Date of Notification (1)

Agencies Notified EPA

City, State

Registered Waste Hauler

B & G Restoration, Inc.

Lincoln Park, NJ 07035

Completed by (Print or Type)

Gordana Luna

111/12/9/11

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□ DCA	☐ Cancellation	Ann	a Bojano	wski	E. Santa								
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Kearny, NJ	oring Firm Hired by Bidg			AS	SCM No.							*	
Name of Montto	mug tum tuma of ota	No. 2005				_	B & G Restor	ration, in)C.				
n/a							Street Address		*				15-15-20
Street Address							105 Ryerson	Road					
200							City, State, Zip C						
City, State, Zip (Code						Lincoln Par	k, NJ 070	035	License	lumbe	r	
		-	Tehor	ne Number		- 100	Telephone Num	ber		0378			
Project Manage	or for Monitoring Firm		Finor	- received			973-696-68		-				
	*	1 - 4-17-1					Name of OSHA	Monitor .					
Scheduled Star	n Date (10)	Sched. C	ompletion	Date (11)			B & G Rest		inc.				
		11/30/2	011				Street Address						
11/30/2011	- A de diment	(Check only	one)				105 Ryerso	n Road					
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Scope of Wo	ork (check all that apply)					П	Full Containmen	t w/negati	ive pressure	Glove	pag pre	oceonie	,
Demolia	tion 🔯	Renovation		72		-	Mini-enclosure			☐ Non-f		-	
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Nama of Registered Landfill

City, State

Tullytown, PA

Godena Luna

Tullytown Resource & Recovery Center

Date

11/29/2011

Cubic Yards of Waste

Signature

1/2 yard

Disposal Date

12/1/2011

NJDEP Hauler ID#

19563

Title

Treasurer

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 4906 2011-237 *** Emergency *** B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) 1 1 /12 19 1/11 1 Anna Bojanowski DEC - 2 2011 Type Notification Street Address Agencies Notified ☐ EPA 197 Laurel Avenue 図 Initial DEP City, State, Zip Code ASBESTOS CONTROL & Amendment LICENSING DOL. Kearny, NJ 07032 Telephone Number Name of Contact DOH. Cancellation Anna Bojanowski ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Anna Bojanowski Bldgs./Homes, etc. Street Address Bldg. Age Square Feet # of Floors 197 Laurel Avenue County Code (7) County (6) Current Use (Prior if being demolished) (State use only) residential Hudson Name of Abatement Contractor (9) Kearny, NJ 07032 Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number 0378 Project Manager for Monitoring Firm 973-696-6869 Name of OSHA Monitor Sched, Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) Street Address 11/30/2011 11/30/2011 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code ☐ Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure □ Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf \times >3 sf or >3 lf E Is location normally used solely n Amount m by maintenance/custodial p Location of C Description of asbestos-containing (Specify SF or C asbestos-containing 0 a a staff(12) material (ACM) material to be abated in facility (13) No N/A Yes M 15 lf pipe insulation basement Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Tullytown Resource & Recovery Center Registered Waste Hauler 1/2 yard 19563 B & G Restoration, Inc. City, State Disposal Date Tullytown, PA City, State 12/1/2011 Lincoln Park, NJ 07035 Date Signature Gordana Luna 11/29/2011 Completed by (Print or Type) Title

Treasurer

Gordana Luna

rax: State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7 B & G proj. #: 2011-241 *** Emergency 19 *10 Date of Notification (1) Name of Building Owner/Operator (2) Health & Services 111/28/11 Ethel Tolen Agencies Notified Type Notification Street Address ☐ EPA 図 Initial 24 Oakwood Avenue ☐ DEP City, State, Zip Code LICENSING DOL. Amendment Kearny, NJ 07032 DOH DO Name of Contact Telephone Numb Cancellation [] DCA Arlington Plumbing/Paul **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K-12) Ethel Tolen Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 24 Oakwood Avenue Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) residential Keamy, NJ 07032 Hudson Name of Abalement Contractor (9) Name of Monttoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zlp Code Lincoln Park, NJ 07035 Telephone Number Licanse Number Project Manager for Monitoring Firm Phone Number 973-696-6869 0378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 11/29/2011 11/30/2011 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) T Demolition Renovation Full Containment w/negative pressure Glovebag procedure Non-friable procedure Mini-enclosure X >3 of or >3 if ≥160 sf or ≥260 lf Is location normally used solely F Location of Ε by maintenance/custodial ŋ asbestos-containing Amount Description of asbestos-containing m n staff(12) P Ç material to be (Specify SF or material (ACM) 0 В abated in facility (13) Yes No NA pipe insulation 55 If M basement

boiler insulation 38 sf X basement Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. 19563 1 1/2 yards Tullytown Resource & Recovery Center Disposal Date City, State City, State 11/30/2011 Lincoln Park, NJ 07035 Tullytown, PA Completed by (Print or Type) Signature Date Title

