

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

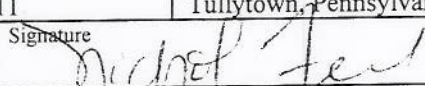
*already sent check*

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>November 29, 2011</b> |  | Name of Building Owner/Operator (2)<br><b>Trinity Construction, Inc.</b> |  |
| Agencies Notified                                    | Type of Notification   | Street Address<br><b>2290 West County Line Road, Suite 202</b>           |  |
| <input checked="" type="checkbox"/> EPA              | <input type="checkbox"/> Initial Notification                | City, State, Zip Code<br><b>Jackson, NJ 08527</b>                        |  |
| <input type="checkbox"/> DEP                         | <input checked="" type="checkbox"/> Amended Notification     |  |  |
| <input checked="" type="checkbox"/> DOL              | Amendment # _____  | Name of Contact<br><b>David Kiessling</b>                                |  |
| <input checked="" type="checkbox"/> DOH              | <input type="checkbox"/> Emergency (including justification) |  |  |
| <input type="checkbox"/> DCA                         | <input type="checkbox"/> Cancellation                        | Telephone Number _____   |  |

**FACILITY INFORMATION**

|   |  |                               |   |                        |  |
|---|--|-------------------------------|---|------------------------|--|
| Name of Facility Where Abatement is Taking Place (3)<br><b>New Lisbon Development Center-Teaberry Cottage</b>   |  |                               | Type of Facility (4)  |                        |  |
| Street Address<br><b>130 Route 72</b>   |  |                               | <input type="checkbox"/> School (K-12)  |                        |  |
|   |  |                               | <input type="checkbox"/> Subchapter 8 (other than K12)  |                        |  |
| City<br><b>New Lisbon</b>   |  |                               | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)   |                        |  |
|   |  |                               | County (6)<br><b>Burlington</b>   |                        |  |
| County Code (7)<br>(STATE USE ONLY)   |  | Square feet<br><b>6000 sf</b> | # of Floors<br><b>1</b>   | Bldg. Age<br><b>50</b> |  |
| Current Use (Prior if being demolished)<br><b>Cottages</b>  |  |                               |   |                        |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Whitman</b>   |  |                               | ASCM No. _____  |                        |  |
| Street Address<br><b>116 Tices Lane, Unit B1</b>  |  |                               | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>   |                        |  |
| City, State, Zip Code<br><b>East Brunswick, NJ 08816</b>  |  |                               | Street Address<br><b>1889 Route 9, Unit 61</b>  |                        |  |
| Project Manager for Monitoring Firm   |  |                               | Telephone Number<br><b>732-390-5858</b>   |                        | License Number<br><b>00624</b>                     |
| Scheduled Start Date (10)<br><b>12/13/11</b>  |  |                               | Scheduled Completion Date (11)<br><b>12/14/11</b>   |                        | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</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>1056 Stelton Road</b>  |                        |  |
|   |  |                               | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</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 type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Encapsulation<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                        |  |
| <input 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)<br><br>YES NO N/A |   |  | Description of Asbestos-Containing Material (ACM) (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>E<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<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Attic  |  | X |  | Asbestos elbows & joints   | 110 lf                    |                                      |                            | X   |   |
|  |  |   |  |  |                           |                                      |                            |   |   |
|  |  |   |  |  |                           |                                      |                            |   |   |
|  |  |   |  |  |                           |                                      |                            |   |   |

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|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>20223</b> | Cubic Yards of Waste<br><b>1</b>  | Name of Registered Landfill<br><b>T.R.R.F.</b> |
| City, State<br><b>Toms River, New Jersey</b>                         | Disposal Date<br><b>12/15/11</b>          | City, State<br><b>Tullytown, Pennsylvania</b>   |  |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            | Title<br><b>Project Manager</b>           | Signature<br> | Date<br><b>11/29/2011</b>                      |

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



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

*already sent them*

|  |  |  |                  |
|--|--|--|------------------|
| Date of Notification (1)<br><b>November 29, 2011</b> |  | Name of Building Owner/Operator (2)<br><b>Trinity Construction, Inc.</b> |                  |
| Agencies Notified                                    | Type of Notification   | Street Address   |                  |
| <input checked="" type="checkbox"/> EPA              | <input type="checkbox"/> Initial Notification                | <b>2290 West County Line Road, Suite 202</b>                             |                  |
| <input type="checkbox"/> DEP                         | <input checked="" type="checkbox"/> Amended Notification     |  |                  |
| <input checked="" type="checkbox"/> DOL              | Amendment # _____  | City, State, Zip Code<br><b>Jackson, NJ 08527</b>                        |                  |
| <input checked="" type="checkbox"/> DOH              | <input type="checkbox"/> Emergency (including justification) |  |                  |
| <input type="checkbox"/> DCA                         | <input type="checkbox"/> Cancellation                        | Name of Contact<br><b>David Kiessling</b>                                | Telephone Number |

**FACILITY INFORMATION**

|   |  |  |   |   |                                |
|---|--|--|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>New Lisbon Development Center-Fern Cottage</b> |  |  | Type of Facility (4)  |   |                                |
| Street Address<br><b>130 Route 72</b>   |  |  | <input type="checkbox"/> School (K-12)                                |   |                                |
|   |  |  | <input type="checkbox"/> Subchapter 8 (other than K12)                |   |                                |
| City<br><b>New Lisbon</b>   |  |  | County (6)<br><b>Burlington</b>                                       |   |                                |
|   |  |  | County Code (7)<br>(STATE USE ONLY)                                   |   |                                |
| Square feet<br><b>6000 sf</b>   |  |  | # of Floors<br><b>1</b>   |   | Bldg. Age<br><b>50</b>         |
| Current Use (Prior if being demolished)<br><b>Cottages</b>  |  |  |   |   |                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Whitman</b>                                     |  |  | ASCM No.  |   |                                |
| Street Address<br><b>116 Tices Lane, Unit B1</b>  |  |  | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b> |   |                                |
| City, State, Zip Code<br><b>East Brunswick, NJ 08816</b>  |  |  | Street Address<br><b>1889 Route 9, Unit 61</b>                        |   |                                |
| Project Manager for Monitoring Firm   |  |  | City, State, Zip Code<br><b>Toms River, New Jersey 08755-1271</b>     |   |                                |
| Telephone Number<br><b>732-390-5858</b>   |  |  | Telephone Number<br><b>732-349-9932</b>                               |   | License Number<br><b>00624</b> |
| Scheduled Start Date (10)<br><b>12/12/11</b>  |  |  | Scheduled Completion Date (11)<br><b>12/13/11</b>                     |   |                                |
| Occupancy Status During Abatement (Check only one)  |  |  | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                    |   |                                |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement             |  |  | Street Address<br><b>1056 Stelton Road</b>                            |   |                                |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours                             |  |  |   |   |                                |
| <input type="checkbox"/> Other - Describe _____   |  |  |   |   |                                |
| City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>  |  |  |   |   |                                |
| Scope of Work (Check all that apply)  |  |  |   |   |                                |
| <input checked="" type="checkbox"/> >3 sf or ≥3 lf  |  | <input checked="" type="checkbox"/> Renovation |   | <input type="checkbox"/> Full Containment with Negative Pressure    |                                |
| <input type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input type="checkbox"/> Demolition            |   | <input checked="" type="checkbox"/> Encapsulation                   |                                |
|   |  |  |   | <input 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)<br>YES NO N/A |   |  | Description of Asbestos-Containing Material (ACM) (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<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Attic  |  | X |  | Asbestos elbows & joints   | 110 lf                    |                                 |                            | X   |   |
|  |  |   |  |  |                           |                                 |                            |   |   |
|  |  |   |  |  |                           |                                 |                            |   |   |
|  |  |   |  |  |                           |                                 |                            |   |   |

