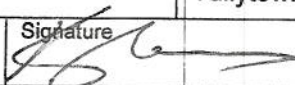
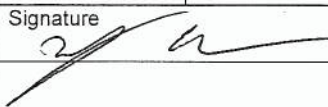


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/31/14		Name of Building Owner/Operator (2) Dan Mulroy							
Agencies Notified	Type Notification	Street Address 55 Ranger Road							
<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 Dumont, N.J. 07628							
		Name of Contact Dan Mulroy	Telephone Number 2						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 55 Ranger Road		<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 (5) Dumont		Square Feet 2,500	# of Floors / Bldg. Age 3 / 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) Omega		ASCM No.	Name of Abatement Contractor (9) PowRSave						
Street Address 280 Huyler Street		Street Address 27 West Street							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	Telephone No. 973-680-0088						
License No. 357									
Start Date (10) 8/14/14	Scheduled Completion Date (11) 8/15/14	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> * Full Containment with Negative Pressure <input checked="" 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
Basement		X		pipe Insulation	80lf	X			
				VAT	140sf	X			
Name of Registered Waste Hauler Atlas		NJDEP Waste Hauler ID No. 18262	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Recovery					
City, State Dover, NJ		Disposal Date		City, State Tullytown, PA					
Completed by Kevin Stack		Title VP	Signature 			Date 7/31/14			

CK 006374

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

Date of Notification (1) 8-4-14		Name of Building Owner/Operator (2) Dupont Nemours Company				
Agencies Notified	Notification Type	Street Address Rt 130 South				
<input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Deepwater, NJ 08023				
		Name of Contact Bryan Mumink	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Chamber Works Plant		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						
City (5) Deepwater		Square Feet	# of Floors			
County (6) Salem		County Code (7) (STATE USE ONLY)	Bldg. Age			
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental		ASCM No.	Name of Contractor (9) County Environmental			
Street Address 761 Pulaski Hwy		Street Address 461 New Churchmans Rd.				
City, State, Zip Code Bear, De		City State, Zip Code New Castle, DE 19720				
Project Manager for Monitoring Firm Wesly Morrison	Telephone No. 302-326-2333	Telephone Number (302) 322-8946	License Number 00578			
Scheduled Start Date (10) 1-2-14	Scheduled Completion Date (11) 9-30-14	Name of OSHA Monitor County Environmental (14-003A)				
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 checked="" type="checkbox"/> Other - Describe: Unoccupied area.		Street Address 461 New Churchmans Road				
		City, State, Zip Code New Castle, DE 19720				
Scope of Work (Check all that apply)						
<input checked="" 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 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		
				Removal	Repair	Encapsulate
Thermal Systems	x	Thermal coverings throughout area	12,000LF	X	X	X
Roofing/Siding	x	Roof and siding throughout area	6,100SF	X		
Floor Tile /Mastic	x	Floor tile and mastic throughout area	3,415SF	X		
Name of Reg. Waste Hauler S&J Transport.	NJDEP Waste Hauler ID No. 03217	Cubic Yards of Waste >30	Name of Reg. Landfill Constoga			
City, State Woodstown, NJ		Disposal Date TBD	City, State Morgantown, PA			
Completed by Evelyn Walsh	Title Office Manager	Signature 	Date 8-4-14			

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2014-112

Check # 6652

Date of Notification (1) 08/10/14		Name of Building Owner/Operator (2) Mary Nelson	
Agencies Notified <input 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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 18 Lake Drive	
		City, State, Zip Code Mendham Boro, NJ 07945	
		Name of Contact Mary Nelson	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Mary Nelson			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 18 Lake Drive			Square Feet # of Floors Bldg. Age		
City (5) Mendham Boro	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 08/14/2014		Sched. Completion Date (11) 08/15/2014		Name of OSHA Monitor B & G Restoration, 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- Describe: _____ <input type="checkbox"/> Other-Describe: _____				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Glovebag procedure
			<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	75 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			X	pipe	10 lf	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 08/15/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/04/2014

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2014-104

*** NON Sub-chapter 8 ***

Check # 6661

Date of Notification (1) <u>08/10/14</u>		Name of Building Owner/Operator (2) <u>Woodland Park BOE</u>	
Agencies Notified	Type Notification	Street Address <u>853 McBride Avenue</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		City, State, Zip Code <u>Woodland Park, NJ 07424</u>	
		Name of Contact <u>Jack Wittig</u>	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Beatrice Gilmore Elementary School (NON Sub-chapter 8)</u>			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>1075 McBride Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Woodland Park, NJ 07424</u>	County (6) <u>Passaic</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>school</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Briggs Associates</u>		ASCM No. <u>0004</u>	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u>3 Crosswicks Street</u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u>Bordentown, NJ 08505</u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u>Michael Hoodak</u>		Phone Number <u>609-298-5520</u>	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>08/15/2014</u>		Sched. Completion Date (11) <u>08/18/2014</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- Describe: _____					
<input checked="" type="checkbox"/> Other-Describe: <u>work shift 8:00am - 4:30pm</u>					

Scope of Work (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
2nd floor Teacher's room			X	VAT & mastic	312 sf	X			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>	
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>08/18/2014</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Secretary/Treasurer</u>	Signature <i>Gordana Luna</i>		Date <u>08/05/2014</u>