

**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

*Check # 2731*

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br>08 / 07 / 12   |  | Name of Building Owner / Operator (2)<br>Kraft Foods  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DOL  |  | Street Address<br>2211 Route 208 North<br>City, State, Zip Code<br>Fairlawn, New Jersey, 07410<br>Name of Contact<br>DON STORMS |  |
| Type of Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency w/ justification<br><input type="checkbox"/> Cancellation |  | Telephone Number<br>450-780-1100  |  |

**FACILITY INFORMATION**

|  |                      |   |   |                         |  |
|--|----------------------|---|---|-------------------------|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Kraft Foods  |                      |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) |                         |  |
| Street Address<br>2111 Route 208   |                      |   | Building Age<br>40 +  |                         |  |
| City (5)<br>Fairlawn   | County (6)<br>Bergen | County Code (7)                             | Square Feet<br>200,000  | # Of Floors<br>3        | Current Use (Prior if being demolished)<br>PILOT PLANT |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>AET  |                      |   | ASCM NO<br>LVI Environmental Services Inc.  |                         |  |
| Street Address<br>907 Doolittle Drive  |                      |   | Street Address<br>462 Getty Avenue  |                         |  |
| City, State, Zip Code<br>Bridgewater, NJ 08807   |                      |   | City, State, Zip Code<br>Clifton, NJ 07011  |                         |  |
| Project Mngr. For Monitoring Firm<br>Eric Houseknecht  |                      |   | Telephone Number<br>908-218-1108  |                         |  |
| Scheduled Start Date (10)<br>08 / 21 / 12  |                      | Sched. Completion Date (11)<br>08 / 25 / 12 |   | License Number<br>00117 |  |
| Occupancy Status During Abatement (Check Only 1)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: M-F<br><input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM |                      |   | Name of OSHA Monitor<br>LVI Environmental Services Inc.<br>Street Address<br>462 Getty Avenue<br>City, State, Zip Code<br>Clifton, NJ 07011   |                         |  |

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

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

| Location of Asbestos Containing<br><u>TO BE ABATED</u><br>in Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12)                  | Description of Asbestos - Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)          | Abatement Type                          |                            |                                      |                                      |
|---|---|---|------------------------------------|---|----------------------------|--------------------------------------|--------------------------------------|
|   |   |   |                                    | R<br>E<br>M<br>O<br>V<br>A<br>L         | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R |
|   | YES NO N/A  |   |                                    |   |                            |                                      |                                      |
| MENS LOCKER   | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | PIPE INSULATION   | 140 LF                             | <input checked="" type="checkbox"/>     | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |
| MENS LOCKER   | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | PIPE DEBRIS   | 10 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"/>             |
| Name of Registered Waste Hauler<br>NEWARK CARTING                             |   | NJDEP Waste Hauler ID No.<br>4509   | Cubic Yards of Waste               | Name of Registered Landfill<br>I.E.S.I. |                            |                                      |                                      |
| City, State<br>NEWARK, NJ   |   | Disposal Date   | City, State<br>BETHLEHEM, PA 18105 |   |                            |                                      |                                      |
| Completed by (Print or Type)<br>Steve Stiles                                  |   | Title<br>Project Manager  | Signature<br><i>Steve Stiles</i>   |   | Date<br>08/07/12           |                                      |                                      |



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

CHECK#22116

|  |   |  |   |
|--|---|--|---|
| Date of Notification (1)<br><b>8/3/2012</b>  |   | Name of Building Owner/Operator (2)<br><b>PRIVATE RESIDENCE</b>  |   |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA        | Type Notification<br><input type="checkbox"/> Initial                   | Street Address<br><b>85 MAIN STREET</b>  |   |
|  | <input checked="" type="checkbox"/> Amended Amendment #                 | City, State, Zip Code<br><b>CRANBURY, NJ 08512</b>   |   |
|  | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact<br><b>David D'Andrea</b>   |   |
|  | <input type="checkbox"/> Cancellation                                   | Telephone Number<br><b>[REDACTED]</b>  |   |
|  | <b>FACILITY INFORMATION</b>   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PRIVATE RESIDENCE</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)  |   |
| Street Address<br><b>85 MAIN STREET</b>  |   | Square Feet  | # of Floors Bldg. Age   |
| City (5)<br><b>CRANBURY</b>  |   |  |   |
| County<br><b>MIDDLESEX</b>   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>AMERTECH</b>   |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>CREAM RIDGE ENVIRONMENTAL INC.</b>   |
| Street Address<br><b>78 E. ATLANTIC WAY</b>  |   | Street Address<br><b>15 BLACK FOREST ROAD</b>  |   |
| City, State, Zip Code<br><b>LAVALLETTE, NJ 08735</b>   |   | City, State, Zip Code<br><b>HAMILTON, NJ 08691</b>   |   |
| Project Manager for Monitoring Firm<br><b>ROD MORRIS</b>   | Telephone No.<br><b>732-664-7788</b>                                    | Telephone No.<br><b>609-890-7110</b>   | License No.<br><b>00676</b>   |
| Start Date (10)<br><b>8/6/2012</b>   | Scheduled Completion Date (11)<br><b>8/6/2012</b>                       | Name of OSHA Monitor   |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours |   | Street Address   |   |
|  |   | City, State, Zip Code  |   |
| Scope of Work (Check all that apply)   |   |  |   |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) & 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) |
|  | Yes   | No   |   |
| BASEMENT   |   |  | INSULATION  |
| BASEMENT   |   |  | FITTINGS  |
|  |   |  |   |
|  |   |  |   |
| Name of Registered Waste Hauler<br><b>LUCAS DISPOSAL</b>   |   | NJDEP Waste Hauler ID No.<br><b>22384</b>  | Cubic Yards of Waste<br><b>2 YD</b>   |
| City, State<br><b>HIGHTSTOWN, NJ</b>   |   | Disposal Date<br><b>8/4/2012</b>   | Name of Registered Landfill<br><b>GROWS</b>   |
| Completed By<br><b>DAVID D'ANDREA</b>  |   | Title<br><b>PRESIDENT</b>  | Signature<br><i>David D'Andrea</i><br>Date<br><b>8/3/2012</b>   |


ASB-41

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

CX  
5445

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

RECEIVED

|   |   |  |   |
|---|---|--|---|
| Date of Notification (1)<br><b>8/3/2012</b>   |   | Name of Building Owner/Operator (2)<br><b>Hercules</b> 2012 AUG 3 PM 4:50  |   |
| Agencies Notified<br>(X) EPA<br>( ) DEP<br>(X) DOL<br>(X) DOH<br>( ) DCA  | Notification Type<br>(x) Initial Notification<br>( ) Amended Notification<br>Amendment # _____<br>( ) Emergency (including justification)<br>( ) Cancellation | Street Address<br><b>500 Hercules Road</b><br>City, State, Zip Code<br><b>Wilmington, DE, 19808</b>  |   |
|   |   | Name of Contact<br><b>Joe Keller</b>   | Tel. Number   |
| FACILITY INFORMATION  |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Hercules Former Facility</b>   |   | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |   |
| Street Address<br><b>51 HERCULES RD</b>   |   | Sq. Feet <b>2000</b> # of Floors <b>3</b>  |   |
| City (5)<br><b>KENVIL</b>   | County (6)<br><b>MORRIS</b>   | County Code (7)<br>(State Use Only)  | Bldg. Age <b>30+</b><br>Current Use (prior if being demolished) <b>RESIDENCES</b> |
| Name of Monitoring Firm<br><b>EHS INC</b>   |   | ASCM No.   | Name of Contractor (9)<br><b>Alliance Environmental Systems</b>                   |
| Street Address<br><b>9 MAIN STREET</b>  |   | Street Address<br><b>550 East Union Street</b>   |   |
| City, State, Zip Code<br><b>MULLICA HILL, NJ</b>  |   | City, State, Zip Code<br><b>West Chester, PA 19382</b>   |   |
| Project Manager for Monitoring Firm<br><b>JACK CARNEY</b>   | Telephone Number<br><b>8562230080</b>   | Telephone Number<br><b>610-701-9000</b>  | License Number<br><b>00508</b>  |
| Scheduled Start Date (10)<br><b>8/13/2012</b>   | Scheduled Completion Date (11)<br><b>8/17/2012</b>  | Name of OSHA Monitor<br><b>EHS, INC</b>  |   |
| Occupancy Status During Abatement (Check only one)<br>(X) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br>Describe _____<br>Other - _____  |   | Street Address<br><b>9 MAIN STREET</b><br>City, State, Zip Code<br><b>MULLICA HILL, NJ</b>   |   |
| Source of Work (Check all that apply)<br>( ) Demolition ( ) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure |   |  |   |
| Location of Asbestos-Containing Material (ACM) in Facility (13)   | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA   | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)  | Amount (Specify SF or LF)<br><b>2550SF</b>  |
|   |   |  | Abatement Type<br>Rem. Rep. Encap. Enclose  |
| <b>51 HERCULES RD</b>   | <b>X</b>  | <b>TRANSITE SHINGLES</b>   | <b>X</b>  |
|   |   |  |   |
|   |   |  |   |
| Name of Reg. Waste Hauler<br><b>N.E.T.S. / Miners</b>   | NJDEP Waste Hauler ID #<br><b>17235</b>   | Cubic Yards of Waste<br><b>Approx. 10</b>  | Name of Reg. Landfill<br><b>BFI Imperial</b>                                      |
| City, State<br><b>Hazleton, PA</b>  |   | Disp. Date<br><b>TBD</b>   | City, State<br><b>Imperial, PA</b>  |
| Completed by (Print or Type)<br><b>DEVIN BLOM</b>   | Title<br><b>Estimator</b>   | Signature<br>  | Date<br><b>8/3/2012</b>   |

Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

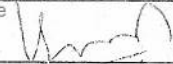
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2481

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

RECEIVED

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>08/03/2012</b>  |  | Name of Building Owner/Operator (2)<br><b>The Port Authority of NY &amp; NJ</b>   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>Building 80, Second Floor</b><br>City, State, Zip Code<br><b>Newark, NJ 07114</b>  |  |
|  |  | Name of Contact<br><b>Eric Richardson (Owner's Rep.)</b>  | Telephone Number<br>_____  |
| <b>FACILITY INFORMATION</b>  |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Signature Flight Support Corporation</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-1 2)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                 |  |
| Street Address<br><b>15 Brewster Road, Building # 15</b>   |  | Square Feet<br><b>40,000</b>  | # of Floors<br><b>1</b>  |
| City (5)<br><b>Newark</b>  |  | Bldg. Age<br><b>60+</b>   |  |
| County (6)<br><b>Essex</b>   | County Code (7) (STATE USE ONLY)<br>_____  | Current Use (Prior if being demolished)<br><b>Office Building</b>   |  |
| Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc.</b>   |  | ASCM No.<br><b>N/A</b>  | Name of Abatement Contractor (9)<br><b>DIA General Construction, Inc.</b>  |
| Street Address<br><b>64 Broad Street</b>   |  | Street Address<br><b>1360 Clifton, Avenue, PMB Suite 218</b>  |  |
| City, State, Zip Code<br><b>Matawan, NJ 07747</b>  |  | City, State, Zip Code<br><b>Clifton, NJ 07012</b>   |  |
| Project Manager for Monitoring Firm<br><b>Thomas P. Geiger</b>   |  | Telephone No.<br><b>732-290-2217</b>  | Telephone No.<br><b>973-389-0089</b>   |
| Start Date (10)<br><b>08/14/2012</b>   |  | Scheduled Completion Date (11)<br><b>08/20/2012</b>   | License No.<br><b>00693</b>  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Name of OSHA Monitor<br><b>DIA General Construction, Inc.</b>   |  |
|  |  | Street Address<br><b>1360 Clifton, Avenue, PMB Suite 218</b>  |  |
|  |  | City, State, Zip Code<br><b>Clifton, NJ 07012</b>   |  |
| Scope of Work (Check all that apply)   |  |   |  |
| <input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> >160 sf or >260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Govebag Procedure<br><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) |
|  | Yes  | No  |  |
| Roof   |  |   | XX   |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| Name of Registered Waste Hauler<br><b>Service Transport Group</b>  |  | NJDEP Waste Hauler ID No.<br><b>20990</b>   | Cubic Yards of Waste<br><b>2 CY</b>  |
| City, State<br><b>New Castle, DE</b>   |  | Disposal Date<br><b>08/20/2012</b>  | Name of Registered Landfill<br><b>Minerva Landfill</b>   |
| City, State<br><b>Waynesburg, OH 44688</b>   |  |   |  |
| Completed By<br><b>Krutarth Jagad</b>  | Title<br><b>Project Manager</b>  | Signature<br>   | Date<br><b>08/03/2012</b>  |

ASB41

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



CK  
203600

D&S Proj. #: MS 12-274

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

RECEIVED

2012 AUG -8 PM 4:10

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>08/10/12  |  | Name of Building Owner/Operator (2)<br>JULIE MURPHY   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #:<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>23 WOODLAWN AVENUE  |  | City, State, Zip Code<br>CRANFORD, NJ 07016   |  |
| Name of Contact<br>JULIE MURPHY   |  | Telephone Number  |  |

FACILITY INFORMATION

|  |  |  |  |  |                                     |
|--|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3)<br>JULIE MURPHY |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                                     |
| Street Address<br>23 WOODLAWN AVENUE                                 |  |  | Square Feet  |  |                                     |
| City (5)<br>CRANFORD   |  |  | County (6)<br>UNION  |  | County Code (7)<br>(State use only) |
| Current Use (Prior if being demolished)                              |  |  | # of Floors  |  |                                     |
|  |  |  | Bldg. Age  |  |                                     |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |  | ASCM No.                                |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |  |
| Street Address  |  |   |  | Street Address<br>20 California Ave.                        |  |
| City, State, Zip Code   |  |   |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |
| Project Manager for Monitoring Firm   |  | Phone Number                            |  | Telephone Number<br>973-345-8020                            |  |
| Start Date (10)<br>08/10/12   |  | Sched. Completion Date (11)<br>08/17/12 |  | License Number<br>00159                                     |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |   |  | Name of OSHA Monitor<br>D & S Restoration, Inc.             |  |
|   |  |   |  | Street Address<br>20 California Avenue                      |  |
|   |  |   |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |

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 w/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) | Amount (Specify SF or LF) | Remove                              | Repair                   | Encap                    | Encl                     |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |                           |                                     |                          |                          |                          |
| BASEMENT   |  | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 97 L FT                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT CRAWL SPACE   |  | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 27 L FT                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT   |  | <input checked="" type="checkbox"/> |     | CHIMNEY PACKING                                   | 2 SQ FT                   | <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"/> |

|  |  |                           |  |                              |  |   |  |
|--|--|---------------------------|--|------------------------------|--|---|--|
| Registered Waste Hauler<br>D & S RESTORATION, INC. |  | NJDEP Hauler ID#<br>13506 |  | Cubic Yards of Waste<br>2 YD |  | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |  |
| City, State<br>PATERSON, NJ 07503                  |  | Disposal Date<br>08/13/12 |  | City, State<br>TULLYTOWN, PA |  |   |  |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     |  | Title<br>PRESIDENT        |  | Signature                    |  | Date<br>08/01/12  |  |



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003598

D&S Proj. #: MS 12-273

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

RECEIVED

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Date of Notification (1)<br>08/10/12  |  | Name of Building Owner/Operator (2)<br>LYNNE WALMACH  |  | 2012 AUG -8 PM 4:05                           |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>847 ELM AVENUE              |  |
|   |  |   |  | City, State, Zip Code<br>RIVER EDGE, NJ 07661 |  |
|   |  | Name of Contact<br>LYNNE WALMACH  |  | Telephone Number<br>[REDACTED]                |  |

FACILITY INFORMATION

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| Name of facility where abatement is taking place (3)<br>LYNNE WALMACH |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |   |
| Street Address<br>847 ELM AVENUE                                      |  |  | Square Feet  |  |   |
| City (5)<br>RIVER EDGE  |  |  | County (6)<br>BERGEN   |  | Bldg. Age                               |
|   |  |  | County Code (7)<br>(State use only)  |  | Current Use (Prior if being demolished) |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |  | ASCM No.                                |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |  |
| Street Address  |  |   |  | Street Address<br>20 California Ave.                        |  |
| City, State, Zip Code   |  |   |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |
| Project Manager for Monitoring Firm   |  | Phone Number                            |  | Telephone Number<br>973-345-8020                            |  |
| Start Date (10)<br>08/17/12   |  | Sched. Completion Date (11)<br>08/30/12 |  | License Number<br>00159                                     |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |   |  | Name of OSHA Monitor<br>D & S Restoration, Inc.             |  |
|   |  |   |  | Street Address<br>20 California Avenue                      |  |
|   |  |   |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |

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 w/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) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes   | No                                  | N/A |   |                           |                                     |                            |                          |                          |
| BASEMENT   |   | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 120 L FT                  | <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"/> |

|  |  |                           |                               |   |                  |
|--|--|---------------------------|-------------------------------|---|------------------|
| Registered Waste Hauler<br>D & S RESTORATION, INC. |  | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>2 YDS | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |                  |
| City, State<br>PATERSON, NJ 07503                  |  | Disposal Date<br>08/18/12 |                               | City, State<br>TULLYTOWN, PA                                |                  |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     |  | Title<br>PRESIDENT        | Signature                     |   | Date<br>08/01/12 |



CK  
004287

D&S Proj. #: MS 12-275

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

RECEIVED

2012 AUG -8 PM 4:23

ASBESTOS CONTROL  
& LICENSING

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br>10/8/10 1/12/1   |  | Name of Building Owner/Operator (2)<br>HAMILTON TWP. SCHOOL DISTRICT  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>90 PARK AVENUE   |  | City, State, Zip Code<br>TRENTON, NJ 08690  |  |
| Name of Contact<br>MICHAEL KRISHER   |  | Telephone Number<br>[REDACTED]  |  |

FACILITY INFORMATION

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Name of facility where abatement is taking place (3)<br>SUNNYBREA ELEMENTARY SCHOOL |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>166 ELTON AVENUE  |  |  | Square Feet # of Floors Bldg. Age  |  |  |
| City (5)<br>HAMILTON TWP.   |  |  | County (6)<br>MERCER   |  |  |
| County Code (7)<br>(State use only)   |  |  | Current Use (Prior if being demolished)  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>WESTCHESTER ENVIRONMENTAL LLC   |  | ASCM No.<br>00127   |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |  |
| Street Address<br>307 NORTH WALNUT STREET   |  | City, State, Zip Code<br>WEST CHESTER, PA 19380   |  | Street Address<br>20 California Ave.                        |  |
| Project Manager for Monitoring Firm<br>MATTHEW ABRAHAM  |  | Phone Number<br>610-431-7545  |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |
| Start Date (10)<br>08/13/12   |  | Sched. Completion Date (11)<br>08/17/12   |  | Telephone Number<br>973-345-8020                            |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  | License Number<br>01169   |  | Name of OSHA Monitor<br>D & S Restoration, Inc.             |  |
| Scope of Work (check all that apply)<br><input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  | Full Containment w/negative pressure<br><input type="checkbox"/> Mini-enclosure<br><input type="checkbox"/> Glovebag procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |  | Street Address<br>20 California Avenue                      |  |
| City, State, Zip Code<br>Paterson, NJ 07503   |  | City, State, Zip Code<br>Paterson, NJ 07503   |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |

| 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) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
|  | Yes  | No | N/A |   |                           |                            |                            |                       |                  |
| ROOM #3  |  | X  |     | CARPET, VAT & MASTIC                              | 784 SQ FT                 | X                          |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |

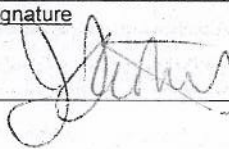
|  |  |                           |  |                               |  |   |  |
|--|--|---------------------------|--|-------------------------------|--|---|--|
| Registered Waste Hauler<br>D & S RESTORATION, INC. |  | NJDEP Hauler ID#<br>13506 |  | Cubic Yards of Waste<br>8 YDS |  | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |  |
| City, State<br>PATERSON, NJ 07503                  |  | Disposal Date<br>08/15/12 |  | City, State<br>TULLYTOWN, PA  |  | Date<br>08/01/12  |  |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     |  | Title<br>PRESIDENT        |  | Signature                     |  | Date<br>08/01/12  |  |



CK  
00358739

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED

|   |   |  |   |
|---|---|--|---|
| Date of Notification (1)<br>08/03/12  |   | Name of Building Owner/Operator (2)<br>ICL Performance Products LP   |   |
| Agencies Notified<br>(X) EPA<br>( ) DEP<br>(X) DOL<br>(X) DOH<br>( ) DCA  |   | Notification Type<br>( ) Initial Notification<br>(X) Amended Certification<br>( ) Cancelled  |   |
| Street Address<br>500 Roosevelt Avenue<br>City, State, Zip Code<br>Carteret, NJ 07008   |   | Tel. Number  |   |
| Name of Contact<br>Jim Sengebusch   |   |  |   |
| FACILITY INFORMATION  |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br>ICL Performance Products LP   |   | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |   |
| Street Address<br>500 Roosevelt Avenue  |   | Sq. Feet 4,750 # of Floors 2   |   |
| City (5)<br>Carteret  | County (6)<br>Middlesex   | County Code (7)<br>(State Use Only)  |   |
| Bldg. Age 67 years  |   | Current Use (prior if being demolished): Instrument & Welding Shops  |   |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>None  |   | ASCN No.   |   |
| Street Address  |   | Name of Contractor (9)<br>Brandenburg Industrial Service Company   |   |
| City, State, Zip Code   |   | Street Address<br>2217 Spillman Drive<br>City State, Zip Code<br>Bethlehem, Pennsylvania 18015   |   |
| Project Manager for Monitoring Firm   | Telephone Number  | Telephone Number<br>(610) 691-1800   | License Number<br>00721   |
| Scheduled Start Date (10)<br>09/04/12   | Scheduled Completion Date (11)<br>09/20/12                                    | Name of OSHA Monitor<br>Brandenburg Industrial Service Company   |   |
| Occupancy Status During Abatement (Check only one)<br>(X) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br>Describe   |   | Street Address<br>2217 Spillman Drive<br>City, State, Zip Code<br>Bethlehem, Pennsylvania 18015  |   |
| Other - Demo will be performed from 08/06/12 through 10/31/12   |   |  |   |
| Source of Work (Check all that apply)<br>(X) Demolition ( ) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure |   |  |   |
| Location of Asbestos-Containing Material (ACM) in Facility (13)   | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)  | Amount (Specify SF or LF)   |
| Bldg. 21/21A Attic & Gable Wall   |   | Galbestos Panels (non-friable)   | 1,750 SF  |
| Bldg. 20 Roof   |   | Galbestos Siding (non-friable)   | 600 SF  |
| Bldg 20 - north interior wall   |   | Asbestos Insulation (friable)  | 480 SF  |
| Name of Reg. Waste Hauler<br>Freehold Cartage, Inc.   |   | NJDEP Waste Hauler ID #<br>15939   | Cubic Yards of Waste<br>65  |
| City, State<br>Freehold, NJ   |   | Disp. Date<br>09/05/12   | Name of Reg. Landfill<br>G.R.O.W.S., Inc.<br>(Waste Management)<br>City, State<br>Morrisville, PA |
| Completed by (Print or Type)<br>Jennifer Strobel  | Title<br>Contract Administrator   | Signature<br>  | Date<br>08/03/12  |

Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

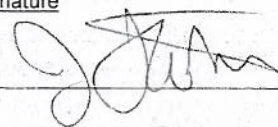
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9/18/00



2K  
00388737

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED

|  |  |   |  |
|--|--|---|--|
| <u>Date of Notification (1)</u><br>08/03/12  |  | <u>Name of Building Owner/Operator (2)</u><br>ICL Performance Products LP   |  |
| <u>Agencies Notified</u><br>(X) EPA<br>( ) DEP<br>(X) DOL<br>(X) DOH<br>( ) DCA  |  | <u>Notification Type</u><br>( ) Initial Notification<br>(X) Amended Certification<br>( ) Cancelled  |  |
| <u>Street Address</u><br>500 Roosevelt Avenue  |  | <u>City, State, Zip Code</u><br>Carteret, NJ 07008  |  |
| <u>Name of Contact</u><br>Jim Sengebush  |  | <u>Tel. Number</u>  |  |
| <b>FACILITY INFORMATION</b>  |  |   |  |
| <u>Name of Facility Where Abatement is Taking Place (3)</u><br>ICL Performance Products LP   |  | <u>Type of Facility (4)</u><br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |  |
| <u>Street Address</u><br>500 Roosevelt Avenue  |  | <u>Sq. Feet</u> 3,000 <u># of Floors</u> 1  |  |
| <u>City (5)</u><br>Carteret  | <u>County (6)</u><br>Middlesex   | <u>County Code (7)</u><br>(State Use Only)  |  |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u><br>None  |  | <u>ASCM No.</u>   |  |
| <u>Street Address</u>  |  | <u>Name of Contractor (9)</u><br>Brandenburg Industrial Service Company   |  |
| <u>City, State, Zip Code</u>   |  | <u>Street Address</u><br>2217 Spillman Drive  |  |
|  |  | <u>City State, Zip Code</u><br>Bethlehem, Pennsylvania 18015  |  |
| <u>Project Manager for Monitoring Firm</u>   | <u>Telephone Number</u>  | <u>Telephone Number</u><br>(610) 691-1800   | <u>License Number</u><br>00721   |
| <u>Scheduled Start Date (10)</u><br>09/04/12   | <u>Scheduled Completion Date (11)</u><br>09/20/12                                    | <u>Name of OSHA Monitor</u><br>Brandenburg Industrial Service Company   |  |
| <u>Occupancy Status During Abatement (Check only one)</u><br>(X) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br><br>Describe _____<br><br>Other - Demo will be performed from 08/06/12 through 10/31/12                    |  | <u>Street Address</u><br>2217 Spillman Drive  |  |
| <u>Source of Work (Check all that apply)</u><br>(X) Demolition ( ) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure |  | <u>City, State, Zip Code</u><br>Bethlehem, Pennsylvania 18015   |  |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>   | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u><br>YES NO NA | <u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>  | <u>Amount (Specify SF or LF)</u>                                       |
| Bldg. 11 Ceiling   |  | Transite panels(non-friable)  | 250 SF   |
|  |  |   |  |
|  |  |   |  |
| <u>Name of Reg. Waste Hauler</u><br>Freehold Cartage, Inc.   | <u>NJDEP Waste Hauler ID #</u><br>15939  | <u>Cubic Yards of Waste</u><br>9  | <u>Name of Reg. Landfill</u><br>G.R.O.W.S., Inc.<br>(Waste Management) |
| <u>City, State</u><br>Freehold, NJ   | <u>Disp. Date</u><br>09/05/12  | <u>City, State</u><br>Morrisville, PA   |  |
| <u>Completed by (Print or Type)</u><br>Jennifer Strobel  | <u>Title</u><br>Contract Administrator   | <u>Signature</u><br>  | <u>Date</u><br>08/03/12  |

Mail to: NJDEP-DSHW-BRRTTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00



CK  
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NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