|  |   |   |  |
|--|---|---|--|
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b> | NJDEP Waste Hauler ID No.<br><b>20223</b> | Cubic Yards of Waste<br><b>1</b>              | Name of Registered Landfill<br><b>T.R.R.F.</b> |
| City, State<br><b>Toms River, New Jersey</b>                         | Disposal Date<br><b>12/14/11</b>          | City, State<br><b>Tullytown, Pennsylvania</b> |  |
| Completed by (Print or Type)<br><b>Nicholas Fernicola</b>            | Title<br><b>Project Manager</b>           | Signature<br><i>Nicholas Fernicola</i>        | Date<br><b>11/29/2011</b>                      |

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



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

*CP # 2182*

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br><b>11 / 14 / 11</b>   |   | Name of Building Owner/Operator (2)<br><b>Cape Regional Health System, Inc</b>   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>2-11/29/11</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>2 Stone Harbor Blvd</b>   |  |
|   |   | City, State, Zip Code<br><b>Cape May Courthouse, NJ</b>  |  |
|   |   | Name of Contact<br><b>Mark Elberfeld</b>   |  |
| <b>FACILITY INFORMATION</b>   |   |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Cape Regional Medical Center</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 and commercial buildings, homes, etc.)                 |  |
| Street Address<br><b>2 Stone Harbor Blvd</b>  |   | Square Feet<br><b>50,000</b>   | # of Floors<br><b>2</b>  |
| City (5)<br><b>Cape May Courthouse</b>  |   | Bldg. Age<br><b>40+</b>  |  |
| County (6)<br><b>Cape May</b>   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Criterion Labs, Inc</b>   |   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |
| Street Address<br><b>3370 Progress Dr</b>   |   | Street Address<br><b>1123 BEAVER STREET</b>  |  |
| City, State, Zip Code<br><b>Bensalem, PA 19020</b>  |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |
| Project Manager for Monitoring Firm<br><b>Mike Panapresso</b>   | Telephone No.<br><b>215-244-1300</b>  | Telephone No.<br><b>215-788-6040</b>   | License No.<br><b>00509</b>  |
| Start Date (10)<br><b>11 / 28 / 11</b>  | Scheduled Completion Date (11)<br><b>12 / 3 / 11</b>  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |
| 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 Hours - Describe<br>Time of Abatement: <b>AM- PM/5:00PM-1:30AM</b><br><b>OFF SITE 11/30 &amp; 12/1; ON SITE 12/2 - 5 PM TO 1:30 AM</b> |   | Street Address<br><b>1123 BEAVER STREET</b>  |  |
| Scope of Work (Check all that apply) <b>12/3 - 11 AM - 9 PM</b>   |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <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 (*) and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN Facility (13)</b>  | 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   |  |
| <b>2<sup>nd</sup> Floor Finance Room</b>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   |
| <b>1<sup>st</sup> Floor Medical Records</b>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>   |   | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>   |
| City, State<br><b>NEW CASTLE, DE 19720</b>  |   | Disposal Date  | City, State<br><b>WAYNESBURG, OH 44688</b>   |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>  | Title<br><b>Estimator</b>   | Signature<br><i>Brian Scafiro/jr</i>   | Date<br><b>11/29/11</b>  |

ASB-41  
MAY 11 **B511137**

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



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

|   |  |   |  |                                       |                          |   |  |   |                  |                                     |                          |                          |                          |
|---|--|---|--|---------------------------------------|--------------------------|---|--|---|------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>11 / 14 / 11  |  |   | Name of Building Owner/Operator (2)<br>Cape Regional Health System, Inc. |                                       |                          | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b><br/><br/> DEC - 5 2011<br/><br/> ASBESTOS CONTROL &amp;<br/> LICENSING<br/> Telephone Number </div>  |  |   |                  |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)   |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1-11/22/11<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>2 Stone Harbor Blvd |                          |   |  |   |                  |                                     |                          |                          |                          |
|   |  |   | City, State, Zip Code<br>Cape May Courthouse, NJ                         |                                       |                          |   |  |   |                  |                                     |                          |                          |                          |
|   |  |   | Name of Contact<br>Mark Elberfeld  |                                       |                          |   |  |   |                  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |  |                                       |                          |   |  |   |                  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Cape Regional Medical Center  |  |   |  |                                       |                          | 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 and commercial buildings, homes, etc.)  |  |   |                  |                                     |                          |                          |                          |
| Street Address<br>2 Stone Harbor Blvd   |  |   |  |                                       |                          | Square Feet<br>50,000   |  | # of Floors<br>2                                |                  | Bldg. Age<br>40+                    |                          |                          |                          |
| City (5)<br>Cape May Courthouse   |  |   |  |                                       |                          |   |  |   |                  |                                     |                          |                          |                          |
| County (6)<br>Cape May  |  |   |  | County Code (7)(STATE USE ONLY)       |                          | Current Use (Prior if being demolished)   |  |   |                  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Criterion Labs, Inc  |  |   |  | ASCM No.                              |                          | Name of Abatement Contractor (9)<br>BRISTOL ENVIRONMENTAL, INC.   |  |   |                  |                                     |                          |                          |                          |
| Street Address<br>3370 Progress Dr  |  |   |  |                                       |                          | Street Address<br>1123 BEAVER STREET  |  |   |                  |                                     |                          |                          |                          |
| City, State, Zip Code<br>Bensalem, PA 19020   |  |   |  |                                       |                          | City, State, Zip Code<br>BRISTOL, PA 19007  |  |   |                  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Mike Panapresso  |  |   |  | Telephone No.<br>215-244-1300         |                          | Telephone No.<br>215-788-6040   |  | License No.<br>00509                            |                  |                                     |                          |                          |                          |
| Start Date (10)<br>11 / 28 / 11   |  | Scheduled Completion Date (11)<br>12 / 2 / 11   |  |                                       |                          | Name of OSHA Monitor<br>BRISTOL ENVIRONMENTAL, INC.   |  |   |                  |                                     |                          |                          |                          |
| 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 Hours - Describe<br>Time of Abatement: 7:00AM-3:30PM/5:00PM-1:30AM<br>REV#1 - STARTING MON. 11/28 - 12/2/11 - 7AM-3:30PM |  |   |  |                                       |                          | Street Address<br>1123 BEAVER STREET  |  |   |                  |                                     |                          |                          |                          |
|   |  |   |  |                                       |                          | City, State, Zip Code<br>BRISTOL, PA 19007  |  |   |                  |                                     |                          |                          |                          |
| 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"/> 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 (*) and Non-Friable Procedure |  |   |                  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  |  |   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)    |                                       |                          | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  |  | Amount (Specify SF or LF)                       |                  | Abatement Type                      |                          |                          |                          |
|   |  |   | Yes  | No                                    | N/A                      |   |  |   |                  | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| 2 <sup>nd</sup> Floor Finance Room  |  |   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | Pipe Insulation and fittings  |  | 255 LF  |                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 <sup>st</sup> Floor Medical Records   |  |   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | Pipe fittings   |  | 8 LF  |                  | <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"/> |
| Name of Registered Waste Hauler<br>SERVICE TRANSPORT GROUP, INC.  |  |   |  | NJDEP Waste Hauler ID No.<br>20990    |                          | Cubic Yards of Waste  |  | Name of Registered Landfill<br>MINERVA LANDFILL |                  |                                     |                          |                          |                          |
| City, State<br>NEW CASTLE, DE 19720   |  |   |  |                                       |                          | Disposal Date   |  | City, State<br>WAYNESBURG, OH 44688             |                  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Brian Scafiro   |  |   | Title<br>Estimator   |                                       |                          | Signature<br>Brian Scafiro / jl   |  |   | Date<br>11/22/11 |                                     |                          |                          |                          |