Gordana Luna

Treasurer

Gordana Luna

11/28/2011

REMEMBER	– MAIL IN	HARD (Notifi	State dation of As of to NJAC *** Eme	of No besto 8.60-7	s Abatement 7 and 12,120-7	DEC.	[] V 2 4364				- -
Date of Notification (1)	N	ame of Bui		ner/Operator (2	-	/ Hne	ASSEST OF E	AlYeni		1	1	
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Kearny, NJ 07032	Hud					Name of Abatement	residential					
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n/a						B & G Restoration	n, inc.				ما الما	
Street Address						105 Rverson Roz	d					
Try State Zip Code	M***					City, State, Zip Code			100			
, 413.6; Elp 3332						Lincoln Park, NJ	07035					
Project Manager for Monitoring F	im	Ph	one Numb	er	-	Tolephone Number		License	Numb	oer		
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Schaduled Start Date (10)	School	Completio	n Date (1	1)		Name of OSHA Mont B & G Restoration						
11/29/2011	11/30	(2011				Street Address	ii, iiivi					
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basement			X	boiler insul	ation		38 sf		X			
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				ubic Yards of	Meeta	Name of Registered	Landfill			Ш	Ш	
Registered Waste Haufer B & G Restoration, Inc.	1956	Physics and the second		1/2 yards	vasto	Tullytown Resou	rce & Recovery	Center				
City, State		T	Isposal E			City, State						
Lincoln Park, NJ 07035			11/30/2			Tullytown, PA		Date				
Condens I was	Title Treasurer			Signature	(Gradum Lana		11/28/	2011			
Gordana Luna												

1 - MANGEL AND MARKED IN

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: 2011-241 *** Emergency *** Check # 4904 Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1/12 18 1/11 11 Ethel Tolen Agencies Notified Type Notification Street Address DEC -2 2011 ☐ EPA Initial 24 Oakwood Avenue DEP City, State, Zip Code DOL Amendment ASBESTOS CONTROL & Kearny, NJ 07032 LICENSING DOH Name of Contact Telephone Number Cancellation ☐ DCA Arlington Plumbing/Paul **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Ethel Tolen Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 24 Oakwood Avenue Square Feet # of Floors Bldg. Age County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Kearny, NJ 07032 Hudson residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-696-6869 0378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 11/29/2011 11/30/2011 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: Lincoln Park, NJ 07035 Scope of Work (check all that apply) Demolition □ Renovation Full Containment w/negative pressure Glovebag procedure \boxtimes >3 sf or >3 If ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of Ε by maintenance/custodial e asbestos-containing e n Amount Description of asbestos-containing staff(12) m n material to be p C (Specify SF or material (ACM) 0 C abated in facility (13) a Yes No N/A V 1 e basement pipe insulation 55 lf X basement boiler insulation 38 sf M Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 1 1/2 yards Tullytown Resource & Recovery Center City, State Disposal Date City, State Lincoln Park, NJ 07035 11/30/2011

Tullytown, PA

Ciordana Luna

Date

11/28/2011

Signature

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

UL 4905 B

State of NJ

Notification of Asbestos Abatement (Pursuant to N.IAC 8:60-7 and 12:120-7).

B & G proj. #:	2011-242				gency ***	Check #	4905	0	***	1_
Date of Notification	(1)	I Name of Bui		r/Operator (2)		C E INDER	of Health & Ser	nior Se	rvices	
1 11 1/12 19	1711 11 1	Madelynn				- any	GHolm	1		
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			FACIL	ITY INFORM	NOITA					
Name of facility wh	nere abatement is	taking place (3)				Type of Facility (4	s) (K - 12)			
Madelynn & Ch	narles Fergie					-1	ipter 8 (Other t		12)	
Street Address						Other (I	Private/Comme	arcial		
							Homes, etc.	Bic	lg. Age	e
12 Alpine Place	È	County (6)			County Code (7)	-				
City (5)					(State use only)	Current Use (Pr	ior if being den	nollshe	d)	
Kearny, NJ 07		Hudson		ASCM No.	Name of Abateme					-
Name of Monitorin	ig rim Hired by t	slag. Owner (b)		ASCINI NO.	B & G Restora					
n/a		**			Street Address	allou, me.			An-	
Street Address					105 Ryerson I	Doad				
					City, State, Zip Co				-	-
City, State, Zip Cod	le	29			Lincoln Park,		***			
- COL			hone Numb		Telephone Number		License Num	ber		
Project Manager fo	r Monitoring Firm		none Inuitio	e:	973-696-686		0378			
					Name of OSHA N	H-03	d			
Scheduled Start Da	ate (10)	Sched. Complet	on Date (11	1)	B & G Restor	ration, Inc.				
11/30/2011		11/30/2011			Street Address					
	During Abatemer	nt (Check only one)	-		105 Ryerson	Road -				
Facility close	ed/vacated during	entire period of abate of normal facility hou	ement. urs∽		City, State, Zip Co			****		
Describe:					Lincoln Park	NJ 07035				
Other-Descr					- U -					_
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7.00	400				Mini-enclosura	1	Non-friable	proce	dure	
≥3 af or >3 f	f []	≥160 sf or ≥260 lf		7-			TR	R	ĪΕ	Γ.
Location of		Is location normally by maintenance/cu		1	(*	Amount	e	e	n	E D
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Registered Waste P & G Restorat		NJDEP Hauler 19563		Subic Yards o 3 yards		esource & Recovery	/ Center			
Links - I	ion, inc.		Disposal		City, State					
City, State Lincoln Park,	N1 07035	63	12/1/20		Tullytown, I	PA .				
Completed by (Pri		Title	_1	Signature			Data			
Gordana Lima		Treasurer			Goedana Lon	7.0°	11/28/201	1		