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|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br>08/03/12  |   | Name of Building Owner/Operator (2)<br>ICL Performance Products LP   |  |
| Agencies Notified<br>(X) EPA<br>( ) DEP<br>(X) DOL<br>(X) DOH<br>( ) DCA  |   | Notification Type<br>( ) Initial Notification<br>(X) Amended Certification<br>( ) Cancelled  |  |
| Street Address<br>500 Roosevelt Avenue<br>City, State, Zip Code<br>Carteret, NJ 07008   |   | Tel Number<br>[REDACTED]   |  |
| FACILITY INFORMATION  |   |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>ICL Performance Products LP   |   | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |  |
| Street Address<br>500 Roosevelt Avenue  |   | Sq. Feet 3,125 # of Floors 1   |  |
| City (5)<br>Carteret  | County (6)<br>Middlesex   | County Code (7)<br>(State Use Only)  |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>None  |   | ASCN No.   |  |
| Street Address  |   | Name of Contractor (9)<br>Brandenburg Industrial Service Company   |  |
| City, State, Zip Code   |   | Street Address<br>2217 Spillman Drive<br>City, State, Zip Code<br>Bethlehem, Pennsylvania 18015  |  |
| Project Manager for Monitoring Firm   | Telephone Number  | Telephone Number<br>(610) 691-1800   | License Number<br>00721                      |
| Scheduled Start Date (10)<br>09/04/12   | Scheduled Completion Date (11)<br>09/20/12                                    | Name of OSHA Monitor<br>Brandenburg Industrial Service Company   |  |
| Occupancy Status During Abatement (Check only one)<br>(X) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br>Describe _____<br>Other - Demo will be performed from 08/06/12 through 10/31/12                            |   | Street Address<br>2217 Spillman Drive<br>City, State, Zip Code<br>Bethlehem, Pennsylvania 18015  |  |
| Source of Work (Check all that apply)<br>(X) Demolition ( ) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure |   |  |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)   | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)  | Amount (Specify SF or LF)                    |
| Bldg. 35A Roof  |   | Transite roof(non-friable)   | 3,000 SF                                     |
|   |   |  |  |
|   |   |  |  |
| Name of Reg. Waste Hauler<br>Freehold Cartage, Inc.   |   | NJDEP Waste Hauler ID #<br>15939   | Cubic Yards of Waste<br>111                  |
| City, State<br>Freehold, NJ   |   | Name of Reg. Landfill<br>G.R.O.W.S., Inc.<br>(Waste Management)  |  |
| Completed by (Print or Type)<br>Jennifer Strobel  |   | Title<br>Contract Administrator  | Signature<br>[Signature]<br>Date<br>08/03/12 |

Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00



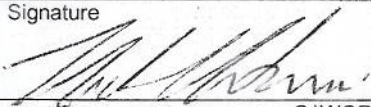
22184

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED

2012 AUG -8 PM 4:39

ASBESTOS CONTROL & LICENSING

|   |   |  |  |   |                                |
|---|---|--|--|---|--------------------------------|
| Date of Notification (1)<br><b>8/01/2012</b>  |   | Name of Building Owner/Operator (2)<br><b>Community Asset Preservation Alliance #2 of Jersey City Urban Renewal, LLC</b> |  |   |                                |
| Agencies Notified<br>( ) EPA<br>(X) DOL<br>(X) DOH<br>( ) DCA   |   | Notification Type<br>(X) Initial Notification<br>( ) Amended Notification<br>( ) Cancelled                               |  | Street Address<br><b>108 Church Street</b>                |                                |
|   |   |  |  | City, State, Zip Code<br><b>New Brunswick, NJ 08901</b>   |                                |
|   |   | Name of Contact<br><b>Jeff Crum</b>  |  | Phone<br><b>[REDACTED]</b>                                |                                |
| FACILITY INFORMATION  |   |  |  |   |                                |
| Name of Facility Where Abatement is Taking Place (3)<br><b>All Saints School</b>  |   |  | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |   |                                |
| Street Address<br><b>305 Whiton Street</b>  |   |  | Sq. Feet : <b>26,720 SF</b> No. of Floors: <b>4</b>  |   |                                |
| City (5)<br><b>Jersey City</b>  | County (6)<br><b>Hudson</b>   | County Code (7)<br>(State Use Only)  | Bldg. Age: <b>115 years</b><br>Current Use (prior if being demolished) <b>Vacant</b>   |   |                                |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><b>Health &amp; Safety Services Inc</b>   |   | ASCM No.<br><b>00117</b>   |  | Name of Contractor (9)<br><b>Superior Abatement, Inc.</b> |                                |
| Street Address<br><b>318 12th Street</b>  |   |  | Street Address<br><b>2 Henderson Drive, Ste A</b>  |   |                                |
| City, State, Zip Code<br><b>Hammonton, NJ 08037</b>   |   |  | City State, Zip Code<br><b>West Caldwell, NJ 07006</b>   |   |                                |
| Project Manager for Monitoring Firm<br><b>Jim Proctor</b>   |   | Telephone Number<br><b>(609) 704-8850</b>  |  | Telephone Number<br><b>(973) 808-1616</b>                 | License Number<br><b>00411</b> |
| Scheduled Start Date (10)<br><b>8/14/2012</b>   |   | Scheduled Completion Date (11)<br><b>8/16/2012</b>   |  | Name of OSHA Monitor<br><b>Superior Abatement, Inc.</b>   |                                |
| Occupancy Status During Abatement (Check only one)<br>(X) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours –<br>( ) Other – Describe:  |   |  | Street Address<br><b>2 Henderson Drive, Ste. A</b>   |   |                                |
|   |   |  | City, State, Zip Code<br><b>West Caldwell, NJ 07006</b>  |   |                                |
| Source of Work (Check all that apply)   |   |  |  |   |                                |
| ( ) Demolition (X) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>(X) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure ( ) Non-friable Procedure for Asbestos Roof Removal. |   |  |  |   |                                |
| Location of Asbestos-Containing Material (ACM) in Facility (13)   | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>NA YES NO | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)                                  | Amount (Specify SF or LF)  | Abatement Type<br>Rem. Rep. Encap Enclose                 |                                |
| <b>1<sup>st</sup> Floor - Room 1 &amp; Room 2</b>   | <b>X</b>  | <b>VAT</b>   | <b>350 SF</b>  | <b>X</b>  |                                |
|   |   |  |  |   |                                |
|   |   |  |  |   |                                |
|   |   |  |  |   |                                |
| Name of Reg. Waste Hauler<br><b>Service Transport Group, Inc.</b>   |   | NJDEP Waste Hauler ID #<br><b>SW2117</b>   | Cubic Yards of Waste<br><b>10</b>  | Name of Reg. Landfill<br><b>Minerva Landfill</b>          |                                |
| City, State<br><b>New Castle, DE</b>  |   |  | Disp. Date<br><b>8/16/2012</b>   | <b>9000 Minerva Road<br/>Waynesburgh OH 44688</b>         |                                |
| Completed by (Print or Type)<br><b>Nick Petrovski</b>   |   | Title<br><b>President</b>  | Signature<br>  | Date<br><b>8/01/2012</b>                                  |                                |



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

Check No. N/A

*No check*

**RECEIVED**

| Date of Notification (1)<br><b>August 01, 2012</b>   |   | Name of Building Owner/Operator (2)<br><b>PA of NY &amp; NJ, Port Newark Marine Terminal</b>  |  |  |                           |                                     |                         |             |           |
|--|---|---|--|--|---------------------------|-------------------------------------|-------------------------|-------------|-----------|
| Agency Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> NJDEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>274 Kellogg Street</b><br>City, State, Zip Code<br><b>Port Newark, NJ 07114</b>  |  |  |                           |                                     |                         |             |           |
|  |   | Name of Contact<br><b>Uday Mehta</b>  | Telephone Number<br><b>[REDACTED]</b>  |  |                           |                                     |                         |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |  |                           |                                     |                         |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PA of NY &amp; NJ, Port Newark Marine Terminal</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |                           |                                     |                         |             |           |
| Street Address<br><b>Building 263, Distribution Street</b>   |   |   |  |  |                           |                                     |                         |             |           |
| City (5)<br><b>Newark, NJ 07114</b>  |   | Square Feet<br><b>784</b>   | # of Floors<br><b>2</b>  |  |                           |                                     |                         |             |           |
|  |   | Bldg. Age<br><b>20 +/- years</b>  |  |  |                           |                                     |                         |             |           |
| County (6)<br><b>Essex</b>   |   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Office/Warehouse</b>             |  |                           |                                     |                         |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>PA of NY &amp; NJ</b>  |   | ASCM No.<br><b>N/A</b>  | Name of Abatement Contractor (9)<br><b>B&amp;N&amp;K Restoration Co., Inc.</b> |  |                           |                                     |                         |             |           |
| Street Address<br><b>241 Erie Street, Room 236</b>   |   | Street Address<br><b>223 Randolph Avenue</b>  |  |  |                           |                                     |                         |             |           |
| City, State, Zip Code<br><b>Jersey City, NJ 07310</b>  |   | City, State, Zip Code<br><b>Clifton, NJ 07011</b>   |  |  |                           |                                     |                         |             |           |
| Project Manager for Monitoring Firm<br><b>Uday Mehta</b>   |   | Telephone No.<br><b>201-595-4881</b>  | Telephone No.<br><b>973-478-4681</b>   |  |                           |                                     |                         |             |           |
| Start Date (10)<br><b>August 20, 2012</b>  |   | Scheduled Completion Date (11)<br><b>December 31, 2012</b>  | License No.<br><b>00120</b>  |  |                           |                                     |                         |             |           |
| Name of OSHA Monitor<br><b>McCabe Environmental Services, L.L.C.</b>   |   |   |  |  |                           |                                     |                         |             |           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:   |   | Street Address<br><b>464 Valley Brook Avenue</b>  |  |  |                           |                                     |                         |             |           |
|  |   | City, State, Zip Code<br><b>Lyndhurst, NJ 07071-1998</b>  |  |  |                           |                                     |                         |             |           |
| Scope of Work (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> &gt; 3 If<br/> <input type="checkbox"/> &gt; 60 If         </div> <div> <input checked="" type="checkbox"/> Renovation<br/> <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br/> <input type="checkbox"/> Mini-Enclosure<br/> <input type="checkbox"/> Glovebag Procedure<br/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div> |   |   |  |  |                           |                                     |                         |             |           |
| Material (ACM)<br><br>ABATED<br>IN Facility<br>(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 |
| Per Contract Drawings 8' along Column C to Column 9 and 8' along column 9 to column C  | <input checked="" type="checkbox"/>   |   |  | Sprayed-on Fire Proofing   | 1982 sq ft                | <input checked="" type="checkbox"/> |                         |             |           |
|  |   |   |  |  |                           |                                     |                         |             |           |
|  |   |   |  |  |                           |                                     |                         |             |           |
|  |   |   |  |  |                           |                                     |                         |             |           |
| Name of Registered Waste Hauler<br><b>Jimmy Byrne Trucking</b>   |   | NJDEP Waste Hauler ID No.<br><b>19555</b>   | Cubic Yards of Waste<br><b>13</b>  | Name of Registered Landfill<br><b>Minerva Enterprises, Inc.</b>  |                           |                                     |                         |             |           |
| City, State<br><b>Bronx, NY</b>  |   | Disposal Date<br><b>08/15/12 - 12/31/12</b>   | City, State<br><b>Waynesburg, OH</b>   |  |                           |                                     |                         |             |           |
| Completed by<br><b>Aleksandar Kuridza</b>  |   | Title<br><b>Vice - President</b>  | Signature<br>  |  |                           |                                     | Date<br><b>8/3/2012</b> |             |           |