RECEIVED  
DEC - 5 2011  
ASBESTOS CONTROL &  
LICENSING

|  |  |  |   |
|--|--|--|---|
| Date of Notification (1)<br>11 / 29 /11  |  | Name of Building Owner/Operator (2)<br>MERCK SHARP & DOHME CORP.   |   |
| 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 type="checkbox"/> Initial Notification<br><input checked="" type="checkbox"/> Amended Notification<br><input type="checkbox"/> Cancellation<br><input type="checkbox"/> On Hold<br><input type="checkbox"/> EMERGENCY NOTIFICATION |   |
| Street Address<br>126 E. LINCOLN AVENUE  |  | City, State, Zip Code<br>RAHWAY, NEW JERSEY 07065  |   |
| Name of Contact<br>GERRY STANKOVITZ  |  | Telephone Number<br>[REDACTED]   |   |
| FACILITY INFORMATION   |  |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br>MERCK SHARP & DOHME CORPORATION  |  | 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 (ie. private & commcl. bldgs., homes, etc.)   |   |
| Street Address<br>126 EAST LINCOLN AVENUE - BUILDING 71  |  | Square Feet<br>39,250  | # of Floors<br>3  |
| City (5)<br>RAHWAY   |  | County (6)<br>UNION  | Bldg. Age<br>71   |
| County Code (7)<br>(STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br>COMMERCIAL OFFICE   |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  |  | ASCM No.<br>17   | Name of Abatement Contractor (9)<br>PAR ENVIRONMENTAL CORPORATION |
| Street Address<br>655 WEST SHORE TRAIL   |  | Street Address<br>313 SPOOK ROCK ROAD  |   |
| City, State, Zip Code<br>SPARTA, NEW JERSEY 07871  |  | City, State, Zip Code<br>SUFFERN, NEW YORK 10901   |   |
| Project Manager for Monitoring Firm<br>WILLIAM S. KERBEL   |  | Telephone Number<br>973-729-5649   | Telephone Number<br>845-369-7500                                  |
| Expected State Date (10)<br>11 / 28 /11<br>Month Day Year  |  | Sched. Completion Date (11)<br>11 / 29 /11<br>Month Day Year   | License Number<br>460   |
| 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: MONDAY - FRIDAY 7AM-3:30 PM |  | Name of OSHA Monitor<br>QUALITY ENVIRONMENTAL  |   |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> >3SF OR LF<br><input type="checkbox"/> >160 SF OR   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Encls.<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Friable Procedure   |   |
| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)   |  | Is Location normally used solely by Maint/Custodial Staff (12)<br>Yes No N/A   | Abatement Type<br>REMOVAL REPAIR ENCAPSULE ENCLOSURE              |
| Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  | Amount (Specify SF or LF)  |   |
| BUILDING 71 -2ND FLOOR   |  | X WINDOW GLAZING   | 6.5 SF  |
| BUILDING 71- 3RD FLOOR   |  | X WINDOW GLAZING   | 6.5 SF  |
| Name of Registered Waste Hauler<br>DJM TRANSPORT , LLC   |  | NJDEP Waste Hauler ID No.<br>26981   | Cubic Yards of Waste<br>10  |
| City, State<br>KEARNEY, NEW JERSEY   |  | Disposal Date<br>11/28/2011-04/30/2012   | Name of Registered Landfill<br>GROWS LANDFILL                     |
| Completed by (Print or Type)<br>BENJAMIN SANCHEZ   |  | Title<br>DIRECTOR OF OPERATIONS  | Signature<br>[Signature] Date<br>11/29/11                         |



No check

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

Date of Notification (1)

11 / 18 /11

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☒ Initial Notification  
☐ Amended Notification  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

GERRY STANKOVITZ

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

126 EAST LINCOLN AVENUE - BUILDING 71

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

17

Square Feet

39,250

# of Floors

3

Bldg. Age

71

Current Use (Prior if being demolished)

COMMERCIAL OFFICE

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

11 / 28 /11  
Month Day Year

Sched. Completion Date (11)

4 / 30 / 12  
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Street Address

1376 ROUTE 9 W

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

☐ Demolition  
☒ >3SF OR LF  
☐ >160 SF OR  
☒ Renovation

☐ Full Containment with Negative Pressure

☒ Mini-Enclos.  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of  
Asbestos-containing  
Material (ACM)  
TO BE ABATED  
in Facility (13)

Is Location  
normally used  
solely by  
Maint/Custodial  
Staff (12)

Yes No N/A

Description of Asbestos-  
Containing Material (ACM)  
(ie. Thermal systems  
insulation, surfacing, VAT,  
or other miscellaneous)

Amount  
(Specify  
SF or LF)