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2011-242 B & G proj. #: Check # 4905 *** Emergency *** Date of Notification (1) Name of Building Owner/Operator (2) 1 1 /12 9 //1 1 Madelynn & Charles Fergie Agencies Notified Type Notification Street Address DEC - 2 2011 | EPA X Initial 12 Alpine Place DEP City, State, Zip Code ASBESTOS CONTROL & LICENSING DOL Amendment Kearny, NJ 07032 DOH. Name of Contact Cancellation ☐ DCA Madelynn & Charles Fergie **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Madelynn & Charles Fergie Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age 12 Alpine Place Square Feet County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Hudson residential Kearny, NJ 07032 Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 0378 973-696-6869 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. Street Address 11/30/2011 11/30/2011 Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure □ Renovation Glovebag procedure Mini-enclosure Non-friable procedure \times >3 sf or >3 lf >160 sf or >260 lf Is location normally used solely Location of by maintenance/custodial e Amount asbestos-containing Description of asbestos-containing m staff(12) p С (Specify SF or material to be material (ACM) 0 a abated in facility (13) Yes No N/A V p 150 lf X basement pipe insulation 38 sf M boiler insulation basement 24 sf M basement ceiling fireproffing Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# B & G Restoration, Inc. 19563 3 yards Tullytown Resource & Recovery Center Disposal Date City, State City, State 12/1/2011 Lincoln Park, NJ 07035 Tullytown, PA Signature Completed by (Print or Type) Date Title Cordana Luna Gordana Luna 11/28/2011 Treasurer

4040 State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: MS 11-483 Name of Building Owner/Operator (2) Date of Notification (1) 1 1 1 1 2 9 1/1 1 ANN KLEPCZYK Type Notification Agencies Notified Street Address | Initial EPA 96 GORDON TERRACE Amended ☐ DEP ASBESTOS CONTROL & City, State, Zip Code Amendment #: DOL EDISON, NJ Emergency Telephone Number (including Name of Contact DOH justification) ANN KLEPCZYK DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) ANN KLEPCZYK Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 96 GORDON TERRACE County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) MIDDLESEX **EDISON** Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00159 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 12/08/11 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf □ Renovation Glovebag procedure Non-Exempted (*) and Non-friable procedure Demolition ≥160 sf or ≥260 lf R E Is location normally used solely E n Location of by maintenance/custodial Amount n m Description of asbestos-containing C asbestos-containing (Specify SF or staff(12) material (ACM) 0 a material (acm) to be a p abated in facility (13) N/A Yes No 80 LFT Ø PIPE INSULATION BASEMENT 40 SQ FT **BOILER INSULATION** BASEMENT BOILER

Cubic Yards of Waste

2 YDS

Do not use this form for asbestos licensure exempted activities.

NJDEP Hauler ID#

13506

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

Registered Waste Hauler

D & S RESTORATION, INC.

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12 120 D&S Proj. #: MS 11-482 Name of Building Owner/Operator (2) DEC - 2 2011 Date of Notification (1) 1 1 1 1 1 2 9 1 1 1 1 GERALDINE JACKSON Type Notification Agencies Notified Street Address ASBESTOS CONTROL & ☐ EPA 220 CUSTER AVENUE Amended DEP City, State, Zip Code Amendment #: DOL NEWARK, NJ Telephone Number-Emergency Name of Contact (including DOH. justification) GERALDINE JACKSON ☐ DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) GERALDINE JACKSON Other (Private/Commercial Bldgs./Homes, etc. Street Address Bldg. Age # of Floors Square Feet 220 CUSTER AVENUE County Code (7) County (6) Current Use (Prior if being demolished) City (5) (State use only) ESSEX Name of Abatement Contractor (9) NEWARK ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number 00159 Project Manager for Monitoring Firm 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. Start Date (10) Street Address 12/16/11 12/09/11 20 California Avenue Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Paterson, NJ 07503 Describe: Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure Renovation Glovebag procedure \boxtimes >3 sf or >3 if Non-Exempted (*) and Non-friable procedure ☐ Demolition ≥160 sf or ≥260 lf E E Is location normally used solely e е Amount n m Location of by maintenance/custodial Description of asbestos-containing C (Specify SF or C 0 asbestos-containing a a staff(12) material (ACM) material (acm) to be p N/A abated in facility (13) No Yes M 69 L FT PIPE INSULATION BASEMENT Name of Registered Landfill Cubic Yards of Waste TULLYTOWN, RESOURCE RECOVERY NJDEP Hauler ID# Registered Waste Hauler 1 YD D & S RESTORATION, INC. 13506 City, State Disposal Date TULLYTOWN, PA City, State 12/10/11 PATERSON, NJ 07503 Date Signature Completed by (Print or Type) Title 11/29/11 PRESIDENT BOGDAN JOLDZIC Do not use this form for asbestos licensure exempted activities.