CK  
7275

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

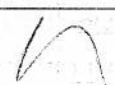
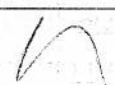
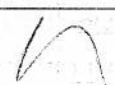
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|   |   |  |   |
|---|---|--|---|
| Date of Notification (1)<br>Aug 1, 2012   |   | Name of Building Owner/Operator (2)<br>PSEG Fossil, LLC  |   |
| Agencies Notified<br>(X) EPA<br>(X) DEP<br>(X) DOL<br>(X) DOH<br>(X) DCA  | Notification Type<br>(X) Initial Notification<br>( ) Amended Certification<br>( ) Cancelled | Street Address<br>80 Park Plaza  |   |
|   |   | City, State, Zip Code<br>Newark, NJ 07102-4109   |   |
|   |   | Name of Contact<br>Domenic Fiorino   | Tel. Number<br>1  |
| FACILITY INFORMATION  |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br>Burlington Generating Station   |   | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |   |
| Street Address<br>200 Devlin Ave  |   | Sq. Feet 1,000,000 # of Floors 8   |   |
| City (5)<br>Burlington  | County (6)<br>Burlington  | County Code (7)<br>(State Use Only)  | Bldg. Age 75<br>Current Use (prior if being demolished) Electric Generating Station |
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |   | ASCM No.   | Name of Contractor (9)<br>Absolut Ace Inc.  |
| Street Address  |   | Street Address<br>PO BOX 295   |   |
| City, State, Zip Code   |   | City State, Zip Code<br>Florham Park, NJ 07932   |   |
| Project Manager for Monitoring Firm   | Telephone Number  | Telephone Number<br>(973) 410-9217   | License Number<br>00225   |
| Scheduled Start Date (10)<br>Aug 15, 2012   | Scheduled Completion Date (11)<br>Aug 15, 2014  | Name of OSHA Monitor<br>MECS   |   |
| Occupancy Status During Abatement (Check only one)<br>( ) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br><br>Describe<br><br>Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage                     |   | Street Address<br>5 Linwood Ct<br><br>City, State, Zip Code<br>Hamilton, NJ 08690  |   |
| Source of Work (Check all that apply)<br>( ) Demolition (X) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure |   |  |   |
| Location of Asbestos-Containing Material (ACM) in Facility (13)   | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA               | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)  | Amount (Specify SF or LF)   |
| Nos. 1, 2, 3 & 4 Units, Floors 1-10   | X   | Boiler and pipe insulation   | 25,000 square feet  |
|   |   |  |   |
|   |   |  |   |
| Name of Reg. Waste Hauler<br>Waste Management of New Jersey   |   | NJDEP Waste Hauler ID #<br>17273   | Cubic Yards of Waste<br>200   |
| City, State<br>Elizabeth, NJ 07114-2436   |   | Disp. Date   | Name of Reg. Landfill<br>Tullytown Resource Recovery                                |
| City, State<br>Tullytown, PA 19007  |   |  |   |
| Completed by (Print or Type)<br>ROBERT GROGAN   | Title<br>VP   | Signature  | Date<br>8/01/12   |



NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

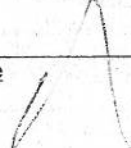
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|  |   |   |  |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
|--|---|---|--|--|------------|---|----------------------------------|-----------------------------|--|--|--|---|--|------------|------------------------------------|--|--|---|-------------|---|-----------------|--|--|
| Date of Notification (1)<br>Aug 1, 2012  |   | Name of Building Owner/Operator (2)<br>PSEG Fossil, LLC   |  | 2012 AUG -8 PM 4:37                            |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| Agencies Notified<br><br>(X) EPA<br>(X) DEP<br>(X) DOL<br>(X) DOH<br>(X) DCA   | Notification Type<br><br>(X) Initial Notification<br>( ) Amended Certification<br>( ) Cancelled |   | Street Address<br>80 Park Plaza  |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
|  |   |   | City, State, Zip Code<br>Newark, NJ 07102-4109   |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
|  |   |   | Name of Contact<br>Domenic Florino   |  | Tel Number |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| FACILITY INFORMATION   |   |   |  |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Sewaren Generating Station   |   |   | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| Street Address<br>751 Cliff Road   |   |   | Sq. Feet 1,000,000 # of Floors 8   |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| City (5)<br>Sewaren  | County (6)<br>Middlesex   | County Code (7)<br>(State Use Only)   | Bldg. Age 64<br>Current Use (prior if being demolished) Electric Generating Station  |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)   |   | ASCM No.  | Name of Contractor (9)<br>Absolute Ace Inc.  |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| Street Address   |   |   | Street Address<br>PO BOX 295   |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| City, State, Zip Code  |   |   | City State, Zip Code<br>Florham Park, NJ 07932   |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| Project Manager for Monitoring Firm  |   | Telephone Number  | Telephone Number<br>(973) 410-9217   | License Number<br>00225                        |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| Scheduled Start Date (10)<br>Aug 15, 2012  |   | Scheduled Completion Date (11)<br>Aug 15, 2014  |  | Name of OSHA Monitor<br>MECS                   |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| Occupancy Status During Abatement (Check only one)<br>( ) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br><br>Describe<br><br>Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage  |   |   | Street Address<br>5 Linwood Ct<br><br>City, State, Zip Code<br>Hamilton, NJ 08690  |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| Source of Work (Check all that apply)<br><br>( ) Demolition (X) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure  |   |   |  |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)  | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA                   | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)           | Amount (Specify SF or LF)  | Abatement Type<br><br>Rem. Rep. Encap. Enclose |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| Nos. 1, 2, 3 & 4 Units, Floors 1-8   | X   | Boiler and pipe insulation  | 25,000 square feet   | X  | X X X X    |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Name of Reg. Waste Hauler<br/>Waste Management of New Jersey</td> <td>NJDEP Waste Hauler ID #<br/>17273</td> <td>Cubic Yards of Waste<br/>200</td> <td colspan="3">Name of Reg. Landfill<br/>Tullytown Resource Recovery</td> </tr> <tr> <td colspan="2">City, State<br/>Elizabeth, NJ 07114-2436</td> <td>Disp. Date</td> <td colspan="3">City, State<br/>Tullytown, PA 19007</td> </tr> <tr> <td>Completed by (Print or Type)<br/>ROBERT GROGAN</td> <td>Title<br/>VP</td> <td>Signature<br/></td> <td colspan="3">Date<br/>8/01/12</td> </tr> </table> |   |   |  |  |            | Name of Reg. Waste Hauler<br>Waste Management of New Jersey | NJDEP Waste Hauler ID #<br>17273 | Cubic Yards of Waste<br>200 | Name of Reg. Landfill<br>Tullytown Resource Recovery |  |  | City, State<br>Elizabeth, NJ 07114-2436 |  | Disp. Date | City, State<br>Tullytown, PA 19007 |  |  | Completed by (Print or Type)<br>ROBERT GROGAN | Title<br>VP | Signature<br> | Date<br>8/01/12 |  |  |
| Name of Reg. Waste Hauler<br>Waste Management of New Jersey  | NJDEP Waste Hauler ID #<br>17273  | Cubic Yards of Waste<br>200   | Name of Reg. Landfill<br>Tullytown Resource Recovery   |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| City, State<br>Elizabeth, NJ 07114-2436  |   | Disp. Date  | City, State<br>Tullytown, PA 19007   |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |
| Completed by (Print or Type)<br>ROBERT GROGAN  | Title<br>VP   | Signature<br> | Date<br>8/01/12  |  |            |   |                                  |                             |  |  |  |   |  |            |                                    |  |  |   |             |   |                 |  |  |