Abatement Type

REMOVAL

REPAIR

ENCAPSULE

ENCLOSURE

BUILDING 71 -2ND FLOOR

X

WINDOW GLAZING

6.5 SF

BUILDING 71- 3RD FLOOR

X

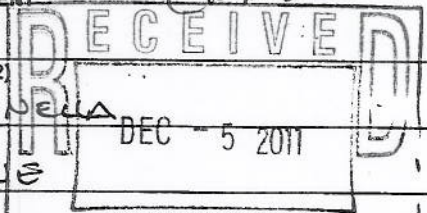
WINDOW GLAZING

6.5 SF



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

CL# 2653

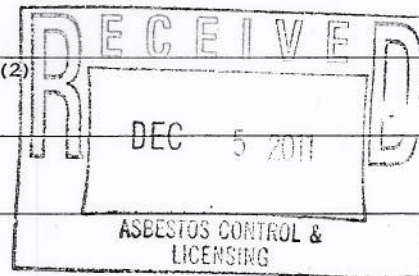


| Date of Notification (1)<br><b>12/1/11</b>  |   | Name of Building Owner/Operator (2)<br><b>MS. J. CURSINEA</b>   |   |   |                           |                        |        |             |           |
|---|---|---|---|---|---------------------------|------------------------|--------|-------------|-----------|
| 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><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>488 LEONIA AVE</b><br>City, State, Zip Code<br><b>BOGOTA, NJ. 07603</b>  |   |   |                           |                        |        |             |           |
|   |   | Name of Contact<br><b>MS. CURSINEA</b>  | Telephone Number  |   |                           |                        |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |                           |                        |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MS. CURSINEA</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>488 LEONIA AVE</b>   |   | Square Feet<br><b>1800</b>  | # of Floors<br><b>2</b>                                     |   |                           |                        |        |             |           |
| City (5)<br><b>BOGOTA</b>   |   | Bldg. Age<br><b>1945</b>  |   |   |                           |                        |        |             |           |
| County (6)<br><b>BELGEN</b>   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>   |   |   |                           |                        |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | ASCM No.  | Name of Abatement Contractor (9)<br><b>Best Removal Inc</b> |   |                           |                        |        |             |           |
| Street Address  |   | Street Address<br><b>450 South River St</b>   |   |   |                           |                        |        |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br><b>Hackensack, N.J. 07601</b>  |   |   |                           |                        |        |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.<br><b>201-329-7444</b>  | License No.<br><b>00388</b>                                 |   |                           |                        |        |             |           |
| Start Date (10)<br><b>12/13/11</b>  | Scheduled Completion Date (11)<br><b>12/14/11</b>   | Name of OSHA Monitor<br><b>Omega Environmental Services</b>   |   |   |                           |                        |        |             |           |
| 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<br><input checked="" type="checkbox"/> Other - Describe: <b>7 AM TO 5 PM</b>  |   | Street Address<br><b>280 Huyler St</b><br>City, State, Zip Code<br><b>South Hackensack, N.J. 07606</b>  |   |   |                           |                        |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> <input type="checkbox"/> <input 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) (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 |
| <b>BASEMENT</b>   |   |   | <b>X</b>  | <b>THEMAL INSULATION</b>  | <b>30 LF</b>              | <b>X</b>               |        |             |           |
|   |   |   |   |   |                           |                        |        |             |           |
|   |   |   |   |   |                           |                        |        |             |           |
|   |   |   |   |   |                           |                        |        |             |           |
| Name of Registered Waste Hauler<br><b>DJM Transport, Inc</b>  |   | NJDEP Waste Hauler ID No.<br><b>22393</b>   | Cubic Yards of Waste<br><b>1 1/2</b>                        | Name of Registered Landfill<br><b>Cumberland County Landfill</b>  |                           |                        |        |             |           |
| City, State<br><b>South Kearny N.J. 07032</b>   |   | Disposal Date<br><b>12/14/11</b>  |   | City, State<br><b>Newburgh PA, 17242</b>  |                           |                        |        |             |           |
| Completed by<br><b>J. MAIORANO</b>  |   | Title<br><b>Estimator</b>   |   | Signature<br><i>J. Maiorano</i>   |                           | Date<br><b>12/1/11</b> |        |             |           |



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

|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><b>12/1/11</b> |  | Name of Building Owner/Operator (2)<br><b>Ari Moses</b> |  |
| Agencies Notified                          | Type Notification  | Street Address<br><b>257 Winthrop Road</b>              |  |
| <input type="checkbox"/> EPA               | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>Teaneck, NJ 07666</b>       |  |
| <input type="checkbox"/> DEP               | <input type="checkbox"/> Amended Notification            | Name of Contact<br><b>Ari Moses</b>                     |  |
| <input checked="" type="checkbox"/> DOL    | <input type="checkbox"/> EMERGENCY                       | Telephone Number  |  |
| <input checked="" type="checkbox"/> DOH    | <input type="checkbox"/> Cancellation                    |   |  |
| <input type="checkbox"/> DCA               |  |   |  |



## FACILITY INFORMATION

|  |                             |                                     |  |                         |                        |
|--|-----------------------------|-------------------------------------|--|-------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Private</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>257 Winthrop Road</b>                             |                             |                                     | Square Feet<br><b>2500</b>   | # of Floors<br><b>2</b> | Bldg. Age<br><b>70</b> |
| City (5)<br><b>Teaneck</b>   | County (6)<br><b>Bergen</b> | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>Residence</b>  |                         |                        |

|   |  |   |  |                                |
|---|--|---|--|--------------------------------|
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |  | ASCM No.<br><b>67</b>                               | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b> |                                |
| Street Address  |  | Street Address<br><b>86 Christopher St.</b>         |  |                                |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>Montclair, NJ 07042</b> |  |                                |
| Project Manager for Monitoring Firm   |  | Telephone Number<br><b>N/A</b>                      | Telephone Number<br><b>(973) 744-8800</b>                          | License Number<br><b>00371</b> |
| Scheduled Start Date (10)<br><b>12/12/11</b><br>Month Day Year  | Sched. Completion Date (11)<br><b>12/14/11</b><br>Month Day Year | Name of OSHA Monitor<br><b>N/A</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 - Describe: «OffHours Descript»<br><input type="checkbox"/> Other - Describe: «Other Occupancy Descript» |  | Street Address                                      |  |                                |
|   |  | City, State, Zip Code                               |  |                                |

## Scope of Work (Check all that apply)

☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                                 |                            |   |   |
|--|--|----|-----|--|---------------------------|--|----------------------------|---|---|
|  | Yes  | No | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>E<br>M<br>E<br>N<br>T | 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<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Basement   |  |    | X   | Pipe Insulation  | 120 lf                    | X  |                            |   |   |
|  |  |    |     |  |                           |  |                            |   |   |
|  |  |    |     |  |                           |  |                            |   |   |

|   |  |   |   |  |                        |
|---|--|---|---|--|------------------------|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |  | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.5</b>          | Name of Registered Landfill<br><b>G.R.O.W.S.</b> |                        |
| City, State<br><b>Montclair, NJ 07042</b>                         |  | Disposal Date<br><b>12/15/11</b>          | City, State<br><b>Morrisville, PA 19067</b> |  |                        |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         |  | Title<br><b>President</b>                 | Signature<br>                               |  | Date<br><b>12/1/11</b> |



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

Check # 1243

Date of Notification (1)

11/30/2011

Name of Building Owner/Operator (2)

Bob Downey

Agency Notified

Type Notification

Street Address

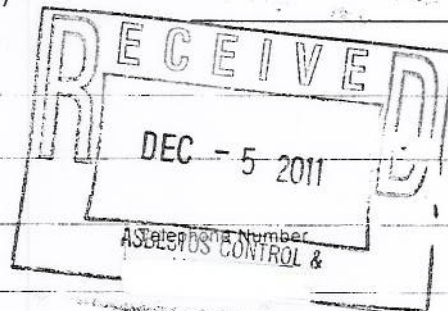
15 Roosevelt Street

City, State, Zip Code

Roseland, NJ 07068

Name of Contact

Bob Downey



☒ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

☒ Initial

☐ Amended

Amendment #

☐ Emergency (including

justification)

☐ Cancellation

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

15 Roosevelt Street

City (5)

Roseland, NJ 07068

County (6)