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D&S Proj. #: MS 11-481				ation of Asl	pestos	Abatement and 12:120)	NJ Bept. of H	PPROVED ealth & Senior	r Sc	rvice	2	
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Justificatio	n)	DANIEL		DDT		A Property like	FIGERSIAG	1				
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DANIELLE VALERI	autor of the same		and the same				1	apter 8 (Other			12)	
Street Address								(Private/Coma /Homes, etc.	nero	lsk		
102 HENDEL AVENUE			-		ψ		Square Foot	# of Floors	T	Bld	g. A	ge
City (5)	Coun	ty (6)			1000	nty Code (7) e use only)	Current Use (P	rior if being de	 emc	llahe	d)	
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Name of Monitoring Finti Hired b	y Bidg. Оwпе	r (8)		ASCM No.		Name of Abatement						
Street Address						D & S RESTOR Street Address	ATION, INC.			•••	_	
Option, advisor						20 California A	ve.					
City, State, Zip Code						City, State, Zip Code				ettephi o		
						Paterson, NJ 0	7503					
Project Manager for Monitoring F	im	Ph	one Numb	ėr		Telephone Number 973-345-8020		License Nui 0015		ar		
Start Date (10)	Sched	. Completic	n Date (11)		Name of OSHA Mor						
11/30/11	12/09	0/1 1				D & S Restorat	ion, Inc.				MA COLOR	Witness
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Facility closed/vacated duri						City, State, Zip Code						
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Scope of Work (check all that ap	npiy) Renovatio	m				×	Full Containment v Mini-anciosure	MUedanos bie	JB8U	ire-		
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Registered Waste Hauler D & S RESTORATION, IN	C. NJD	Hauler I		uble Yares of YD	Waste	Name of Registere	d Candfill , RESOURCE R	ECOVERY				
City, State			Disposal C	ate		City, State					,,	
PATERSON, NJ 07503			1/2/01/1			TULLYTOWN	,PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	EXIT		Signature				Date 11/29/11				
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State of NJ

Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: MS 11-481 Name of Building Owner/Operator (2) Date of Notification (1) $\frac{1}{1} \frac{1}{1} \frac{1}{1} \frac{2}{1} \frac{9}{1} \frac{1}{1} \frac{1}{1}$ DANIELLE VALERI Agencies Notified Type Notification Street Address Initial ☐ EPA 102 HENDEL AVENUE Amended DEP ASBESTUS CONTROL & City, State, Zip Code Amendment #: LICENSING DOL. M Emergency NORTH ARLINGTON, NJ (including Telephone Number DOH. Name of Contact justification) DCA DANIELLE VALERI Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) DANIELLE VALERI Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 102 HENDEL AVENUE Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) NORTH ARLINGTON BERGEN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 00159 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 12/09/11 11/30/11 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf □ Renovation Glovebag procedure ☐ Demolition ≥160 sf or ≥260 lf Non-Exempted (*) and Non-friable procedure Is location normally used solely E E Location of е by maintenance/custodial e n Amount asbestos-containing Description of asbestos-containing n m р staff(12) (Specify SF or C material (acm) to be material (ACM) C 0 a abated in facility (13) L N/A V Yes No D P 39 L FT X PIPE INSULATION BASEMENT **BOILER INSULATION** 38 SQ FT M BASEMENT BOILER Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY 1 YD D & S RESTORATION, INC. 13506 Disposal Date City, State City, State 12/01/11 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title 11/29/11