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

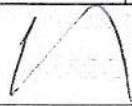
**RECEIVED**

|  |  |   |   |   |   |
|--|--|---|---|---|---|
| <b>Date of Notification (1)</b><br>Aug 1, 2012   |  | <b>Name of Building Owner/Operator (2)</b><br>PSEG Fossil, LLC  |   | <b>2012 AUG -8 PM 4:37</b>                                  |   |
| <b>Agencies Notified</b><br><br>(X) EPA<br>(X) DEP<br>(X) DOL<br>(X) DOH<br>(X) DCA  | <b>Notification Type</b><br><br>(X) Initial Notification<br>( ) Amended Certification<br>( ) Cancelled | <b>Street Address</b><br>80 Park Plaza  |   | <b>ASBESTOS CONTROL<br/>&amp; LICENSING</b>                 |   |
|  |  | <b>City, State, Zip Code</b><br>Newark, NJ 07102-4109   |   |   |   |
|  |  | <b>Name of Contact</b><br>Domenic Fiorino   |   | <b>Tel. Number</b><br>                                      |   |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |   |
| <b>Name of Facility Where Abatement is Taking Place (3)</b><br>HUDSON GENERATING Station   |  | <b>Type of Facility (4)</b><br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |   |   |   |
| <b>Street Address</b><br>DUFFIELD & VAN KUEREN ST  |  | <b>Sq. Feet</b> 1,000,000 <b># of Floors</b> 8  |   |   |   |
| <b>City (5)</b><br>JERSEY CITY   | <b>County (6)</b><br>HUDSON  | <b>County Code (7)</b><br>(State Use Only)  | <b>Bldg. Age</b> 65<br><b>Current Use</b> (prior if being demolished) Electric Generating Station |   |   |
| <b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b>  |  | <b>ASCM No.</b>   |   | <b>Name of Contractor (9)</b><br>Absolut Ace Inc.           |   |
| <b>Street Address</b>  |  | <b>Street Address</b><br>PO BOX 295   |   |   |   |
| <b>City, State, Zip Code</b>   |  | <b>City State, Zip Code</b><br>FLORHAM PARK, NJ 07932   |   |   |   |
| <b>Project Manager for Monitoring Firm</b>   | <b>Telephone Number</b>  | <b>Telephone Number</b><br>(973) 410-9217   |   | <b>License Number</b><br>00225                              |   |
| <b>Scheduled Start Date (10)</b><br>Aug 15, 2012   | <b>Scheduled Completion Date (11)</b><br>Aug 15, 2014  | <b>Name of OSHA Monitor</b><br>MECS   |   |   |   |
| <b>Occupancy Status During Abatement (Check only one)</b><br>( ) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br><br>Describe _____<br><br>Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage                   |  | <b>Street Address</b><br>5 Linwood Ct<br><br><b>City, State, Zip Code</b><br>Hamilton, NJ 08690   |   |   |   |
| <b>Source of Work (Check all that apply)</b><br><br>( ) Demolition (X) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure |  |   |   |   |   |
| <b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>   | <b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b><br>YES NO NA                   | <b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>  | <b>Amount (Specify SF or LF)</b>  | <b>Abatement Type</b><br>Rem. Rep. Encap Enclose            |   |
| Boiler Basement- 11fl  | X  | Boiler & Pipe insulation  | 25,000sf  | X   | X |
|  |  |   |   |   |   |
|  |  |   |   |   |   |
| <b>Name of Reg. Waste Hauler</b><br>Waste Management of New Jersey   |  | <b>NJDEP Waste Hauler ID #</b><br>17273   | <b>Cubic Yards of Waste</b><br>300  | <b>Name of Reg. Landfill</b><br>Tullytown Resource Recovery |   |
| <b>City, State</b><br>Elizabeth, NJ 07114-2436   |  | <b>Disp. Date</b>   | <b>City, State</b><br>Tullytown, PA 19007   |   |   |
| <b>Completed by (Print or Type)</b><br>ROBERT GROGAN   | <b>Title</b><br>VP   | <b>Signature</b><br>  | <b>Date</b><br>8/01/12  |   |   |



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7275NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

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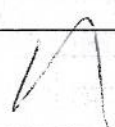
|  |  |   |   |
|--|--|---|---|
| <u>Date of Notification (1)</u><br>Aug 01, 2012  |  | <u>Name of Building Owner/Operator (2)</u><br>PSEG Fossil, LLC  |   |
| <u>Agencies Notified</u><br>(X) EPA<br>(X) DEP<br>(X) DOL<br>(X) DOH<br>(X) DCA  |  | <u>Notification Type</u><br>(X) Initial Notification<br>( ) Amended Certification<br>( ) Cancelled  |   |
| <u>Street Address</u><br>80 Park Plaza   |  | <u>City, State, Zip Code</u><br>Newark, NJ 07102-4109   |   |
| <u>Name of Contact</u><br>Domenic Fiorino  |  | <u>Tel. Number</u><br>[REDACTED]  |   |
| FACILITY INFORMATION   |  |   |   |
| <u>Name of Facility Where Abatement is Taking Place (3)</u><br>KEARNY GENERATING Station   |  | <u>Type of Facility (4)</u><br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |   |
| <u>Street Address</u><br>FOOT OF HACKENSACK AVE  |  | <u>Sq. Feet</u> 1,000,000 <u># of Floors</u> 8  |   |
| <u>City (5)</u><br>KEARNY  | <u>County (6)</u><br>HUDSON  | <u>County Code (7)</u><br>(State Use Only)  |   |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>  |  | <u>ASCM No.</u>   |   |
| <u>Street Address</u>  |  | <u>Name of Contractor (9)</u><br>Absolut Ace Inc.   |   |
| <u>City, State, Zip Code</u>   |  | <u>Street Address</u><br>PO BOX 295   |   |
| <u>Project Manager for Monitoring Firm</u>   |  | <u>Telephone Number</u><br>(973) 410-9217   |   |
| <u>Scheduled Start Date (10)</u><br>Aug 15, 2012   |  | <u>License Number</u><br>00225  |   |
| <u>Scheduled Completion Date (11)</u><br>Aug 15, 2014  |  | <u>Name of OSHA Monitor</u><br>MECS   |   |
| <u>Occupancy Status During Abatement (Check only one)</u><br>( ) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br><br>Describe _____<br><br>Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage               |  | <u>Street Address</u><br>5 Linwood Ct   |   |
| <u>Source of Work (Check all that apply)</u><br>( ) Demolition (X) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure |  | <u>City, State, Zip Code</u><br>Hamilton, NJ 08690  |   |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>   | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u><br>YES NO NA | <u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>  | <u>Amount (Specify SF or LF)</u>          |
| BASEMENT TO PENTHOUSE  | X  | Boiler and pipe insulation  | 25,000 square feet                        |
|  |  |   |   |
|  |  |   |   |
| <u>Name of Reg. Waste Hauler</u><br>Waste Management of New Jersey   |  | <u>NJDEP Waste Hauler ID #</u><br>17273   | <u>Cubic Yards of Waste</u><br>200        |
| <u>City, State</u><br>Elizabeth, NJ 07114-2436   |  | <u>Name of Reg. Landfill</u><br>Tullytown Resource Recovery   | <u>City, State</u><br>Tullytown, PA 19007 |
| <u>Completed by (Print or Type)</u><br>ROBERT GROGAN   | <u>Title</u><br>VP   | <u>Signature</u><br>  | <u>Date</u><br>8/01/12                    |



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7275

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

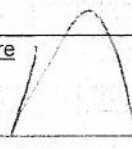
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|  |   |   |  |   |         |
|--|---|---|--|---|---------|
| Date of Notification (1)<br>Aug 1, 2012  |   | Name of Building Owner/Operator (2)<br>PSEG Fossil, LLC                                     |  | 2012 AUG -8 PM 4:37   |         |
| Agencies Notified<br>(X) EPA<br>(X) DEP<br>(X) DOL<br>(X) DOH<br>(X) DCA   |   | Notification Type<br>(X) Initial Notification<br>( ) Amended Certification<br>( ) Cancelled |  | Street Address<br>80 Park Plaza   |         |
|  |   |   |  | City, State, Zip Code<br>Newark, NJ 07102-4109  |         |
|  |   | Name of Contact<br>Domenic Fiorinoi   |  | Tel. Number   |         |
| FACILITY INFORMATION   |   |   |  |   |         |
| Name of Facility Where Abatement is Taking Place (3)<br>LINDEN GENERATING Station  |   |   | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |   |         |
| Street Address<br>4001 S. WOOD AVE   |   |   | Sq. Feet 8000,000 # of Floors 8  |   |         |
| City (5)<br>LINDEN   | County (6)<br>UNION   | County Code (7)<br>(State Use Only)   | Bldg. Age 76<br>Current Use (prior if being demolished) Electric Generating Station  |   |         |
| Name of Monitoring Firm Hired by Bldg. Owner (8)   |   | ASCM No.  |  | Name of Contractor (9)<br>Absolut Ace Inc.  |         |
| Street Address   |   |   | Street Address<br>PO BOX 295   |   |         |
| City, State, Zip Code  |   |   | City, State, Zip Code<br>FLORHAM PARK, NJ 07932  |   |         |
| Project Manager for Monitoring Firm  |   | Telephone Number  |  | License Number  |         |
|  |   | (973) 410-9217  |  | 00225   |         |
| Scheduled Start Date (10)<br>Aug 15, 2012  |   | Scheduled Completion Date (11)<br>Aug 15, 2014  |  | Name of OSHA Monitor<br>MECS  |         |
| Occupancy Status During Abatement (Check only one)<br>( ) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br><br>Describe<br><br>Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage                    |   |   | Street Address<br>5 Linwood Ct<br><br>City, State, Zip Code<br>Hamilton, NJ 08690  |   |         |
| Source of Work (Check all that apply)<br>( ) Demolition (X) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10<260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure |   |   |  |   |         |
| Location of Asbestos-Containing Material (ACM) in Facility (13)  | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)     | Amount (Specify SF or LF)  | Abatement Type<br>Rem. Rep. Encap. Enclose  |         |
| BASEMENT TO PENTHOUSE  | X   | Boiler and pipe insulation  | 25,000 square feet   | X   | X X X X |
|  |   |   |  |   |         |
|  |   |   |  |   |         |
| Name of Reg. Waste Hauler<br>Waste Management of New Jersey  |   | NJDEP Waste Hauler ID #<br>17273  |  | Cubic Yards of Waste<br>200   |         |
| City, State<br>Elizabeth, NJ 07114-2436  |   | Disp. Date  |  | City, State<br>Tullytown, PA 19007  |         |
| Completed by (Print or Type)<br>ROBERT GROGAN  |   | Title<br>VP   |  | Signature<br> Date<br>8/01/12 |         |



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)


