g Owner/Operator ((2) of Design and	Construction	/ 00		YE	b
Agencies Notified Type Notific EPA Initial DOLWD Amende				Street	t Address Elm Dr.	AC 8:60 and 5:1 g Owner/Operator (Iniversity-Office		ASSEST & LIC	27	PA	2	20
☑ DOLWD ☑ Amende ☑ DHSS Amendr	N-100000	-11/2	4/15	1 2333	State, Zip (a LIC	EN:	ON	TRO	7,
☐ DCA ☐ Emerger					Amilia de de Propiesos	NJ 08544			-110	ING	,110	L
(NJAC 5:23-8) justificat	50			1.0000000000000000000000000000000000000	of Contac			Telephone Num	per			
☐ Cancella	ation			Ro	bert Orte	go		1				19
				FA	CILITY IN	NFORMATION						
Name of Facility Where Abatement is			(3)				Type of Facility	30.000				
Princeton University-Fireston	e Libra	ary					School (K-12		\			
Street Address								3 (Other than K-12 rivate and comme		uildin	as.	
Washington Rd							homes, etc.)					
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Princeton												
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)		ior if being demolis	hed)			
MERCER							Library					
Name of Monitoring Firm Hired by Buil ATC Associates Inc.	lding O	wner	(8)	ASCM	No.		ent Contractor (9)					
Street Address						Street Address	VIRONMENTA	L, INC.				
	ree Terri Center						0.000000					
City, State, Zip Code						1123 BEAVE						
Burlington, NJ 08016						City, State, Zip Co						
Project Manager for Monitoring Firm			Tole	phone	No	BRISTOL, PA						
Michael Keehn				9-386		Telephone No. 215-788-6040	v.	License No.				
	Schedu	uled C			te (11)	215-788-6040 00509 Name of OSHA Monitor						
7/10/15	12	2_/	4		15		VIRONMENTAL	L, INC.				
Occupancy Status During Abatement (Street Address						
Facility Closed/Vacated During Enti						1123 BEAVE	R STREET					
☐ Abatement Performed Outside of N Time of Abatement: 7:00AM-3:30					cribe	City, State, Zip Co						
		_				BRISTOL, PA	19007					
Scope of Work (Check all that apply) >3 sf or >3 lf		⊠ Re	novati	on		☐ Full Cont	tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf	İ		molitio			☐ Glovebag	g Procedure	n-Friable Procedu	e			
			Locat						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACN	//\		Norma		Asha	Description o		A	Re	R	Щ	Щ
TO BE ABATED	"	Ma	intena	nce/		stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cust	todial (12)	Staff?		surfacing, VAT,		SF or LF)	Val	7	sula	sure
(13)	ŀ	Yes	No	N/A	1	other miscellane	ous)				ate	
Throughout Levels C, B and A					Floor ti	le and mastic		2,035 SF				
Level C North Atrium	\boxtimes			Windov	vs		14 ea		П	П	П	
Level A offices				Windov	vs	,	20 ea					
Ext. Trustees Reading Room		\boxtimes			Waterp	roofing		850 SF		П	П	П
					Vaste	Cubic Yards of	Name of Regist				_	
SERVICE TRANSPORT GROUP INC					No.	Waste		LANDFILL				
City, State						Disposal Date	City, State					
NEW CASTLE, DE												
MEN GAGTEE, DE						MORRISVII	LE, PA 19067					

