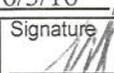


CK # 25163

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

2016 MAY 20 PM 11:55
ENVIRONMENTAL CONTROL & LICENSING

| | | | | | | | | |
|---|--|--|--|--|-------------------------------------|---------|--------|-------------|
| Date of Notification (1) <u>5/18/16</u> | | Name of Building Owner/Operator (2) <u>Institute for Advanced Study</u> | | | | | | |
| 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 Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>Einstein Drive</u> | | | | | | |
| | | City, State, Zip Code <u>Princeton, NJ</u> | | | | | | |
| | | Name of Contact <u>Keith Sapp</u> | Telephone Number _____ | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Members Activities Building</u> | | 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 <u>Goldman Lane</u> | | Square Feet <u>3000</u> | # of Floors <u>1</u> | | | | | |
| City (5) <u>Princeton, NJ</u> | | Bldg. Age <u>60+/-</u> | | | | | | |
| County (6) <u>Mercer</u> | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) <u>Residential</u> | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | ASCM No. _____ | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | | | | | | |
| Street Address <u>PO Box 341</u> | | Street Address <u>PO Box 322</u> | | | | | | |
| City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | | | | | | |
| Project Manager for Monitoring Firm <u>Bill Weisgarber</u> | Telephone No. <u>(609) 298-4070</u> | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> | | | | | |
| Start Date (10) <u>5/31/15</u> | Scheduled Completion Date (11) <u>6/3/16</u> | Name of OSHA Monitor <u>MECS</u> | | | | | | |
| 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: <u>8am to 4 pm</u> | | Street Address <u>PO Box 341</u> | | | | | | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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 checked="" 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 |
| <u>Basement Mechanical Room</u> | <input checked="" type="checkbox"/> | | <u>Thermal Pipe Fittings</u> | <u>22</u> | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>1 CU</u> | Name of Registered Landfill <u>GROWS Landfill</u> | | | | |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>6/3/16</u> | City, State <u>Morrisville, PA</u> | | | | | |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature  | Date <u>5/18/16</u> | | | | | |

CK# 25164

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

2016 MAY 20 PM 11:56
RELICENSING

| | | | |
|--|--|--|--|
| Date of Notification (1) <u>5/18/16</u> | | Name of Building Owner/Operator (2) <u>Swem</u> | |
| 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 Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code <u>Trenton, NJ 08627</u> | |
| Name of Contact <u>John Swem</u> | | Telephone Number _____ | |

FACILITY INFORMATION

| | | | |
|---|---|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) <u>Residential</u> | | 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 [REDACTED] | | Square Feet <u>1600</u> | # of Floors <u>2</u> |
| City (5) <u>Trenton, NJ</u> | | Bldg. Age <u>90+/-</u> | |
| County (6) <u>Mercer</u> | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) <u>Residential</u> | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | ASCM No. _____ | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | |
| Street Address <u>PO Box 341</u> | | Street Address <u>PO Box 322</u> | |
| City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | |
| Project Manager for Monitoring Firm <u>Bill Weisgarber</u> | Telephone No. <u>(609) 298-4070</u> | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> |
| Start Date (10) <u>5/27/15</u> | Scheduled Completion Date (11) <u>6/3/16</u> | Name of OSHA Monitor <u>MECS</u> | |
| 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: <u>8am to 4 pm</u> | | Street Address <u>PO Box 341</u> | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | |

Scope of Work (Check all that apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input 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 checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

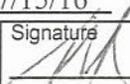
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|-----|--|---------------------------|-------------------------------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| <u>Basement</u> | | <input checked="" type="checkbox"/> | | <u>Thermal Pipe Insulation</u> | <u>195 lf</u> | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---|-------------------------------------|--|
| Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u> | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>2 CU</u> | Name of Registered Landfill <u>GROWS Landfill</u> |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>5/27/16</u> | City, State <u>Morrisville, PA</u> |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature | Date <u>5/18/16</u> |