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Essex

Name of Monitoring Firm Hired by Building Owner(8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

Scheduled Completion Date (11)

Name of OSHA Monitor

12/09/2011

12/10/2011

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

Street Address

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe:

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf

☐ ≥160 sf or >260 lf

☒ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☒ Glovebag Procedure

☐ Non-Exempted (\*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff?<br>(12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify SF or LF) | Abatement Type |        |           |
|--|--|----|-----|---|------------------------------|----------------|--------|-----------|
|  | Yes  | No | N/A |   |                              | Removal        | Repair | Enclosure |
| Basement   |  |    | x   | Pipe insulation   | 50 LF                        | x              |        |           |
|  |  |    |     |   |                              |                |        |           |
|  |  |    |     |   |                              |                |        |           |

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

T.R.R.F. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

Tullytown, PA

Completed by

Title

Signature

Date

N.Jevtic

Owner

11/30/2011

ASB-41

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



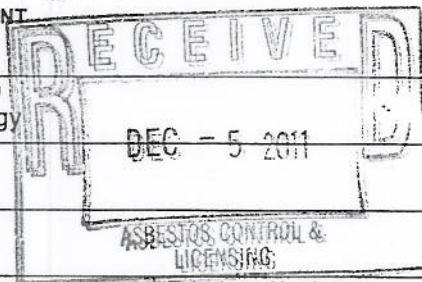
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

**RECEIVED** 3239  
DEC - 5 2011

| Date of Notification (1)<br><b>12/1/11</b>  |  | Name of Building Owner/Operator (2)<br><b>MR. G. PUSO</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>1159 - 64<sup>TH</sup> ST</b>  |   |   |                           |                        |        |             |           |
|   |  | City, State, Zip Code<br><b>NORTH BERGEN, NJ</b>  |   |   |                           |                        |        |             |           |
|   |  | Name of Contact<br><b>MR. G. PUSO</b>   | Telephone Number  |   |                           |                        |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |   |   |                           |                        |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MR PUSO</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>1159 - 64<sup>TH</sup> ST</b>  |  | Square Feet<br><b>2000</b>  | # of Floors<br><b>2</b>                                     |   |                           |                        |        |             |           |
| City (5)<br><b>NORTH BERGEN</b>   |  | Bldg. Age<br><b>1930</b>  |   |   |                           |                        |        |             |           |
| County (6)<br><b>HUDSON</b>   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>   |   |   |                           |                        |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>Best Removal Inc</b> |   |                           |                        |        |             |           |
| Street Address  |  | Street Address<br><b>450 South River St</b>   |   |   |                           |                        |        |             |           |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>Hackensack, N.J. 07601</b>  |   |   |                           |                        |        |             |           |
| Project Manager for Monitoring Firm   | Telephone No.  | Telephone No.<br><b>201-329-7444</b>  | License No.<br><b>00388</b>                                 |   |                           |                        |        |             |           |
| Start Date (10)<br><b>12/21/11</b>  | Scheduled Completion Date (11)<br><b>12/22/11</b>  | Name of OSHA Monitor<br><b>Omega Environmental Services</b>   |   |   |                           |                        |        |             |           |
| 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<br><input checked="" type="checkbox"/> Other - Describe: <b>7AM TO 5PM</b>  |  | Street Address<br><b>280 Huyler St</b>  |   |   |                           |                        |        |             |           |
|   |  | City, State, Zip Code<br><b>South Hackensack, N.J. 07606</b>  |   |   |                           |                        |        |             |           |
| Scope of Work (Check All That Apply)  |  |   |   |   |                           |                        |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |   |                           |                        |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type         |        |             |           |
|   | Yes  | No  | N/A   |   |                           | Removal                | Repair | Encapsulate | Enclosure |
| <b>BASEMENT/CRAW SPACE</b>  |  |   | <b>X</b>  | <b>THERMAL INSULATION</b>   | <b>180 LF</b>             | <b>X</b>               |        |             |           |
|   |  |   |   |   |                           |                        |        |             |           |
|   |  |   |   |   |                           |                        |        |             |           |
|   |  |   |   |   |                           |                        |        |             |           |
| Name of Registered Waste Hauler<br><b>DJM Transport, Inc</b>  |  | NJDEP Waste Hauler ID No.<br><b>22393</b>   | Cubic Yards of Waste<br><b>3</b>                            | Name of Registered Landfill<br><b>Cumberland County Landfill</b>  |                           |                        |        |             |           |
| City, State<br><b>South Kearny N.J. 07032</b>   |  | Disposal Date<br><b>12/22/11</b>  |   | City, State<br><b>Newburgh PA, 17242</b>  |                           |                        |        |             |           |
| Completed by<br><b>J. MAIORANO</b>  |  | Title<br><b>Estimator</b>   | Signature<br><i>[Signature]</i>                             |   |                           | Date<br><b>12/1/11</b> |        |             |           |



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



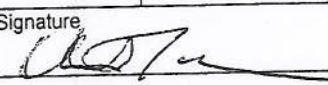
|  |   |   |  |   |                |                    |        |             |           |
|--|---|---|--|---|----------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>11/29/2011   |   | Name of Building Owner/Operator (2)<br>Stevens Institute of Technology  |  |   |                |                    |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>Castle Point on Hudson  |  |   |                |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____  | City, State, Zip Code<br>Hoboken, NJ 07030  |  |   |                |                    |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA   | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact<br>John Lanza   | Telephone Number<br>n/a  |   |                |                    |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |   |                |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Pond House   |   | 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 (i.e. private & commercial buildings, homes, etc.)                               |  |   |                |                    |        |             |           |
| Street Address<br>Castle Point on Hudson   |   | Square Feet<br>n/a  | # of Floors<br>n/a   |   |                |                    |        |             |           |
| City (5)<br>Hoboken  |   | Bldg. Age<br>n/a  |  |   |                |                    |        |             |           |
| County (6)<br>Hudson   | 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>Briggs Associates   |   | ASCM No.<br>0004  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc.  |   |                |                    |        |             |           |
| Street Address<br>3 Crosswicks Street  |   | Street Address<br>11 Rosengren Avenue   |  |   |                |                    |        |             |           |
| City, State, Zip Code<br>Bordentown, NJ 08505  |   | City, State, Zip Code<br>Totowa, NJ 07512   |  |   |                |                    |        |             |           |
| Project Manager for Monitoring Firm<br>Mike Hoodak   |   | Telephone No.<br>609-298-5520   | Telephone No.<br>973-345-8685  |   |                |                    |        |             |           |
| License No.<br>00675   |   |   |  |   |                |                    |        |             |           |
| Start Date (10)<br>12/09/2011  | Scheduled Completion Date (11)<br>12/12/2011  | Name of OSHA Monitor<br>D&S Abatement, Inc.   |  |   |                |                    |        |             |           |
| 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>11 Rosengren Avenue   |  |   |                |                    |        |             |           |
|  |   | City, State, Zip Code<br>Totowa, NJ 07512   |  |   |                |                    |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |   |                |                    |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |                |                    |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<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 |                    |        |             |           |
|  | Yes   | No  |  |   | N/A            | Removal            | Repair | Encapsulate | Enclosure |
| basement   | X   |   |  | pipe insulation                                       | 290 LF         | X                  |        |             |           |
|  |   |   |  |   |                |                    |        |             |           |
|  |   |   |  |   |                |                    |        |             |           |
|  |   |   |  |   |                |                    |        |             |           |
| Name of Registered Waste Hauler<br>D&S Abatement, Inc.   |   | NJDEP Waste Hauler ID No.<br>20996  | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>Waste Management of PA |                |                    |        |             |           |
| City, State<br>Totowa, NJ  |   | Disposal Date<br>TBD  |  | City, State<br>Tullytown, PA                          |                |                    |        |             |           |
| Completed by<br>Susan Brkusanin  |   | Title<br>Project Manager  |  | Signature<br>   |                | Date<br>11/29/2011 |        |             |           |