ASB-41 MAY 11 B 5 1 5 0 6 8 - A

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



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Date of Notification (1)					Name	e of Buildin	α O	wner/Operator ((2)		HE	CI	-/1	EL
6 /	26 /	15	5		Pri	inceton U	lg O\ J niv	wner/Operator (rersity-Office	of Design and	d Construc a			* 1 B	CE
Agencies Notified	Type Notific	nation			04					6183	HOY	27	All a	4
⊠ EPA	☐ Initial	cation			Stree	t Address						- 1		2
⊠ DOLWD	⊠ Amende	d			20	0 Elm Dr.				458	FST	no		12.55
☑ DHSS	Amenda	-	3-11/2	24/15	City,	State, Zip (Code	е		ASS.	11	U 3	CUA	ITDI
⊠ DCA	☐ Emerge				Pri	nceton, I	NJ 0	08544		-	LI	EN	SIN	6"
(NJAC 5:23-8)	justificat		ioidaiii	9	Name	e of Contac	ct			Telephone Nur	nber	-		G
	☐ Cancella				Ro	bert Orte	go			1	1001			
N (5 10 14 1					FA	CILITY IN	VFO	RMATION						
Name of Facility Where A				e (3)					Type of Facility	(4)				= 61=
Princeton Universit	y-Fireston	e Lib	rary						School (K-1					
Street Address									⊠ Subchapter	8 (Other than K-1	2)			
Washington Rd	5								homes, etc.	orivate and comme	ercial b	uildin	gs,	
City (5)									Square Feet	# of Floors	E	ldg. /	\ge	
Princeton												70		
					Cou	nty Code (7	7)(ST	ATE USE ONLY)		rior if being demol	ished)			
									Library					
		lding (Owner	(8)	ASCM		Na	ame of Abateme	ent Contractor (9)				
	iates Inc.				000	98	1	BRISTOL EN	VIRONMENTA	L, INC.				
Three Terri Center							Str	reet Address						
City, State, Zip Code								1123 BEAVER	R STREET					
City, State, Zip Code Burlington, NJ 08016							City, State, Zip Code							
Bity, State, Zip Code Burlington, NJ 08016 Project Manager for Monitoring Firm						Ma	BRISTOL, PA 19007							
					phone	-8800	Telephone No. License No. 215-788-6040 00509							
Start Date (10)		Schen	fuled C				215-788-6040 00509 Name of OSHA Monitor							
	0						BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During	Abatement (reet Address				-		
☐ Facility Closed/Vacate	d During Enti	ire Pe	riod of	Abater	nent		1	1123 BEAVER	RSTREET					
☐ Abatement Performed	Outside of N	ormal	Facility	y Hour	s - Des	cribe	1	y, State, Zip Co						_
Time of Abatement: 7:	<u>00</u> AM- <u>3:30</u> I	PM/	P	M	AM			BRISTOL, PA						
Scope of Work (Check all	that apply)													
☐ >3 sf or >3 lf			⊠ Re	novati	าก				ainment with Neg	gative Pressure				
≥160 sf or ≥260 If								Glovebag						
								☐ Non-Exer	npted (*) and No	n-Friable Procedu	ire			
Longtion				Locati Normal							At	atem	ent T	уре
		(1)		d Sole		Achor	otoo	Description of Containing Mat		A	R	Re	E	ш
		'/	2525 53	intena				ermal systems in		Amount (Specify	Remova	Repair	ıca	Clo
	/		Cust		Staff?		5	surfacing, VAT,	or	SF or LF)	val	=	nsc	Enclosure
(13)			Yes	(12) No	N/A	-	ot	her miscellaned	ous)				Encapsulate	0
Throughout Levels C.	B and A		1003370.		П	Floortile	e an	nd mastic		49,924 SF				
						Pipe Ins				3910 LF				
						Joint Co							=	
				=						5,950 SF				
	11		M			Floor Ti				600 SF				
				10000	JDEP V auler ID		Cub	oic Yards of	Name of Regis					
CALL THE STATE OF	KI GROUP	, INC	··	111	20990					. LANDFILL				
							Disp	posal Date	City, State					
								*	MORRISVI	LLE, PA 19067				
	oe)	1000000						Signature	0 1.	/ · a Da	ite /	0.11	1.	_
City (5) Princeton County (6) MERCER Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC Associates Inc. Street Address Three Terri Center City, State, Zip Code Burlington, NJ 08016 Project Manager for Monitoring Firm Michael Keehn Start Date (10) Scheduled Cond Coccupancy Status During Abatement (Check only only Facility Closed/Vacated During Entire Period of Ally Abatement Performed Outside of Normal Facility Time of Abatement: 7:00AM-3:30PM/PM- Scope of Work (Check all that apply) ≥3 sf or ≥3 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes Throughout Levels C, B and A Throughout Levels C, B and A Throughout Levels C, B and A				or				Dream	Scoliro 1	Je	16/-	24/	110	și.