CR# 25165

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

2016 MAY 20 PM 11:56
ASBESTOS CONTROL & LICENSING

| Date of Notification (1) <u>5/18/16</u> | | Name of Building Owner/Operator (2) <u>The Lawrenceville School</u> | | | | | | | |
|--|--|--|---------------------------------------|--|---------------------------|-------------------------------------|--------|-------------|-----------|
| 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 Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>2500 Main Street</u> | | | | | | | |
| | | City, State, Zip Code <u>Lawrenceville, NJ 08648</u> | | | | | | | |
| | | Name of Contact <u>James Keislman</u> | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Abbott Dining Hall</u> | | 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 <u>Main Campus</u> | | Square Feet <u>6000</u> | # of Floors <u>2</u> | | | | | | |
| City (5) <u>Lawrenceville, NJ</u> | | Bldg. Age <u>70+/-</u> | | | | | | | |
| County (6) <u>Mercer</u> | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) <u>Residential</u> | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | ASCM No. _____ | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | | | | | | | |
| Street Address <u>PO Box 341</u> | | Street Address <u>PO Box 322</u> | | | | | | | |
| City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | | | | | | | |
| Project Manager for Monitoring Firm <u>Bill Weisgarber</u> | Telephone No. <u>(609) 298-4070</u> | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> | | | | | | |
| Start Date (10) <u>6/2/15</u> | Scheduled Completion Date (11) <u>7/15/16</u> | Name of OSHA Monitor <u>MECS</u> | | | | | | | |
| 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 <u>PO Box 341</u> | | | | | | | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | | | | | | |
| 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 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 | Enclosure |
| <u>Basement</u> | <input checked="" type="checkbox"/> | | | <u>Mastic</u> | <u>2500 sf</u> | <input checked="" type="checkbox"/> | | | |
| <u>1st Floor</u> | | <input checked="" type="checkbox"/> | | <u>VAT/Mastic</u> | <u>1141 sf</u> | <input checked="" type="checkbox"/> | | | |
| <u>Basement</u> | <input checked="" type="checkbox"/> | | | <u>TSI Fittings Wrap/Cut</u> | <u>162 lf</u> | <input checked="" type="checkbox"/> | | | |
| <u>1st Floor</u> | | <input checked="" type="checkbox"/> | | <u>TSI Fittings Wrap/Cut</u> | <u>26 lf</u> | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>15 CU</u> | Name of Registered Landfill <u>GROWS Landfill</u> | | | | | |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>7/15/16</u> | City, State <u>Morrisville, PA</u> | | | | | | |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature  | Date <u>5/18/16</u> | | | | | | |

Feb 04 16 12:17p

A. Mac Asbestos

201-262-0321

p.2

CK 9064

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 and 12:120)

DOL - 10 DAY
Check # 8990
FEB 4 2016
WAIVER APPROVED

| | | | |
|---|--|---|--|
| Date of Notification (1) 2/4/16 | | Name of Building Owner/Operator (2) 155 ELM STREET, LLC | |
| A agencies 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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 155 ELM STREET | | City, State, Zip Code WESTFIELD, N.J. 07090 | |
| Name of Facility Where Abatement is Taking Place (3) STORE/WAREHOUSE | | Name of Contact CAROL GALEO | |
| Street Address 155 ELM ST. | | Telephone Number | |
| City (5) WESTFIELD | | FACILITY INFORMATION | |
| County (5) Union | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| County Code (7) UNION | | Current Use (Prior if being demolished) COMMERCIAL | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | |
| Street Address | | Name of Abatement Contractor (6) A. Mac Contracting Inc. | |
| City, State, Zip Code | | Street Address 185 Vreeland Ave. | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Midland Park, N.J. | |
| Start Date (10) 2/4/16 | | Telephone No. 201-262-6841 | |
| Scheduled Completion Date (11) 2/21/16 | | License No. 00158 | |
| 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 type="checkbox"/> Other - Describe: | | Name of OSHA Monitor Omega Environmental Services Inc. | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥25 ff <input checked="" type="checkbox"/> ≥180 sf or ≥250 ff | | Street Address 280 Huyler Street | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | City, State, Zip Code Hackensack, N.J. 07608 | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) ROOF | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | | Amount (Specify SF or LF) 650SF | |
| | | Abatement Type: Removal Regular Encapsulate Enclose | |
| | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJ/DEP Waste Hauler ID No. 04509 | |
| City, State Newark, N.J. 07105 | | Cubic Yards of Waste 210 | |
| Completed by R. McDonald | | Name of Registered Landfill Grand Central Sanitary Landfill | |
| Title President | | City, State Pen Argyl, PA 08072 | |
| Signature R. McDonald | | Disposal Date 2/4/16 | |
| | | Date 2/4/16 | |