BOGDAN JOLDZIC

PRESIDENT

Do not use this form for ashestos licensure exempted activities

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

Job #: 1111-1605 Check #: 2495

Date of Notification	(1)					ilding (Owner / Operato	(2)	EC	IS II	10		r. wordy,) 		
Agencies Notified	Type Notific	ation		-	Addre			12	-		WE	[3]	7	Y-11-1-1		
⊠ EPA			3	Sou	th B	runsw	rick Avenue					// //				
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3 South Brunsw	ick Avenue						The same of the sa	A CANADA	# of Flo					CIC	.)	
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City (5)		County (6)	Coul	nty C	Code (./)	2,750		3		The second second second	20	-	coeca		
Margate		Atlantic					Current Use	200 0000000	if being o	demolis	hed)					
							Residential									
Name of Monitoring	g Firm Hired I	by Building Ow	ner (8)	- Aller	ASC	M No.										
Tiger Environme	ental		8.0.08				Asbestos a	nd M	old Ser	vices,	Corp.					
Street Address							Street Addres	ss								
16 West Elizabe							3859 Sylon									
City, State & Zip C							City, State &									
Linden, NJ 0703							Hainesport									
Project Manager for	or Monitoring	Firm	Teleph			oer	Telephone N		r	I	License Nu					
Kelly Walton			908-8				609-702-04	00				800	62			
Scheduled Start Da	ate (10)	Scheduled Co	mpletion	n Dat	te (11)	Name of OSI									
12/14/11		12/15/11			-		EMSL Anal	ytica	l.							
Occupancy Status							Street Addres									
Facility Clo	sed/Vacated	During Entire I	Period o	f Aba	ateme	nt	107 Haddo									
Abatement	Performed C	Outside of Norm	nal Hour	S			City, State &	Zip C	ode							
Describe:							Westmont,	NJ 0	8108							
	ea											W. C.				
Scope of Work (Ch	neck all that a	apply)						2000								
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City, State	92%	-					Disposal Date	City	, State	1			-	-		-
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Completed By (Pri	int or Type)			Tit	le		Signature	1				Date				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Job #:1108-1585 Check #: NA

D . (N .: C:	(4)			(D				H-W-BC	7			
Date of Notification 10/17/11	(1)				ilding Owr i de Hos i	ner / Operator (2)		U U IS 1	111			
Agencies Notified	Type Notification			Addre		pital			111			
⊠ EPA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			/ Ave			DEC - 2	2011 11	11			
☐ DEP	☐ Initial				Zip Code		- ha	No.	1			10000000
□ DOL	Amended #3 Off h	old	Mont	clair,	NJ 0704	2						
□ DOH	Emergency			of Co			ISBESTUS CO	NTROL &	Telepho	ne N	umbe	er
☐ DCA	Cancellation		Mr. B	Barry	Mousa		LICENSII	NG	_		- Trans	
			FA	CILIT	Y INFOR	MATION		Consultation of the same of th	j			
Name of Facility W	here Abatement is Taking I	Place (3				Type of Facility (4)	· Francisco	Street, St.			
Mountainside Ho	ospital					School (K-12	3)					
Street Address						Subchapter 8						
1 Bay Avenue					-			mercial buildin			tc.)	
						Square Feet	# of Floo	12/24/0	3ldg. Age	Э		
City (5)	County (6)	Co	unty (Code (7)	963,743	6		1914 2000 (last	addi	tion	
Montclair	Essex					Current Use (Prio	r if being de		toou (last	auui	uon	
WOITCIAII	LSSEX				1	Hospital	i ii boilig ac	Smonoriou	7			
Name of Monitoring	Firm Hired by Building Ov	ner (8)		ASC		Name of Abateme	ent Contrac	tor (9)	-			
	mental Group, LLC	11101 (0)		,,,,,,		Asbestos and I						
Street Address			9111000			Street Address					7.77	
1600 Route 22 E	ast					3859 Sylon Blv	d.	3270				
City, State & Zip Co		San Hedrine	500000			City, State & Zip (
Union, NJ 07083		1				Hainesport, NJ						
Project Manager fo	r Monitoring Firm			Numl	5000000	Telephone Numb	er	License 1	Number 0086	2		
Kristen Sleys	to (10) Cohodulad Co		688-7			609-702-0400 Name of OSHA M	lonitor		0000	2	-	
Scheduled Start Da	ate (10) Scheduled Co 7/29/12	ompietii	on Da	te (11		EMSL Analytic						
11/28/11 (Phase #2-2 nd						LIVIOL Allalytic	a I					
	During Abatement (Check					Street Address						
	sed/Vacated During Entire			ateme		107 Haddon Av	VIII		W			
	Performed Outside of Norr			1221		City, State & Zip						
Describe:	PHASE WORK-Will put on hold will be performed & some 2 nd sl	between hift work	Phase will be	s. Week perform	rend work	Westmont, NJ	08108					
_	The first day will start @ 6:00 pr			•	Notice of the second							2.00
☐ Isolated Are	900							-				
Scope of Work (Chec	ск ан that apply)					П	Full Conta	ainment with Neg	ative Pre	ssure		
≥3 sf or ≥3 lf	(Per Phase)	\boxtimes	Ren	ovation	1	\boxtimes	Mini-Encl					
≥160 sf ≥260) If		Den	nolition		\boxtimes		g Procedures				
							Non-Exer	npted and Non-F				
	ocation of	1/3/7/3	Locat nally		^	Description of sbestos-Containi	ng	Amount (Specify	Aba	ateme	ent I	ype
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	in Facility	Cust		Staff?		ulation, surfacing,			Non	Repair	nsc	uso
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Ph#2-Ground Floor Ph#2-Ground Floor				H		Heating Coil		18 SF		H	Η	+
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Ph#2-Ground Floor				怡	Pipe Insu			70 LF		H	H	H
Ph#3-Ground Floor		胎		H	1000 • CHARLES CO.	Heating Coil		9 SF		H	H	H
Ph#4-Ground Floor			X	H		Heating Coil		4 SF		H	H	H
Ph#5-Ground Floor		+		H		Heating Coil		5 SF		H	H	H
Ph#6-Ground Floor						Heating Coil		2 SF		H	H	H
Ph#6-Ground Floor					Pipe Insu	SALAD PROPERTY AND ALICE A		10 LF		H	H	H
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Ph#7-Ground Floor			Ø		Pipe Insu			60 LF		Ħ	Ħ	Ti
Ph#8-Ground Floor			Ø			Heating Coil		4 SF	X	Ħ	T	T