r.			NOT		ATIO	OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		Construction 4585	PA	2	illa.			
Date of Notification (1)				٠,				15))	- 4	. (E/	Vo		
	26 /	15	i				ng Owner/Operator University-Office		Construction	HOV	27				
Agencies Notified	Type Notific	cation			Stree	t Address			ASSE	0 -		TH	2		
☑ EPA ☑ DOLWD	⊠ Initial				20	Elm Dr			8	316	So	er.			
☑ DOLWD			3_11/2	1115	City,	State, Zip	Code	//		HO	No	W	TAN		
⊠ DCA	☐ Emerger				Pri	nceton,	NJ 08544					ING	1101		
(NJAC 5:23-8)	justificat		ioidali i	9	Name	e of Conta	ct		Telephone Num	ber	-				
*	☐ Cancella	ation			Ro	bert Orto	ego		1						
			17-25-		FA	CILITY	NFORMATION		1		-				
Name of Facility Where A	batement is	Taking	g Place	e (3)				Type of Facility	(4)						
Princeton Universit	y-Fireston	e Lib	rary					School (K-12							
Street Address								Subchapter 8	Other than K-12	2)					
Washington Rd								homes, etc.)	rivate and comme	rcial b	uildin	gs,			
City (5)								Square Feet	# of Floors	П	Ida A				
Princeton								Square reet	# 01 F10015		ldg. A	ige			
County (6)					Cou	nty Codo /	7\/STATE LISE ONLY	Comment Head (Del		1 15					
MERCER					Cou	nty Code (7)(STATE USE ONLY)	The second secon	or if being demoli	shed)					
Name of Monitoring Firm	Llizad by Duil	lalia a C		(0)	10014		The second	Library							
Cardno ATC Associ		iaing C	Jwner	(8)	ASCM			ent Contractor (9)							
	ates inc.				000	98		VIRONMENTAI	L, INC.						
Street Address							Street Address								
Three Terri Center								ER STREET							
City, State, Zip Code	_						City, State, Zip C								
Burlington, NJ 0801							BRISTOL, PA	a treate Liver was taken							
Project Manager for Monit	toring Firm			Tel	ephone	No.	Telephone No.		License No.						
Michael Keehn				6	09-386	-8800	215-788-6040	00509							
Start Date (10)	<i>D</i>	Sched	luled C		etion Da		Name of OSHA N BRISTOL EN	Nonitor VIRONMENTAL	., INC.						
Occupancy Status During	Abatement (Check	only	one)			Street Address				-	-			
☐ Facility Closed/Vacated	d During Enti	ire Per	riod of	Abate	ment		1123 BEAVE	R STREET							
☐ Abatement Performed	Outside of N	ormal	Facility	y Hou	rs - Des	cribe	City, State, Zip Co	ode					_		
Time of Abatement: 7:	<u>00</u> AM- <u>3:30</u> F	PM/	PI	M	AM		BRISTOL, PA								
Scope of Work (Check all	that apply)					7-1				_			-		
□ >2 of or >2 if	25/25 E286							tainment with Neg	ative Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re	novat moliti			☐ Mini-End	losure g Procedure							
			_ в	mont	011			mpted (*) and Nor	n-Friable Procedu	re					
			Is	Loca	tion						atem	ent T	vpe		
Location of				Norma			Description of	of			_				
Asbestos-Containing M TO BE ABAT		Л)			ely by ance/		estos Containing Ma		Amount	em	Repair	nca	nc		
IN Facility			Contract of the		Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	Remova	ai.	squ	Enclosure		
(13)	VII.			(12)			other miscellane		Si di Li j	=		Encapsulate	Ге		
			Yes	No	N/A							Ф			
Level 1			\boxtimes			Plaster	C.		600 SF						
										10					
					12					1		ш	ш		
				Ц											
Name of Registered Waste SERVICE TRANSPO		P. INC	: .	1.00	IJDEP \ lauler II	No.	Cubic Yards of Waste	Name of Regist G.R.O.W.S.							
City, State					20990		Disposal Date	City, State				-	_		
NEW CASTLE, DE							Disposal Date		LE, PA 19067						
Completed By (Print or Typ	oe)	Title					Signature	2	, Da	te ,	/	W			
Brian Scafiro		Es	stimat	or			Asi	Sal: 1	18 1	1/2	4/	15			

ASB-41
MAY 11 B 5 / 5 0 6 8 - B * Do not use this form for asbestos licensure exempted activities.