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

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:80 and 12:120)

CHECK # 9063

2016 MAY 20 PM 11:58

| | | | | | | | | | |
|--|---|---|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) 5/18/16 | | Name of Building Owner/Operator (2) RICHARD MEYERSBURG | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | | | | | | | |
| | | City, State, Zip Code TENAFLY, N.J. 07670 | | | | | | | |
| | | Name of Contact RICHARD MEYERSBURG | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | 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 [REDACTED] | | Square Feet 1850 | | | | | | | |
| City (5) TENAFLY | | # of Floors 2 | Bldg. Age +50 | | | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENTIAL | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) A.MAC Contracting Inc. | | | | | | |
| Street Address | | Street Address 185 Vreeland Ave. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Midland Park, NJ | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. (201)262-5841 | License No. 00156 | | | | | | |
| Start Date (10) 6/01/16 | Scheduled Completion Date (11) 6/15/16 | Name of OSHA Monitor Omega Environmental Services | | | | | | | |
| 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 280 Huyler St. | | | | | | | |
| | | 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 type="checkbox"/> Full Containment with Negative Pressure | <input checked="" type="checkbox"/> Mini-Enclosure | | | | | | |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Gleebag 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 |
| BASEMENT | | | ✓ | PIPE INSULATION | 30LF | ✓ | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 1 | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | | | | | |
| City, State Newark, NJ | | Disposal Date 6/01/16 | | City, State Bethlehem, PA | | | | | |
| Completed by Joseph Vocaturo | | Title Vice President | | Signature J. Vocaturo | | Date 5/18/16 | | | |

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

CHECK# 9063

2016 MAY 20 PM 11:58

| Date of Notification (1) 5/18/16 | | Name of Building Owner/Operator (2) HOWARD GOLDBERG | | | | | | | |
|--|---|---|---------------------------|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | | | | | | | |
| | | City, State, Zip Code GLADSTONE, N.J. 07934 | | | | | | | |
| | | Name of Contact HOWARD GOLDBERG | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | 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 [REDACTED] | | | | | | | | | |
| City (5) GLADSTONE | | Square Feet 2,500 | # of Floors 2 | | | | | | |
| County (6) SOMERSET | | Bldg. Age +50 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) RESIDENTIAL | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) A.MAC Contracting Inc. | | | | | | | |
| City, State, Zip Code | | Street Address 185 Vreeland Ave. | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Midland Park, NJ | | | | | | | |
| Telephone No. | | Telephone No. (201)262-5841 | License No. 00156 | | | | | | |
| Start Date (10) 6/02/16 | Scheduled Completion Date (11) 6/20/16 | Name of OSHA Monitor Omega Environmental Services | | | | | | | |
| 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 280 Huyler St. | | | | | | | |
| | | City, State, Zip Code Hackensack, NJ 07606 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED | 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 |
| BASEMENT BOILER ROOM | | | ✓ | PIPE INSULATION | 183LF | ✓ | | | |
| " OIL TANK ROOM | | | ✓ | PIPE INSULATION | 16LF | ✓ | | | |
| " STORAGE ROOM | | | ✓ | PIPE INSULATION | 16LF | ✓ | | | |
| BASEMENT BOILER ROOM | | | ✓ | CHIMNEY PACKING | 4 SF | ✓ | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 3 | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | | | | | |
| City, State Newark, NJ | | Disposal Date 6/02/16 on | | City, State Bethlehem, PA | | | | | |
| Completed by Joseph Vocaturo | | Title Vice President | Signature J. Vocaturo | | Date 5/18/16 | | | | |