Ph#8-Ground Floor Various Locations		Pipe	Insulation	13 LF	
Name of Registered Waste Hauler Horizon Disposal	14000	DEP Waste uler ID No. 22612	Cubic Yards of Waste 80	Name of Registered Landfill GROWS	
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA	All the banks of the second of
Completed By (Print or Type) Kim Trumbetti	Tit!	e min.	Signature		Date 11/28/11



D&S Proj. #: MS 11-480				State cation of Asl ant to NJ.\0			Larry Nobel	(Bignature)	Ner Se	rvices	
Date of Notification (1) 1 1 / 2 9 / 1 1 Agencies Notified Type Notificat Initial Amended Amendment #	tion 8	VERON: treet Addre 2222 RH lty, State	CA ADA SS ODA PL Zip Code	ACE			B C E 1 V				l
□ DOH	N.	ame of Co	ICA ADA				LICENSTRESS LICEN			To the desired to the second	
Name of facility where abatement in VERONICA ADAMS Street Address 2222 RHODA PLACE City (5)	s taking pla				County Co		Subcl	(4) ol (K - 12) napter 8 (Other (Private/Comm. Homes, etc. # of Floors	nercial	(-12) Irig A	ge
SCOTCH PLAINS Name of Monitoring Firm Hired by Street Address Tiy: State, Zip Code	UNI Bidg. Owne			ASOM No.	D & Stree	e of Abateme		riur if being de	molish	ed)	
Project Manager for Monitoring Flm Start Date (10) 11/30/11 Decupancy Status During Abatemer Facility closed/vacated during	: Sched 12/09 It (Check or entire perio	Completion /11 hly one) d of abele	one Number		Telep 9 Name D Stree 20	aterson, NJ (htone Number 173-345-802 10 of OSHA Mo 18 S Restora 1 Address California A 10 State, Zip Cod	onitor tion, Inc.	License Nur 0015			
Abatement performed outside Describe: ○ Other-Describe: NORMALTI Scope of Work (check all that apply >3 sf or >3 If ≥160 of or ≥260 If	OURS /) Renovation Demolition	1				aterson, NJ (7503 Full Containment v Mini-enclosure Glovebag procedu Non-Exempted (*)	те		edure	
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location by mainter staff(12) Yes		rsed solety bullat		on of asbesto ACM)	s-containing	Armount (Specify S	\vert_v	Repal	Encap	MrcL
BASEMENT		X		PIPE INSU	LATION		79 L FT				
egistered Waste Hauler D & S RESTORATION, INC. ity, State PATERSON, NJ 07503 completed by (Print or Type) BOGDAN JOLDZIC	Title		1		TU.	e of Registere LLYTOWN , State	, RESOURCE RE	COVERY			
	PRESIDE Do not use		or asbestos	licensure exe	mpted activit	iles.		11/29/11	-		Barrier.

State of NJ Notification of Achestos Abatement D&S Proj. #: MS 11-480 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 1 1 1/12 9 1/11 1 DEC - 2 2011 VERONICA ADAMS Agencies Notified Type Notification Street Address Initial **EPA** 2222 RHODA PLACE ASBESTUS CONTROL Amended DEP LICENSING City, State, Zip Code Amendment #: DOL -M Emergency SCOTCH PLAINS, NJ (including DOH Telephone Number Name of Contact justification) ☐ DCA VERONICA ADAMS Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) VERONICA ADAMS Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 2222 RHODA PLACE # of Floors Bldg. Age Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) UNION SCOTCH PLAINS Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 973-345-8020 00159 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 11/30/11 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure >3 sf or >3 lf Renovation Glovebag procedure >160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely R E E Location of е e by maintenance/custodial n Amount n asbestos-containing Description of asbestos-containing m p staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 a abated in facility (13) ٧ Yes No N/A e PIPE INSULATION 79 L FT M BASEMENT Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY 13506 D & S RESTORATION, INC. 1 YD Disposal Date City, State City, State 12/01/11 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title **BOGDAN JOLDZIC** 11/29/11 PRESIDENT -- for ashartas licensura exempted activities