100 01	<u> </u>	N	IOTII					TOS ABAT 60 and 5:16		Pq. 2	REC	25	* *	
Date of Notification (1)	10 /	15			Name Veri		Own	er/Operator (2	2)	2015	NOV 2		V	ED
Agencies Notified EPA	Type Notificat Initial Amended	tion			15 E		· ·	nery Place,	Lower Level	4586	RE(M a	3 8
☑ DOLWD ☑ DHSS	Amended	nt #8-	11/24	/15		tate, Zip C				æ	LICEA	131	MTA	Ins
□ DCA	☐ Emergenc	y (incl		_		sburgh, F		5212		T= 1		VIA	G	·OL
(NJAC 5:23-8)	justificatio Cancellatio	20.00				of Contact				Telephone Nu	mber			
	☐ Caricellatio	OII			0000000	•		MATION		1		_		- 4
Name of Facility Where A	hotomont is T	okina I	Diago	(2)	FAC	JILITY IN	FOR	MATION	Type of Facility	(4)				-
Verizon Ewing CO	Abatement is 1	aking i	riace	(3)					School (K-1)	387				
Street Address		_							Subchapter	8 (Other than K-	12)		21	
1606 Pennington R	d.								homes, etc.	rivate and comm	ierciai bu	ilaing	s,	
City (5)			4/10/04/04						Square Feet	# of Floors	Blo	dg. Ag	ge	
Ewing								571	\$					
County (6)				30	Coun	ty Code (7	(STA	TE USE ONLY)	Current Use (P	rior if being demo	olished)			
Mercer									Office					
Name of Monitoring Firm				8)	ASCM	No.	100000000000000000000000000000000000000		ent Contractor (9					
ESIS Health, Safety	ESIS Health, Safety and Environmental Street Address								VIRONMENTA	L, INC.				
Street Address						et Address								
436 Walnut St						123 BEAVE								
City, State, Zip Code					City, State, Zip Code									
Philadelphia, PA 19	E111177 - 1111			Tala	nhono	No	BRISTOL, PA 19007 Telephone No. License No.							
Project Manager for Mon Frank Westfall	itoring Firm				phone 5-640		1	epnone No. 15-788-6040	1	00509				
Start Date (10)	T _S	chedu	led Co		tion Da			ne of OSHA M		00000				
11 /9 /	15	11	_ /	_ 25	_ / _		В	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate						cribe		123 BEAVE						
Time of Abatement: 7						Cribe		, State, Zip Co						
Scope of Work (Check a)	25/15				72550		В	RISTOL, PA	19007					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	іі (пас арріу)]	⊠ Re	novati molitic				☐ Mini-End	g Procedure	gative Pressure	dure			
			ls	Locat	ion	i -		M HOII-EXC	impled () and it	I I I I I I I I I I I I I I I I I I I		atem	ent T	vpe
Location				Norma	-			Description of				_		1000
Asbestos-Containing TO BE ABA)		d Sole intena				Containing Ma rmal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facil			Cust	odial (12)	Staff?		s	urfacing, VAT	, or	SF or LF)	val	-	sula	sure
(13)		F	Yes	No	N/A		oth	ner miscellane	eous)				ate	
Throughout						Windov	vsill	& Caulk - 20	0 Windows	350 LF	\boxtimes			
Front Door				\boxtimes		Door C	aulk			68 LF				
Old Louvers			Caulk				96 LF	\boxtimes						
Exterior				\boxtimes		Buildin	g Ca	ulk		18 LF				
Name of Registered Was	ste Hauler			1.52	IJDEP \		17774 5575	oic Yards of		istered Landfill				
SERVICE TRANSP	ORT GROUP	, INC			lauler II 20990		Was		MINERVA	LANDFILL				
City, State NEW CASTLE, DE	19720			4	Disposal Date City,				City, State WAYNES	BURG, OH 446	888			
		Title					1	Signature			Date	/	/	
Brian Scafiro	Completed By (Print or Type) Title							Brian	Scoline	fil	11/0	24/	115	5