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

CHECK # 9063

| | | | |
|---|--|--|--------------------------------|
| Date of Notification (1) 5/18/16 | | Name of Building Owner/Operator (2) MR. LUSTBADER | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 [REDACTED] | |
| | | City, State, Zip Code ESSEX FELLS, NJ 07021 | |
| | | Name of Contact ANDREW | Telephone Number [REDACTED] |

2016 MAY 20 PM 11:57

ENVIRONMENTAL CONTROL & LICENSING

FACILITY INFORMATION

| | | | |
|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) MR. LUSTBADER | | 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 [REDACTED] | | Square Feet 4100 | # of Floors 3 |
| City (5) ESSEX FELLS | | Bldg. Age 62 | |
| County (6) ESSEX | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior, if being demolished) RES / DEMO | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) A. MAC Contracting Inc |
| Street Address | | Street Address 185 Vreeland Ave. | |
| City, State, Zip Code | | City, State, Zip Code Midland Park, NJ 07432 | |
| Project Manager for Monitoring Firm | | Telephone No. 201-262-5841 | License No. 00156 |
| Start Date (10) 5/31/16 | Scheduled Completion Date (11) 6/30/16 | Name of OSHA Monitor Omega Environmental Services Inc. | |
| 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 280 Huyer Street | |
| | | City, State, Zip Code Hackensack, NJ 07606 | |

Scope of Work (Check All That Apply)

| | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input checked="" 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 |
| BASEMENT | | | X | FLUE | 4 SF | X | | |
| THROUGHOUT | | | X | PLASTER | 10,102 SF | X | | |
| 3RD FLOOR | | | X | VAT + MASTIC | 340 SF | X | | |
| KITCHEN + DINING ROOMS | | | X | WINDOW GLAZING | 140 LF | X | | |
| CHIMNEY | | | X | FLASHING | 10 LF | X | | |

| | | | |
|--|------------------------------------|--|---|
| Name of Registered Waste Hauler Newark Carting, Inc | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 50 | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. |
| City, State, Zip Code Newark, NJ 07105 | Disposal Date 5/31/16 on | City, State, Zip Code Bethlehem, PA 18015 | |
| Completed by R. McDonald | Title President | Signature [Signature] | Date 5/18/16 |

CK 4722

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

2016 MAY 21 AM 12:00
 ASBESTOS CONTROL & LICENSING

| | | | | | |
|--|--|---|---|--|---|
| Date of Notification (1) 5/19/16 | | Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input 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 EA McMillan Building | | City, State, Zip Code Princeton, NJ 08544 |
| | | | Name of Contact Bob Ortega | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Student Housing | | | 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 & commercial buildings, homes, etc.) | | |
| Street Address 16 Dickinson Street | | | Square Feet 5,400 | # of Floors 4 | Bldg. Age 131 |
| City (5) Princeton | | County (6) Mercer | | County Code (7) (STATE USE ONLY) _____ | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services | | ASCM No. | | Name of Abatement Contractor (9) ecoservices, LLC | |
| Street Address 3 Terri Lane | | | Street Address 407 West Lincoln Highway, Suite 500 | | |
| City, State, Zip Code Burlington, NJ 08016 | | | City, State, Zip Code Exton, PA 19341 | | |
| Project Manager for Monitoring Firm Michael R. Keehn | | Telephone No. 609-386-8800 | | Telephone No. 484-872-8884 | |
| Start Date (10) 6/6/16 | | Scheduled Completion Date (11) 6/24/16 | | License No. 01161 | |
| 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 EMSL | | |
| 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 | | | Street Address 200 Route 130 North | | |
| | | | City, State, Zip Code Cinnaminson, NJ | | |
| 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) |
| | | | Yes | No | |
| First Floor | | | X | | Joint Compound a/w drywall walls |
| Second & Third Floors | | | X | | Joint Compound a/w drywall walls |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Waste Management of New Jersey | | NJDEP Waste Hauler ID No. | | Cubic Yards of Waste 15 | |
| City, State Trenton, NJ | | Name of Registered Landfill GROWS Landfill | | Disposal Date TBD | |
| Completed by Joe White | | Title Project Manager | | Signature <i>Joe White</i> | |
| | | | | Date 5/19/16 | |