**RECEIVED**

|   |  |   |   |
|---|--|---|---|
| <u>Date of Notification (1)</u><br>Aug 1, 2012  |  | <u>Name of Building Owner/Operator (2)</u><br>PSEG Fossil, LLC  |   |
| <u>Agencies Notified</u><br>(X) EPA<br>(X) DEP<br>(X) DOL<br>(X) DOH<br>(X) DCA   |  | <u>Notification Type</u><br>(X) Initial Notification<br>( ) Amended Certification<br>( ) Cancelled  |   |
| <u>Street Address</u><br>80 Park Plaza  |  | <u>City, State, Zip Code</u><br>Newark, NJ 07102-4109   |   |
| <u>Name of Contact</u><br>Domenic Fiorinoi  |  | <u>Tel. Number</u>  |   |
| <b>FACILITY INFORMATION</b>   |  |   |   |
| <u>Name of Facility Where Abatement is Taking Place (3)</u><br>MERCER GENERATING Station  |  | <u>Type of Facility (4)</u><br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |   |
| <u>Street Address</u><br>LAMBERTON ROAD   |  | <u>Sq. Feet</u> 1,000,000 <u># of Floors</u> 10   |   |
| <u>City (5)</u><br>HAMILTON   | <u>County (6)</u><br>MERCER  | <u>County Code (7)</u><br>(State Use Only)  | <u>Bldg. Age</u> 54<br><u>Current Use (prior if being demolished)</u> Electric Generating Station |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>   |  | <u>ASCM No.</u>   | <u>Name of Contractor (9)</u><br>Absolut Ace Inc.   |
| <u>Street Address</u>   |  | <u>Street Address</u><br>PO BOX 295   |   |
| <u>City, State, Zip Code</u>  |  | <u>City, State, Zip Code</u><br>FLORHAM PARK, NJ 07932  |   |
| <u>Project Manager for Monitoring Firm</u>  | <u>Telephone Number</u>  | <u>Telephone Number</u><br>(973) 410-9217   | <u>License Number</u><br>00225  |
| <u>Scheduled Start Date (10)</u><br>Aug 15, 2012  | <u>Scheduled Completion Date (11)</u><br>Aug 15, 2014                                | <u>Name of OSHA Monitor</u><br>MECS   |   |
| <u>Occupancy Status During Abatement (Check only one)</u><br>( ) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br><br>Describe _____<br><br>Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage              |  | <u>Street Address</u><br>5 Linwood Ct<br><br><u>City, State, Zip Code</u><br>Hamilton, NJ 08690   |   |
| <u>Source of Work (Check all that apply)</u><br>( ) Demolition (X) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10<260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure |  |   |   |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>  | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u><br>YES NO NA | <u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>  | <u>Amount (Specify SF or LF)</u>  |
| BASEMENT TO PENTHOUSE   | X  | Boiler and pipe insulation  | 25,000 square feet  |
|   |  |   |   |
|   |  |   |   |
| <u>Name of Reg. Waste Hauler</u><br>Waste Management of New Jersey  | <u>NJDEP Waste Hauler ID #</u><br>17273  | <u>Cubic Yards of Waste</u><br>200  | <u>Name of Reg. Landfill</u><br>Tullytown Resource Recovery                                       |
| <u>City, State</u><br>Elizabeth, NJ 07114-2436  | <u>Disp. Date</u>  | <u>City, State</u><br>Tullytown, PA 19007   |   |
| <u>Completed by (Print or Type)</u><br>ROBERT GROGAN  | <u>Title</u><br>VP   | <u>Signature</u><br>  | <u>Date</u><br>8/1/12   |



NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

**RECEIVED**

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>8/01/2012</b>   |  | Name of Building Owner/Operator (2)<br><b>Community Asset Preservation Alliance #2 of Jersey City Urban Renewal, LLC</b>                     |  |
| Agencies Notified<br>( ) EPA<br>(X) DOL<br>(X) DOH<br>( ) DCA  | Notification Type<br>(X) Initial Notification<br>( ) Amended Notification<br>( ) Cancelled | Street Address<br><b>108 Church Street</b>   |  |
|  |  | City, State, Zip Code<br><b>New Brunswick, NJ 08901</b>  |  |
|  |  | Name of Contact<br><b>Jeff Crum</b>  | Phone<br><b>ASBESTOS CONTROL &amp; LICENSING</b>                                     |
| <b>FACILITY INFORMATION</b>  |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>All Saints School</b>   |  | Type of Facility (4)<br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc.) |  |
| Street Address<br><b>305 Whiton Street</b>   |  | Sq. Feet : <b>26,720 SF</b> No. of Floors: <b>4</b>  |  |
| City (5)<br><b>Jersey City</b>   | County (6)<br><b>Hudson</b>  | County Code (7)<br>(State Use Only)  | Bldg. Age: <b>115 years</b><br>Current Use (prior if being demolished) <b>Vacant</b> |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><b>Health &amp; Safety Services Inc</b>  |  | ASCM No.<br><b>00117</b>   | Name of Contractor (9)<br><b>Superior Abatement, Inc.</b>                            |
| Street Address<br><b>318 12th Street</b>   |  | Street Address<br><b>2 Henderson Drive, Ste A</b>  |  |
| City, State, Zip Code<br><b>Hammonton, NJ 08037</b>  |  | City State, Zip Code<br><b>West Caldwell, NJ 07006</b>   |  |
| Project Manager for Monitoring Firm<br><b>Jim Proctor</b>  | Telephone Number<br><b>(609) 704-8850</b>  | Telephone Number<br><b>(973) 808-1616</b>  | License Number<br><b>00411</b>   |
| Scheduled Start Date (10)<br><b>8/14/2012</b>  | Scheduled Completion Date (11)<br><b>8/16/2012</b>   | Name of OSHA Monitor<br><b>Superior Abatement, Inc.</b>  |  |
| Occupancy Status During Abatement (Check only one)<br>(X) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours --<br>( ) Other - Describe:  |  | Street Address<br><b>2 Henderson Drive, Ste. A</b>   |  |
|  |  | City, State, Zip Code<br><b>West Caldwell, NJ 07006</b>  |  |
| Source of Work (Check all that apply)<br>( ) Demolition (X) Renovation<br>(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>(X) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure ( ) Non-friable Procedure for Asbestos Roof Removal. |  |  |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)  | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>NA YES NO              | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)  | Amount (Specify SF or LF)  |
| <b>1<sup>st</sup> Floor - Room 1 &amp; Room 2</b>  | <b>X</b>   | <b>VAT</b>   | <b>350 SF</b>  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Name of Reg. Waste Hauler<br><b>Service Transport Group, Inc.</b>  | NJDEP Waste Hauler ID #<br><b>SW2117</b>   | Cubic Yards of Waste<br><b>10</b>  | Name of Reg. Landfill<br><b>Minerva Landfill</b>                                     |
| City, State<br><b>New Castle, DE</b>   | Disp. Date<br><b>8/16/2012</b>   | 9000 Minerva Road<br><b>Waynesburgh OH 44688</b>   |  |
| Completed by (Print or Type)<br><b>Nick Petrovski</b>  | Title<br><b>President</b>  | Signature<br>  | Date<br><b>8/01/2012</b>   |



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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:-120-7)

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br>08/07/12<br>Month/Day/Year |  | Name of Building Owner/Operator (2)<br>Princeton University |  |
| Agency Notified<br>EPA<br>DEP<br>DCA<br>DOH            | Type Notification<br><input checked="" type="checkbox"/> Initial | Street Address<br>P.O. box 2158                             |  |
|  | <input type="checkbox"/> Notification                            | City, State, Zip Code<br>Princeton NJ 08543                 |  |
|  | <input type="checkbox"/> Amended                                 | Name of Contact<br>Robert Otego                             |  |
|  | <input type="checkbox"/> Cancellation                            | Telephone Number  |  |

**FACILITY INFORMATION**

|   |            |   |   |                  |                        |
|---|------------|---|---|------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Princeton University -- 1214 Maclean House  |            |   | Type of Facility (4)<br><input type="checkbox"/> School (K12)<br><input type="checkbox"/> Subchapter 8 (Other than K12)<br><input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.) |                  |                        |
| Street Address<br>Nassau Street   |            |   | Square Feet<br>5000   | # of Floors<br>3 | Bldg. Age<br>50+       |
| City (5)<br>Princeton   | County (6) | County Code (7)<br>(STATE USE ONLY)                       | Current Use (Prior if being demolished)<br>University   |                  |                        |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Pennoni Associates Inc   |            | ASCM No.  | Name of Abatement Contractor (9)<br>Associated Specialty Contracting  |                  |                        |
| Street Address<br>515 Grove Street Suite 1B   |            |   | Street Address<br>98 LaCrue Avenue  |                  |                        |
| City, State, Zip Code<br>Haddon Heights NJ  |            |   | City, State, Zip Code<br>Glen Mills, PA 19342   |                  |                        |
| Project Manager of Monitoring Firm<br>Alan Lloyd  |            | Telephone Number<br>856-547-0505                          | Telephone Number<br>610-364-9622  |                  | Licence Number<br>1103 |
| Scheduled Start Date (10)<br>08/17/12<br>Month/Day/Year   |            | Sched. Completion Date (11)<br>08/20/12<br>Month/Day/Year | Name of OSHA Monitor<br>Critérion Labs  |                  |                        |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility<br>Hours - Describe: 4:00 PM - 12:30 AM<br>Other - Describe: |            |   | Street Address<br>3370 Progressive Drive<br>City, State, Zip Code<br>Bensalem PA 19020  |                  |                        |

Scope of work (Check all that apply)