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

				(Pur	suant	to NJA	C 8:60 and 8	5:16)	19	PE	~		
Date of Notification (1)	10 /	15			Name o	:50	Owner/Operat	tor (2))	2015 4586	HOV .	2	11	E
Agencies Notified EPA DOLWD DHSS	Type Notific Initial Amended Amendm	d	-11/24		15 E City, St	ate, Zip C		ce, L	ower Level	ASBE	STOR	CENSI	PH	2 ¿
DCA (NJAC 5:23-8)	☐ Emergen justificati		luding			of Contact	A 15212			Telephone Nur	mber	10/	NG	.01
8	☐ Cancella	tion			Anth	ony Por	ta	2.500	2					
					FAC	ILITY INI	FORMATION	1						
Name of Facility Where		Taking	Place	(3)					Type of Facility (
Verizon Ewing CO Street Address									☐ School (K-12) ☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K-1	12) nercial bu	ıilding	js,	
1606 Pennington I	Rd.							_	homes, etc.)	# of Floors	DI	dg. A	20	
City (5)									Square Feet	# 01 110015		uy. A	ge	
Ewing					Count	v Code (7)	(STATE USE ON	II VI	Current Use (Pri	or if being demo	lished)			
County (6)					Couri	y Code (1)	(STATE OSE ON	-17	Office	or it being derive	morroay			
Name of Monitoring Fire	m Hired by Ruil	Idina O	wner ()	3) [ASCM N	Vn.	Name of Aba	teme	nt Contractor (9)					
ESIS Health, Safet	177	13.50		" ['	100mi				/IRONMENTAL	., INC.				
Street Address	cy una Enviro						Street Addres			11				
436 Walnut St							1123 BEA	VEF	STREET					
City, State, Zip Code							City, State, Z	ity, State, Zip Code						
Philadelphia, PA 1	19106						BRISTOL, PA 19007							
Project Manager for Mo	nitoring Firm			Tele	phone I	No.	Telephone N	0.		License No.				
Frank Westfall				21	5-640-	5320	215-788-6			00509		- 50		
Start Date (10) 11 / 9					tion Dat		Name of OSI BRISTOL		onitor ∕IRONMENTAI	_, INC.				
Occupancy Status Duri		(Check	only o	ne)			Street Address							
☐ Facility Closed/Vaca	270	-	55565		nent		1123 BEA	VEF	RSTREET					
□ Abatement Performe Time of Abatement:	ed Outside of N 7:00AM-3:30	Normal	Facility	Hour	s - Des	cribe	City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check		1	⊠ Re	novati			☐ Mini	i-Encl	ainment with Neg losure g Procedure mpted (*) and No		dure			
			ls	Locat	ion		22 11011	LAG	Impled () dila i i			oaten	nent 7	Туре
Locatic Asbestos-Containin TO BE AF IN Fac (13	g Material (ACI BATED cility	M)	Use Ma	lorma d Sole intena	lly ely by		Descript stos Containin ., thermal syst surfacing, other misce	g Ma ems i VAT,	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
(10	/		Yes	No	N/A							-	O	_
Roof			\boxtimes		Capsto	ne seam sea	alant	:	250 LF		-			
Roof	oof						ion joint		16	135 SF				
Roof						Roof FI	ashing			1828 SF				
Roof						Pitch P			Marra of Da	12 SF				ЦЦ
Name of Registered W SERVICE TRANS		JP, INC	C .	1292	IJDEP \ lauler II 2099 0	No.	Cubic Yards Waste			LANDFILL				
City, State NEW CASTLE, DE	E 19720						Disposal Dat	te	City, State WAYNESE	BURG, OH 446				
Completed By (Print or	Type)	Title)				Signatu	ire	0 -	1	Date	/_	1/	15