\*Emergency\*

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

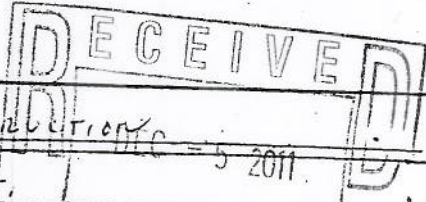
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|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Date of Notification (1)<br>12/1/11   |  | Name of Building Owner/Operator (2)<br>Baldwins Run Enhancement Project Camden County MUA   |  |  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" 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 checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>Farragut Av at the end of 32nd and 36th Street<br>City, State, Zip Code<br>Camden NJ 08105<br>Name of Contact<br>Tony<br>Telephone Number  |  |
| FACILITY INFORMATION  |  |   |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Baldwins Run Enhancement Project Camden County MUA  |  |   |  | Type of Facility (4)<br><input 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.) |  |
| Street Address<br>Farragut Av at the end of 32nd and 36th Street  |  |   |  | Square Feet<br>N/A   |  |
| City (5)<br>Camden NJ 08105   |  |   |  | # of Floors<br>N/A   |  |
| County (6)<br>Camden  |  |   |  | Bldg. Age<br>N/A   |  |
| County Code (7)<br>(STATE USE ONLY)   |  | Current Use (Prior if being demolished)   |  |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  | ASCM No.  |  | Name of Abatement Contractor (9)<br>Pernaco Inc.   |  |
| Street Address  |  | Street Address<br>PO Box 329  |  |  |  |
| City, State, Zip Code   |  | City, State, Zip Code<br>West Berlin NJ 08091   |  |  |  |
| Project Manager for Monitoring Firm   |  | Telephone No.   |  | Telephone No.<br>856-753-9800  |  |
| Start Date (10)<br>12/5/11  |  | Scheduled Completion Date (11)<br>12/16/11  |  | License No.<br>00727   |  |
| 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<br><input checked="" type="checkbox"/> Other - Describe: wooded area  |  |   |  | Name of OSHA Monitor<br>Pernaco 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 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 type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |  | Street Address<br>PO Box 329   |  |
| City, State, Zip Code<br>West Berlin NJ 08091   |  |   |  |  |  |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  |
| Debris Piles  |  |   |  | roofing/ siding / tile   |  |
|   |  |   |  | unknown  |  |
|   |  |   |  |  |  |
|   |  |   |  |  |  |
| Name of Registered Waste Hauler<br>United Containers  |  | NJDEP Waste Hauler ID No.<br>22459  |  | Cubic Yards of Waste<br>unknown  |  |
| City, State<br>Elm NJ   |  | Disposal Date<br>12/16/11   |  | Name of Registered Landfill<br>G.R.O.W.S.<br>City, State<br>Morrisville PA 19067   |  |
| Completed by<br>Anthony T Perna   |  | Title<br>President  |  | Signature<br>  |  |
|   |  |   |  | Date<br>12/1/11  |  |



CHECK #  
2141

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



|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>12/1/11   |  | Name of Building Owner/Operator (2)<br>PINELANDS CONSTRUCTION   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>300 77 TH ST.   |  | City, State, Zip Code<br>SEA ISLE CITY, N.J. 08243  |  |
| Name of Contact<br>FRANK EDUARDI  |  | Telephone Number  |  |
| FACILITY INFORMATION  |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br>RESIDENCE   |  | 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>919 CENTRAL AVE.  |  | Square Feet # of Floors Bldg. Age   |  |
| City (5)<br>OCEAN CITY  |  | Current Use (Prior if being demolished)<br>VACANT   |  |
| County (6)<br>CAPE MAY  |  | County Code (7) (STATE USE ONLY)  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  | ASCM No.  |  |
| Street Address  |  | Name of Abatement Contractor (9)<br>KLEMMCO INC.  |  |
| City, State, Zip Code   |  | Street Address<br>369 S. SPRUCE AVE.  |  |
| Project Manager for Monitoring Firm   |  | City, State, Zip Code<br>MAPLE SHADE, N.J. 08052  |  |
| Telephone No.   |  | Telephone No.<br>856-779-0472   |  |
| Start Date (10)<br>12/12/11   |  | License No.<br>00444  |  |
| Scheduled Completion Date (11)<br>12/19/11  |  | Name of OSHA Monitor<br>JOSEPH KLEMM  |  |
| 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>369 S. SPRUCE AVE.  |  |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input 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 |  | City, State, Zip Code<br>MAPLE SHADE, N.J. 08052  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br>SIDING  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A<br>X  |  |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)<br>TRANSITE  |  | Amount (Specify SF or LF)<br>3000 #   |  |
| Abatement Type<br>Removal Repair Encapsulate Enclosure<br>X   |  |   |  |
| Name of Registered Waste Hauler<br>KLEMMCO INC.   |  | NJDEP Waste Hauler ID No.<br>17904  |  |
| Cubic Yards of Waste  |  | Name of Registered Landfill<br>C.M.C.M.V.A.   |  |
| City, State<br>MAPLE SHADE, N.J.  |  | Disposal Date   |  |
| City, State<br>WOODBINE, N.J.   |  |   |  |
| Completed By<br>JOSEPH KLEMM  |  | Title<br>V/P  |  |
| Signature<br>Joseph Klemm   |  | Date<br>12/1/11   |  |