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

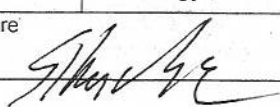
| Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)            | Abatement Type |                                     |   |   |  |
|--|--|--|--------------------------------------|----------------|-------------------------------------|---|---|--|
|  |  |  |                                      | R              | R                                   | E | E |  |
|  | Yes  | No   | N/A                                  | E              | E                                   | C | C |  |
|  |  |  |                                      | M              | R                                   | A | L |  |
|  |  |  |                                      | O              | P                                   | P | O |  |
|  |  |  |                                      | V              | A                                   | S | S |  |
|  |  |  |                                      | A              | I                                   | U | U |  |
|  |  |  |                                      | L              | R                                   | L | R |  |
| 1st floor  | <input checked="" type="checkbox"/>                                  |  | ceiling 4 - ( 1.5 Sf x 1.5 SF areas) | 9 SF           | <input checked="" type="checkbox"/> |   |   |  |
|  |  |  |                                      |                |                                     |   |   |  |
|  |  |  |                                      |                |                                     |   |   |  |
|  |  |  |                                      |                |                                     |   |   |  |

|   |                            |                                 |                                      |
|---|----------------------------|---------------------------------|--------------------------------------|
| Name of Registered Waste Hauler<br>Horizon Disposal | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste<br>1       | Name of Registered Landfill<br>GROWS |
| City, State<br>Trenton NJ                           | Disposal Date<br>As needed | City, State<br>Morrisville PA   |                                      |
| Completed By (Print or Type)<br>Mark Goshow         | Title<br>Project Manager   | Signature<br><i>Mark Goshow</i> | Date<br>8-7-12                       |



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

RECEIVED

|  |   |  |   |  |                           |                |        |             |           |
|--|---|--|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>08/02/2012   |   | Name of Building Owner/Operator (2)<br>Bergen County Technical Schools   |   |  |                           |                |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>327 E. Ridgewood Avenue  |   |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Paramus, NJ   |   |  |                           |                |        |             |           |
|  |   | Name of Contact<br>Tom Jodice  | Telephone Number<br>[REDACTED]  |  |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Bergen County Academies  |   | Type of Facility (4)   |   |  |                           |                |        |             |           |
| Street Address<br>200 Hackensack Avenue  |   | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |  |                           |                |        |             |           |
| City (5)<br>Hackensack   |   | Square Feet  | # of Floors   |  |                           |                |        |             |           |
| County (6)<br>Bergen   |   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>School   |  |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI   |   | ASCM No.   | Name of Abatement Contractor (9)<br>Pow/R/Save Inc  |  |                           |                |        |             |           |
| Street Address<br>1253 N. Church Street  |   | Street Address<br>27 West Street   |   |  |                           |                |        |             |           |
| City, State, Zip Code<br>Moorsetown, NJ 08056  |   | City, State, Zip Code<br>Bloomfield, NJ 07003  |   |  |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>Mike Stocku   |   | Telephone No.<br>856-840-8800  | Telephone No.<br>973-680-0088   |  |                           |                |        |             |           |
| Start Date (10)<br>8/20/12   |   | Scheduled Completion Date (11)<br>8/27/12  | License No.<br>357  |  |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Name of OSHA Monitor   |   |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address   |   |  |                           |                |        |             |           |
|  |   | City, State, Zip Code  |   |  |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |  |                           |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |  |                           |                |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM)<br>(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 |
| 1st floor office area  |   | x  |   | VAT/mastic   | 2,452                     | x              |        |             |           |
|  |   |  |   |  |                           |                |        |             |           |
|  |   |  |   |  |                           |                |        |             |           |
|  |   |  |   |  |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>Atlas Disposal  |   | NJDEP Waste Hauler ID No.<br>18262   | Cubic Yards of Waste  | Name of Registered Landfill<br>Grand Central Landfill  |                           |                |        |             |           |
| City, State<br>Dover, NJ   |   |  | Disposal Date   | City, State<br>Pen Argyl, PA   |                           |                |        |             |           |
| Completed by<br>Sharon Hendee  |   | Title<br>owner   | Signature<br> |  |                           | Date<br>8/2/12 |        |             |           |



JK  
204286

D&S Proj. #: MS 12-275-A

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

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|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br>10/18/10 1/11/12   |  | Name of Building Owner/Operator (2)<br>HAMILTON TWP. SCHOOL DISTRICT  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>90 PARK AVENUE   |  | City, State, Zip Code<br>TRENTON, NJ 08690  |  |
| Name of Contact<br>MICHAEL KRISHER   |  | Telephone Number<br>[REDACTED]  |  |

ASBESTOS CONTROL  
& LICENSING

FACILITY INFORMATION

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Name of facility where abatement is taking place (3)<br>YARDVILLE ELEMENTARY SCHOOL |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>450 YARDVILLE-ALLENTOWN ROAD                                      |  |  | Square Feet # of Floors Bldg. Age  |  |  |
| City (5)<br>HAMILTON TWP.   |  |  | County (6)<br>MERCER   |  |  |
| County Code (7)<br>(State use only)   |  |  | Current Use (Prior if being demolished)  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>WESTCHESTER ENVIRONMENTAL LLC   |  | ASCM No.<br>00127                               |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |  |
| Street Address<br>307 NORTH WALNUT STREET   |  | City, State, Zip Code<br>WEST CHESTER, PA 19380 |  | Street Address<br>20 California Ave.                        |  |
| Project Manager for Monitoring Firm<br>MATTHEW ABRAHAM  |  | Phone Number<br>610-431-7545                    |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |
| Start Date (10)<br>08/13/12   |  | Sched. Completion Date (11)<br>08/17/12         |  | Telephone Number<br>973-345-8020                            |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  | Name of OSHA Monitor<br>D & S Restoration, Inc. |  | License Number<br>01169                                     |  |
|   |  | Street Address<br>20 California Avenue          |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Scope of Work (check all that apply)<br><input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf |  |  | <input checked="" type="checkbox"/> Full Containment w/negative pressure<br><input type="checkbox"/> Mini-enclosure<br><input type="checkbox"/> Glovebag procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |  |  |
| <input checked="" type="checkbox"/> Renovation<br><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) |                                     |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A |   |                           |                                     |                            |                          |                          |
| ROOM #2  |  | <input checked="" type="checkbox"/> |     | VAT, MASTIC/WOOD                                  | 240 SQ FT                 | <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"/> |

|  |  |                           |  |                              |  |   |  |
|--|--|---------------------------|--|------------------------------|--|---|--|
| Registered Waste Hauler<br>D & S RESTORATION, INC. |  | NJDEP Hauler ID#<br>13506 |  | Cubic Yards of Waste<br>3YDS |  | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |  |
| City, State<br>PATERSON, NJ 07503                  |  | Disposal Date<br>08/15/12 |  | City, State<br>TULLYTOWN, PA |  | Date<br>08/01/12  |  |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     |  | Title<br>PRESIDENT        |  | Signature                    |  | Date<br>08/01/12  |  |



D&S Proj. #: MS 12-275

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

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& LICENSING

|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br>10/8/10 11/12  |   | Name of Building Owner/Operator (2)<br>HAMILTON TWP. SCHOOL DISTRICT   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #:<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>90 PARK AVENUE<br>City, State, Zip Code<br>TRENTON, NJ 08690<br>Name of Contact<br>MICHAEL KRISHER<br>Telephone Number |  |

FACILITY INFORMATION

|   |  |  |
|---|--|--|
| Name of facility where abatement is taking place (3)<br>SUNNYBREA ELEMENTARY SCHOOL<br>Street Address<br>166 ELTON AVENUE<br>City (5)<br>HAMILTON TWP.<br>County (6)<br>MERCER<br>County Code (7)<br>(State use only) |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)<br>Square Feet<br># of Floors<br>Bldg. Age<br>Current Use (Prior if being demolished) |
|---|--|--|

|  |  |  |
|--|--|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>WESTCHESTER ENVIRONMENTAL LLC<br>Street Address<br>307 NORTH WALNUT STREET<br>City, State, Zip Code<br>WEST CHESTER, PA 19380<br>Project Manager for Monitoring Firm<br>MATTHEW ABRAHAM<br>Start Date (10)<br>08/13/12<br>Sched. Completion Date (11)<br>08/17/12<br>Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  | ASCM No.<br>00127<br>Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.<br>Street Address<br>20 California Ave.<br>City, State, Zip Code<br>Paterson, NJ 07503<br>Telephone Number<br>973-345-8020<br>License Number<br>01169<br>Name of OSHA Monitor<br>D & S Restoration, Inc.<br>Street Address<br>20 California Avenue<br>City, State, Zip Code<br>Paterson, NJ 07503 |
|--|--|--|

Scope of Work (check all that apply)

- ☐ >3 sf or >3 lf ☒ Renovation  
☒ ≥160 sf or ≥260 lf ☐ Demolition

- ☒ Full Containment w/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) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|--|---|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
|  | Yes   | No | N/A |   |                           |                            |                            |                       |                  |
| ROOM #3  |   | X  |     | CARPET, VAT & MASTIC                              | 784 SQ FT                 | X                          |                            |                       |                  |
|  |   |    |     |   |                           |                            |                            |                       |                  |
|  |   |    |     |   |                           |                            |                            |                       |                  |
|  |   |    |     |   |                           |                            |                            |                       |                  |
|  |   |    |     |   |                           |                            |                            |                       |                  |

|  |                           |                               |   |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>8 YDS | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>08/15/12 | City, State<br>TULLYTOWN, PA  |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                     | Date<br>08/01/12  |

Do not use this form for asbestos licensure exempted activities