ASB-41 MAY 11 B S 1507/

Brian Scafiro

Estimator

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

MOCK

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

Date of Notification (1) November 25 201	Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office														
Agencies Notified	Type Notification				Address	versity,	Facili	ties	Procureme	ent Om	ce				
□ EPA					cMillan	Building	1								
DEP X DOL	Initial Amended Amendment		_		ate, Zip C eton, NJ		 I								
☑ DOH DCA	Emergency justification) Cancellation			Name o	of Contact Ortego					Tele	phone Nu	nber			
CONCELL CONCENTRAL CON					ILITY INF	ORMATI	ON							-	
Name of Facility Where Residence	Abatement is Takin	g Place (3)					Тур	e of Facility	(4)					
Street Address									School (K-		- 41 1/ 1	21			
60 McCosh Circle								×	Other (i.e.	apter 8 (Other than K-12) (i.e. private & commercial build			ldings, homes,		
City (5)								Squ	etc.) Jare Feet	# of	Floors	Е	Bldg. Age		
Princeton								2,2		1			0+		
County (6) Mercer					Code (7) USE ONLY	,			rent Use (Pri sidence	or if bein	g demolis	ned)			
Name of Monitoring Firm Pennoni Associates	Hired by Building (, Inc.	Owner (8)		ASC	M No.		Name of Abatement Contractor (9) ecoservices, LLC								
Street Address 515 Grove Street, S					Street Address 407 West Lincoln Highway, Suite 500										
City, State, Zip Code Haddon Heights, N.					City, State, Zip Code Exton, PA 19341										
Project Manager for Mon R. Alan Lloyd		Telepho 856-5	one No. 47-0505		Telepl	hone			License N	0.					
Start Date (10) 12 1 15	ed Cor	npletion	Date (11)		Name of OSHA Monitor EMSL										
Occupancy Status During	Abatement (Chec			2			Street	90.00	ess						
Facility Closed/Vaca	ited During Entire F	Period of	haton	nent			200 US Route 130 North								
Abatement Performe Other – Describe:		al Facility	/ Hours	3		_	City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check Al	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Pemolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc								
1200		Is	Locati	on			Las	a) IV	OH-Exemple	u () anu	NOII-FIIAL	T		ement	l I
Location	of	1	lormal d Sole	y		Des	cription	of					Ty	/pe	
Asbestos-Containing I TO BE ABA	TED	Ma	intenar	nce/		tos Conta thermal			al (ACM)		nount pecify	Z.		Enc	g
In Facilit (13)	у	Cust	odial S (12)	іап?	in in		ing, VA	T, or			or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		outer it	ii 3 Certai	icous	,			/al	=	ilate	ure
Residence, I				Х	Pipe In	sulation	Debr	is in	trench	50) LF	X			
Residence, E				X	Gree	n Boar	d A/W	/ Wir	ndows	20	0 SF	Х			
Residence, E		Х	Excava	ated so	il with	ACI	vi debris	10	cyd	X					
Name of Registered Waste	LAI	IDEDIA													
Waste Management of New Jersey				JDEP W auler ID		Cubic \ of Was 40		Name of Registered Landfill GROWS Landfill							
City, State Trenton, NJ						Disposal Date City, State TBD Morrisville, NJ									
Completed by Jack Bally	niect	oject Manager Signature				2 A A	63	Da	ite	in					
		01.11	oject	ivialia	y c ı	_	ALAC	1/.	MULLY	匹り	В	125	112		