948

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

Date of Notification (1	1)			1			ELE DE		2.2			
And the state of the property of the state o	9/2011					ng Owner/Operato Chugach Indus					1	11
Agencies Notified	Type Notifi	ication			et Address			DEC - 2	201	1	111	4
⊠ EPA	Initial			100000000000000000000000000000000000000	g # B30	•	IA A	5 = 0			-	1
DEP	Amende			-	State, Zip	Code						
⊠ DOL	Amendr	ment #_ ency (includin	-			rsenal, NJ 07806	5	ASSUSSIOS CU INCERNS	MIROL	- dis		
DOH DCA	justifica		y		e of Conta			Felephone Nur		-		
☐ DCA	L Cancell	ation		Section 1		vner's Rep)	76%	ne less	noer	- Acher	-	dq _
						FORMATION	100	The second second	والقرام دم	No. of Acres	Division.	X ** 1, 10
Name of Facility When	re Abatement is	Taking Plac	e (3)		OTETT III	TORMATION	Type of Facili	tv (4)				
U.S. Army Reserv	e Center		- (-)				School (K-					
Street Address							Subchapte	r 8 (Other than K-1				
Bldg # B34							Other (i.e., homes, etc	private & commerc	cial bui	ldings	١,	
City (5)			raik(asy)				Square Feet	# of Floors	TE	Bldg. A	Age	-97.01111.0
Picatinny Arsenal							10,000 SF	1		0+	igo	
County (6)				Cou	inty Code	(7) (STATE	Current Use (I	Prior if being demol	ished)			_
Morris				USE	ONLY)		Office Build					
Name of Monitoring Fi				ASCM	No.	Name of Abaten	nent Contractor (9)				
(8) J& S Environ	mental Servi	ces		N/A		DIA Genera	l Constructio	n, Inc.				25410
Street Address				Vice and Service		Street Address						
2333 Rt 22 West						1360 Clifton,	Avenue, PN	IB Suite 218			- every and	
City, State, Zip Code						City, State, Zip C						
Union, NJ 07083						Clifton, NJ (07012					
Project Manager for M			100000000000000000000000000000000000000	ephone		Telephone No.		License No.				
Sherry Galsomino				8-206		973-389-00		00693				_
Start Date (10)		Scheduled 0	Compl	etion Da	ate (11)	Name of OSHA						
12/12/11		12/18/11					l Constructio	n, Inc.				
Occupancy Status Du	1950	. 10				Street Address	A	AD 0. it - 040				
Facility Closed/Vac							, Avenue, PN	/IB Suite 218				_
Other - Describe:	ied Odiside of N	NOTITIAL FACILI	ty Hot	11.5		City, State, Zip C Clifton, NJ 0						
Scope of Work (Check	(all that apply)					Cinton, No o	7012					_
	· on that apping							egative Pressure				
>3 sf or >3 lf >160 sf or >260 lf		Manual	enova	tion lition		Mini-En	ciosure ag Procedure					
			Zeillo	iition			•	Non-Friable Proc	edure			
			Locat						,		ment	
Locatio	n of		ormal d Sole			Description of	f			Ту	pe	
Asbestos-Containing) Mai	ntena	nce/		stos Containing Mat	terial (ACM)	Amount			m	
TO BE AB	NAME AND ADDRESS OF THE PARTY O	100	ustodi staff?		(i.e.	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	Re	N.	nca	Enc
IN Faci (13)	(· · · · · · · · · · · · · · · · · · ·		(12)			other miscellane		31 31 21 7	Remova	Repair	Encapsulate	Enclosure
				1					l a	5	ate	ē
Y. 1		Yes	No	N/A				25.00	+	-		
Kitchen				X	Corrug	ated hood insula	ation	35 SF	_X	-		
Name of Registered V	Vaste Hauler		- 9	NJDEP		Cubic Yards	Name of Reg	istered Landfill				
Service Transport	Group			Hauler II 20970		of Waste 2	Minerva L	andfill				
City, State			=1			Disposal Date	City, State					_
New Castle, DE						12/18/2011	Waynesbu	rg, OH 44688				
Completed By		Title				Signature	r ₁	Date				
Krutarth Jagad		Presiden	t				¥	11/29	/2011			

State of I (Pursuant to NJA

1 1			-		-			
New Jersey	10	E	P	E	11 80	E	N.C.Arra	9
SBESTOS ABATEMENT		15	1	L	11 1	E	117	
C 8:60 and 12:120)	l know							
5	111						100	