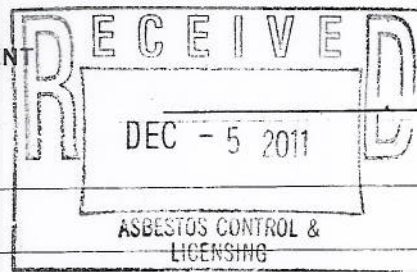


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |   |   |     |  |  |                   |        |             |           |
|--|---|---|-----|--|--|-------------------|--------|-------------|-----------|
| Date of Notification (1)<br>12-1-2011  |   | Name of Building Owner/Operator (2)<br>Legow Management                               |     | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b><br/> CK# 3337<br/> DEC - 5 2011<br/> ASBESTOS </div>  |  |                   |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>160 South Livingston Ave.   |     |  |  |                   |        |             |           |
| <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   | <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>Livingston, NJ 07039   |     |  |  |                   |        |             |           |
|  |   | Name of Contact<br>David  |     |  |  |                   |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |     |  |  |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Chilton Towers - Apartment # 10 N  |   |   |     | 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>220 West Jersey Str.   |   |   |     | Square Feet  | # of Floors  |                   |        |             |           |
| City (5)<br>Elizabeth  |   |   |     | Bldg. Age<br>50+   |  |                   |        |             |           |
| County (6)<br>Union  |   | County Code (7)<br>(STATE USE ONLY) _____   |     | Current Use (Prior if being demolished)<br>Apartment Unit  |  |                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>n/a   |   | ASCM No.<br>n/a   |     | Name of Abatement Contractor (9)<br>Jadar Contracting, LLC   |  |                   |        |             |           |
| Street Address<br>n/a  |   |   |     | Street Address<br>22 Troy Lane   |  |                   |        |             |           |
| City, State, Zip Code<br>n/a   |   |   |     | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |                   |        |             |           |
| Project Manager for Monitoring Firm<br>n/a   |   | Telephone No.<br>n/a  |     | Telephone No.<br>973-706-7950  | License No.<br>01088                               |                   |        |             |           |
| Start Date (10)<br>12-12-2011  |   | Scheduled Completion Date (11)<br>12-13-2011  |     | Name of OSHA Monitor<br>Jadar Contracting, LLC   |  |                   |        |             |           |
| 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<br><input checked="" type="checkbox"/> Other - Describe: 9 am - 5 pm |   |   |     | Street Address<br>22 Troy Lane   |  |                   |        |             |           |
|  |   |   |     | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |                   |        |             |           |
| 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 checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                   |        |             |           |
| Location of Asbestos-Containing Material (ACM)<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    |        |             |           |
|  | Yes   | No  | N/A |  |  | Removal           | Repair | Encapsulate | Enclosure |
| Kitchen of unit 10N  |   |   | ✓   | VAT  | 120  | ✓                 |        |             |           |
|  |   |   |     |  |  |                   |        |             |           |
|  |   |   |     |  |  |                   |        |             |           |
| Name of Registered Waste Hauler<br>Jadar Contracting, LLC  |   | NJDEP Waste Hauler ID No.<br>0033137  |     | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>G.R.O.W.S. Landfill |                   |        |             |           |
| City, State<br>Lincoln Park, NJ 07035  |   |   |     | Disposal Date<br>TBD   | City, State<br>Morrisville, PA 19067               |                   |        |             |           |
| Completed by<br>Lillie Lazarevich  |   | Title<br>Secretary  |     | Signature<br><i>Lillie Lazarevich</i>  |  | Date<br>12-1-2011 |        |             |           |



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



Check # 1244

|   |   |  |                  |
|---|---|--|------------------|
| Date of Notification (1)<br>12/01/2011  |   | Name of Building Owner/Operator (2)<br>Brad Norris               |                  |
| Agency Notified   | Type Notification   | Street Address   | Telephone Number |
| <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 | 421 Baker Avenue<br>City, State, Zip Code<br>Westfield, NJ 07090 |                  |
|   |   | Name of Contact<br>Brad Norris                                   |                  |

**FACILITY INFORMATION**

|  |                                  |   |           |
|--|----------------------------------|---|-----------|
| Name of Facility Where Abatement is Taking Place (3)<br>Private home |                                  | 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>421 Baker Avenue                                   |                                  | Square Feet   | Bldg. Age |
| City (5)<br>Westfield, NJ 07090                                      |                                  |   |           |
| County (6)<br>Union  | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)   |           |

|  |  |   |                      |
|--|--|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner(8)<br>ASCM No.   |  | Name of Abatement Contractor (9)<br>Gr Tech LLC       |                      |
| Street Address   |  | Street Address<br>576 Valley Rd #283                  |                      |
| City, State, Zip Code  |  | City, State, Zip Code<br>Wayne, NJ 07470              |                      |
| Project Manager for Monitoring Firm  | Telephone No.                                | Telephone No.<br>973-638-1777                         | License No.<br>01127 |
| Start Date (10)<br>12/10/2011  | Scheduled Completion Date (11)<br>12/11/2011 | Name of OSHA Monitor<br>Envirovision Consultants, Inc |                      |
| 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>20-21 Wagaraw Road, Bldg. # 34A     |                      |
|  |  | City, State, Zip Code<br>Fair Lawn, NJ 07410          |                      |

|   |   |  |  |
|---|---|--|--|
| 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 checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |

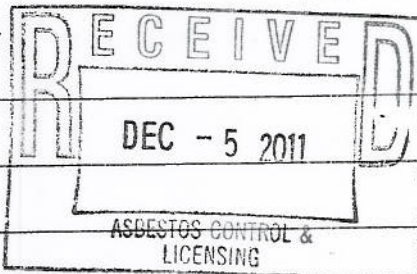
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify SF or LF) | Abatement Type |                    |           |
|---|---|----|-----|---|------------------------------|----------------|--------------------|-----------|
|   | Yes   | No | N/A |   |                              | Removal        | Encapsulate/Repair | Enclosure |
| Basement  |   |    | x   | Pipe insulation   | 110 LF                       | x              |                    |           |
|   |   |    |     |   |                              |                |                    |           |
|   |   |    |     |   |                              |                |                    |           |

|  |                                      |                               |  |
|--|--------------------------------------|-------------------------------|--|
| Name of Registered Waste Hauler<br>Gr Tech LLC | NJDEP Waste Hauler ID No.<br>0033785 | Cubic Yards of Waste          | Name of Registered Landfill<br>T.R.R.F. Inc. |
| City, State<br>Wayne, NJ 07470                 | Disposal Date                        | City, State<br>Tullytown, PA  |  |
| Completed by<br>N.Jevtic                       | Title<br>Owner                       | Signature<br><i>N. Jevtic</i> | Date<br>12/01/2011                           |

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



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



|   |  |  |                           |
|---|--|--|---------------------------|
| Date of Notification (1)<br>11/30/11 Ck:1667 \$200  |  | Name of Building Owner/Operator (2)<br>Livingston Public Schools |                           |
| Agencies Notified<br><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><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>11 Foxcroft Drive                              |                           |
|   |  | City, State, Zip Code<br>Livingston, New Jersey 07039            |                           |
|   |  | Name of Contact<br>Paul Ko                                       | Telephone Number<br>_____ |

| FACILITY INFORMATION  |  |   |  |
|---|--|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Riker Hill Elementary School  |  | Type of Facility (4)<br><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.) |  |
| Street Address<br>31 Blackstone Drive   |  | Square Feet<br>20,000   | # of Floors<br>2                                       |
| City (5)<br>Livingston, New Jersey 07039  |  | Bldg. Age<br>55+  |  |
| County (6)<br>Essex   | 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>Horizon Environmental Group  |  | ASCM No.<br>_____   | Name of Abatement Contractor (9)<br>Lilich Corporation |
| Street Address<br>PO Box 316  |  | Street Address<br>606 McBride Avenue  |  |
| City, State, Zip Code<br>Thorofare, New Jersey 08086  |  | City, State, Zip Code<br>Woodland Park, New Jersey 07424  |  |
| Project Manager for Monitoring Firm<br>Steve Flannigan  |  | Telephone No.<br>856-848-0800   | Telephone No.<br>973-225-8400                          |
| License No.<br>01104  |  |   |  |
| Start Date (10)<br>12/09/11   | Scheduled Completion Date (11)<br>12/11/11 | Name of OSHA Monitor<br>J&S Environmental Labs  |  |
| 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<br><input checked="" type="checkbox"/> Other - Describe: 4PM Start  |  | Street Address<br>2333 Route 22 West  |  |
|   |  | City, State, Zip Code<br>Union, New Jersey 07083  |  |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |  |