la.	\	
Cha	1	10254

Date of Notification (1)								er/Operator (2	2)				-		2 (
/	24 / _	15	_		City	of Camd	len							7		
Agencies Notified EPA DOLWD	Type Notificat ☐ Initial ☐ Amended	ion			520			- suite 325	j		10					
☑ DOH	Amendme	nt #				tate, Zip C										
DCA	☐ Emergency		luding			nden, NJ		1			T-1 N				1.0000	
(NJAC 5:23-8)	justification				1000000	of Contact					Telephone Nur	mber				
	☐ Cancellation	on			UZO	Ahiarak	we				17					
					FAC	ILITY IN	FORM	MATION								
Name of Facility Where		aking	Place	(3)						of Facility (4						
Pine Street Pump S	Station									hool (K-12)	(Other than K-1	12)				
S.reet Address 1169 Pine Street									⊠ Ot		vate and comm		buil	ldings	5,	
City (5)		-	71 1572							re Feet	# of Floors		Bld	g. Ag	е	
Camden									4,8	00	3		6	0		
County (6)		-			Coun	ty Code (7)	(STAT	E USE ONLY)	Curre	nt Use (Pric	or if being demo	lished	d)			
Camden									Pui	mp Statio	n					
Name of Monitoring Firm	Hired by Buildi	ng O	wner (8)	ASCM	No.	Nam	e of Abateme	ent Cor	ntractor (9)						
Health & Safety Se	rvices						Co	ontrolled E	nviror	mental Sy	ystems					
Street Address	Street Address PO Box 365						Stree	et Address								
PO Box 365				11	21 N. Beth	lehem	Pike - Su	ite 60								
City, State, Zip Code				City,	State, Zip Co	ode										
Berlin, NJ 08009					Spring House, PA 19477											
Project Manager for Mor	itoring Firm				phone		Telephone No. License No.									
James Proctor					6-452		215 542 7000 00847									
Start Date (10)	1000				tion Da	Annual Property Comments	10000000	e of OSHA N	/lonitor							
12 /7 /		_1	2_ /	_31	_ / -	15	CES									
Occupancy Status Durin	F1							et Address								
☐ Facility Closed/Vacat								21 N. Beth		Pike - Su	iite 60	Car June				
						cribe		State, Zip Co								
							Sp	oring House	e, PA	19477						
Scope of Work (Check a	ii that apply)		⊠ Re		-			Mini-End Gloveba	closure g Proc	edure	ative Pressure					
						1		☐ Non-Exe	empted	(*) and Nor	n-Friable Proce	dure				
1			96175	Loca Vorma				Description	- 6			-		ateme		70000
Location Asbestos-Containing)	Use	d Sol	ely by	Asbe	stos C	Description of containing Ma		ACM)	Amount		Removal	Repair	Encapsulate	Enc
TO BE AB	ATED			intena	ince/ Staff?	(i.e		mal systems		ion,	(Specify SF or LF)		VOL	air	aps	nclosure
IN Faci			Ouc	(12)				ırfacing, VAT er miscellane			Sr of Lr)		30		ulate	re
1/			Yes	No	N/A										Œ	
Sub Basement Thro	ugh out					Pipe Ins	sulati	ion & Fittin	gs		250 LF					
Sub Basement Thro			Boiler	Insul	ation			40 SF								
The state of the s																
Name of Registered Wa				10.00	JDEP		Cubi	ic Yards of	- 3		tered Landfill					
Geppert Recycling	1				iauici I	J 140.	1509782				erks Commu	ntiy	Lan	atill		
City, State Hatfield, PA					1/ - 3					, State Sirdsboro,	PA 19508					
Completed By (Print or Type) Title								Signature		71		Date			,	
City, State Hatfield, PA Completed By (Print or Type) Title				Vlana	ger			Male	lel	e Was	cei	12	/2	4/	15	, days or the