Date of Notification (1)					of Buildir dence	g Owner/Operator	(2)	DEC - 2 201	1	l lase	9.	
Agencies Notified	Type Notification	on			Address akewoo	d Drive		ASBESTOS CONTROL	2			
DEP DOL	Amended Amendmen		.		state, Zip HO Kus.		L	LICENSING				
DOH DCA	Emergency justification Cancellation	1)			of Contac Pagliar		Programme in the second second	Telephone Numb			Partury.	AREA
				FAC	ILITY IN	ORMATION						
Name of Facility Where Residence Street Address 48 Lakewood Drive		ing Place	(3)				Other (i.e.,	12) r 8 (Other than K-1 2 private & commercia		lings,		
City (5) HO HO Kus							Square Feet 1,800 SF	# of Floors	1/4 0.0050	dg. A	ge	
County (6) Bergen	tion and the same of the same				nty Code ONLY)	(7) (STATE		Prior if being demolis	hed)			_
Name of Monitoring Fir	m Hired by Buildin	g Owner	- 1	ASCM N/A	No.	100	nent Contractor (
Street Address						Street Address 1360 Clifton,	Avenue, PN	IB Suite 218				
City, State, Zip Code						City, State, Zip C Clifton, NJ (_
Project Manager for Mo	onitoring Firm		Tele	phone	No.	Telephone No 973-389-00	89	License No. 00693				
Start Date (10) 12/08/2011	1 227073	neduled Co 2/09/201	and the state of	tion Da	te (11)	Name of OSHA DIA Genera	^{Monitor} I Constructio	n, Inc.				
Occupancy Status Dur	ing Abatement (CI	neck only	one)			Street Address		4D 0 11- 040				
Facility Closed/Vaca Abatement Performe Other - Describe:	ated During Entire ed Outside of Norr	Period of a	Abate / Hou	ment rs		City, State, Zip C	Code	MB Suite 218	_	-		
Scope of Work (Check >3 sf or >3 If >160 sf or >260 If	all that apply)		novat			Full Co Mini-En	entainment with N nclosure ag Procedure	legative Pressure	dure			
		2007002	ocatio			Non-E	xempted () and	Non-Friable Froce		bate	ment	i
Location Asbestos-Containing TO BE AB. IN Facil (13)	Material (ACM) <u>ATED</u> ity	Used Main Cu	Sole stenar istodia taff? (12)	ly by nce/ al	Asbes (i.e	Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	Dino/E	lbow Insulation		90 LF	Х			
Basement				X	Pipe/E	IDOW IIISUIALIOII		70 21				
									-			
Name of Registered W	/aste Hauler			NJDEP		Cubic Yards		gistered Landfill		-		
Service Transport	Group		_ '	1auler 10 20970) No.	of Waste	Minerva I	_andfill				
City, State New Castle, DE						Disposal Date 12/09/2011	City, State Waynesby	urg, OH 44688				
Completed By Krutarth Jagad		Title President	1			Signature	18~~	Date 11/28/	2011			

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Name of Building Owner / Operator (2) Date of Notification (1) PRINCETON HEALTH CARE SYSTEM 01 12 11 Street Address DEC - 2 2011 Agencies Notified Type of Notification 253 WHITHERSPOON STREET **EPA** Initial City, State, Zip Code PRINCETON, NJ 08540 Amended DOH Amendment # Name of Contact Telephone Number & 1 DOL Emergency w/ justification PAM GARBINI والمريي Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PRINCETON MEDICAL CENTER School (K-12) Subchapter 8 (Other than K-12) Street Address BLOCK 1703, LOT 1.01, PLAINSBORO ROAD Other (I.e., private & cmmercial bldgs., homes, etc.) Square Feet # Of Floors City (5) County (6) County Code (7) **Building Age** PLAINSBORO MIDDLESEX N/A 40+ Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Name of Abatement Contractor (9) MCCABE ENVIRONMENTAL LVI Environmental Services Inc. Street Address Street Address 464 VALLEY BROOK AVE City, State, Zip Code 462 Getty Avenue City, State, Zip Code LYNDHURST, NJ 07071 Project Mngr. For Monitoring Firm Telephone Number JOHN CHIAVIELLO 201-438-4839 Clifton, NJ 07011 Sched. Completetion Date (11) Telephone Number License Number Sheduled Start Date (10) 12 973-772-3660 00117 Name of OSHA Monitor Occupancy Status During Abatement (Check Only 1) VI Environmental Services Inc. Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility 462 Getty Avenue Hours - Describe: City, State, Zip Code Other - Describe: MON-FRI -7AM -3:30PM Clifton, NJ 07011 Scope of Work (Check All That Apply) Renovation Full Containment with Negative Pressure Demolition 1 1 >3sf or >3lf Mini - Enclosure Glovebag Procedure ≥160 sf or ≥260 If V Non-Exempted (*) and Non-Friable Procedure Is Description of Abatement Type Location of Location Asbestos - Containing R **Asbestos Containing** Ε N Material (ACM) Amount R Material (ACM) Normally E C C (I.e., thermal systems (Specify M TO BE ABATED Used 0 P Solely insulation, surfacing, VAT, SF or LF) in Facility V A 0 by Mainor other miscellaneous) (13)A 1 S S tenance/ υ R u Custodial Staff (12) R YES NO N/A 100 SF 1 BLDG 22 TRANSITE Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING Hauler ID No. Yards **IESI** 4509 of Waste Disposal City. State City, State BETHLEHEM, PA Date NEWARK, NJ

Signature

Date

12/01/11

STEVEN STILES

Completed by (Print or Type)

Title

PROJECT MANAGER