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Data of No. 17 (1)			(1			AC 8:60 and 5:	()	NEZ -	1-1	17		2
Date of Notification (1)				Nam	ne of Buildin	ng Owner/Operator	(2)		, . I	VC	_ الباد	>_
		15		St	Lukes U	niversity Health			10			
	pe Notificat Initial	tion		10	et Address							
M DOLLEY	Amended			18	5 Rosebe	erry St					1	
	Amendme				State, Zip							-
□ DCA □	Emergenc	y (includin	ng	Pr	nillipsbur	g NJ 08865			1			
0.000	justification			100000	e of Conta	ct		Telephone I	Number		-	
	Cancellation	on ———			d Ruhf							
Name of Facility Where Abate	mont is T-	alaine DI	(0)	F.A	ACILITY II	NFORMATION			1		+00Fr == 85	
St Lukes Warren Hospi	mentis la	aking Plac	e (3)			_	Type of Facility ((4)				
	tai						School (K-12)	-			
Street Address					. 333		Subchapter 8	(Other than I	(-12)			
185 Roseberry St							Other (i.e., pr homes, etc.)	ivate and com	imercial i	buildir	ngs,	
City (5)							Square Feet	# of Floors	Tr	Bldg.	Δαο	
Phillipsburg							200,000	2	1	50+	200	
County (6)				Cou	inty Code (7)(STATE USE ONLY)			nolished		-	
Warren						•	Hospital	or it boiling don	ionarieu)			
Name of Monitoring Firm Hired	d by Buildir	ng Owner	(8)	ASCM	l No.	Name of Abatem	ent Contractor (9)					
Criterion							invironmental S	votom e				
Street Address						Street Address	.iiviioiiiieiitai 3	ystems				AC107[]
3370 Progress Drive Su	ite J						Jahan Bija a					
City, State, Zip Code							lehem Pike - Su	lite 60				
Bensalem, PA 19020						City, State, Zip C						
Project Manager for Monitoring	Firm		TTO		A1	Spring Hous	e, PA 19477					
Steve Vena	g 1 11111			ephone		Telephone No.		License No			2	
Start Date (10)	100	hadidad 0		15 244		215 542 7000		00847				
12 /9 /15	<u>.</u>	heduled C	_3			Name of OSHA N	Monitor	-				
Occupancy Status During Abat	tement (Ch	neck only	one)			Street Address					1	
☐ Facility Closed/Vacated Dur	ring Entire	Period of	Abate	ement		1121 N. Beth	lehem Pike - Su	ita 60				
Abatement Performed Outs	ide of Norr	mal Facilit	у Ноц	rs - Des	scribe	City, State, Zip C		116 00	-			
Time of Abatement: 7:00Al	M- <u>5:00</u> PM	/PN	1	_AM		Spring House			- 1			
Scope of Work (Check all that a	apply)					Opring House	E, PA 194//					
☐ ≥3 sf or >3 lf	000 500					☐ Full Con	tainment with Nega	tive Pressure				
☐ ≥3 ST OF ≥3 If ☐ ≥160 sf or ≥260 If		⊠ Re □ De					losure					
			HOHU	Off		☐ Gloveba	g Procedure mpted (*) and Non-	Eriable Dress	el			
		Is	Loca	tion			mptod () and reon	- Hable Floce				_
Location of			Norma			Description of	ıf			patem	T	1
Asbestos-Containing Materi TO BE ABATED	al (ACM)	Ma	u Soi intena	ely by ance/	Asbes	stos Containing Ma	terial (ACM)	Amount	Ren	Repair	Enc	Enc
IN Facility			odial	Staff?	(I.e.	, thermal systems surfacing, VAT,		(Specify	Removal	<u>a</u> .	Encapsulate	Enclosure
(13)			(12)	_		other miscellane	ous)	SF or LF)	<u> 20</u>		ula	ure
1 st Floor		Yes	No	N/A							te	
					Tile and	Mastic		1600				
1st Floor			\boxtimes		Linoliun	n		1600		П	П	П
									П		П	
Name of Registered Waste Hau	ıler		IN	JDEP V	Vaste 1	Cubic Yards of	Name of Registe	rod Landfill			Ш	
Geppert Recycling				auler ID		Waste	25.0		naine I -	-16711		
City, State						Dianagal Data	Western Ber	ks Commu	iny Lar	COTIII		
Hatfield, PA						Disposal Date 1/30/16	City, State	A 40F00				
Completed By (Print or Type)	1-	itle					Birdsboro, P	'A 19508				
Patricia Visco		Office M	los-			Signature	61		Date			
		WILLIAM IN	1 - 1 I I - 1 (16AF		1 11 1	1/					

Office Manager