| Location of Asbestos-Containing Material (ACM) In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|   | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Room 1  |   | X  |     | Glue Dots   | 2 SF                      | X              |        |             |           |
| Room 2  |   | X  |     | Glue Dots   | 2 SF                      | X              |        |             |           |
| Room 3  |   | X  |     | Glue Dots   | 1 SF                      | X              |        |             |           |
| Room 4  |   | X  |     | Glue Dots   |                           |                |        |             |           |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Name of Registered Waste Hauler<br>Lilich Corporation | NJDEP Waste Hauler ID No.<br>18724 | Cubic Yards of Waste<br>2              | Name of Registered Landfill<br>G.R.O.W.S Landfill |
| City, State<br>Woodland Park, New Jersey 07424        |                                    | Disposal Date<br>12/13/11              | City, State<br>Morrisville, Pennsylvania          |
| Completed by<br>Tatiana Kalenikova                    | Title<br>Vice President            | Signature<br><i>Tatiana Kalenikova</i> | Date<br>11/30/11                                  |



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

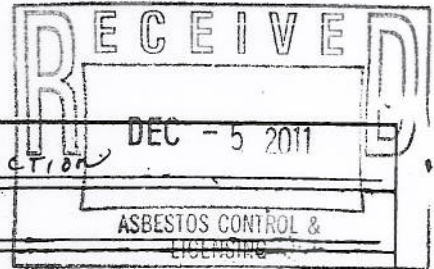
CL# 3234

|   |   |  |   |   |  |                             |        |             |           |
|---|---|--|---|---|--|-----------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>12/1/11</b>  |   | Name of Building Owner/Operator (2)<br><b>MS. D. MOORE</b>   |   | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b><br/> <b>DEC - 5 2011</b> </div>   |  |                             |        |             |           |
| Agencies Notified   | Type Notification   | Street Address   |   |   |  |                             |        |             |           |
| <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  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <b>S40 CHESTNUT ST</b><br>City, State, Zip Code<br><b>ORANGE, NJ, 07050</b><br>Name of Contact<br><b>MS. MOORE</b> |   |   |  |                             |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |  |   |   |  |                             |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MS. MOORE</b>  |   |  |   | Type of Facility (4)  |  |                             |        |             |           |
| Street Address<br><b>S40 CHESTNUT ST</b>  |   |  |   | <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.)   |  |                             |        |             |           |
| City (5)<br><b>ORANGE</b>   |   |  |   | Square Feet<br><b>2200</b>  | # of Floors<br><b>2</b>  | Bldg. Age<br><b>1945</b>    |        |             |           |
| County (6)<br><b>ESSEX</b>  |   | County Code (7)<br>(STATE USE ONLY) _____  |   | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>   |  |                             |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |   |  | ASCM No.                                  | Name of Abatement Contractor (9)  |  |                             |        |             |           |
| Street Address  |   |  |   | Best Removal Inc  |  |                             |        |             |           |
| City, State, Zip Code   |   |  |   | Street Address<br><b>450 South River St</b>   |  |                             |        |             |           |
| Project Manager for Monitoring Firm   |   |  | Telephone No.                             | Telephone No.<br><b>201-329-7444</b>  |  | License No.<br><b>00388</b> |        |             |           |
| Start Date (10)<br><b>12/14/11</b>  |   | Scheduled Completion Date (11)<br><b>12/15/11</b>  |   | Name of OSHA Monitor<br><b>Omega Environmental Services</b>   |  |                             |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |   |  |   | Street Address<br><b>280 Huyler St</b>  |  |                             |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>2800 1050</b> |   |  |   | City, State, Zip Code<br><b>South Hackensack, N.J. 07606</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 checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                             |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)  | Abatement Type              |        |             |           |
|   | Yes   | No   | N/A                                       |   |  | Removal                     | Repair | Encapsulate | Enclosure |
| <b>BASEMENT</b>   |   |  |   | <b>THERMAL SYSTEM INSULATION</b>  | <b>70 LFP</b>  | <b>X</b>                    |        |             |           |
|   |   |  |   |   |  |                             |        |             |           |
|   |   |  |   |   |  |                             |        |             |           |
| Name of Registered Waste Hauler<br><b>DJM Transport, Inc</b>  |   |  | NJDEP Waste Hauler ID No.<br><b>22393</b> | Cubic Yards of Waste<br><b>207</b>  | Name of Registered Landfill<br><b>Cumberland County Landfill</b> |                             |        |             |           |
| City, State<br><b>South Kearny N.J. 07032</b>   |   |  |   | Disposal Date<br><b>12/15/11</b>  | City, State<br><b>Newburgh PA, 17242</b>                         |                             |        |             |           |
| Completed by<br><b>J. MAIORANO</b>  |   |  | Title<br><b>Estimator</b>                 | Signature<br><i>[Signature]</i>   | Date<br><b>12/1/11</b>   |                             |        |             |           |



CHECK #  
2139

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

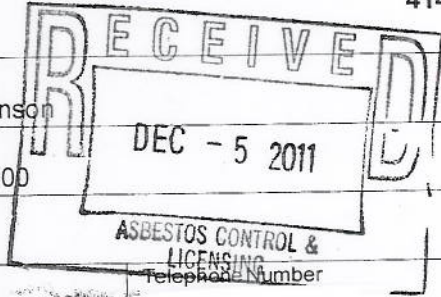


|  |   |  |  |                                     |        |             |           |
|--|---|--|--|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><u>12/1/11</u>   |   | Name of Building Owner/Operator (2)<br><u>PINELANDS CONSTRUCTION</u>   |  |                                     |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>300 77 TH ST.</u>   |  |                                     |        |             |           |
|  |   | City, State, Zip Code<br><u>SEA ISLE CITY, N.J., 08243</u>   |  |                                     |        |             |           |
|  |   | Name of Contact<br><u>FRANK EDUARDI</u>  | Telephone Number                                   |                                     |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |  |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |   | 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><u>22 72ND ST.</u>   |   | Square Feet  | # of Floors  |                                     |        |             |           |
| City (5)<br><u>SEA ISLE CITY</u>   |   | Bldg. Age  |  |                                     |        |             |           |
| County (6)<br><u>CAPE MAY</u>  | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><u>VACANT</u>   |  |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  | ASCM No.  | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>  |  |                                     |        |             |           |
| Street Address   |   | Street Address<br><u>369 S. SPRUCE AVE.</u>  |  |                                     |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br><u>MAPLE SHADE, N.J., 08052</u>   |  |                                     |        |             |           |
| Project Manager for Monitoring Firm  | Telephone No.   | Telephone No.<br><u>856-779-0472</u>   | License No.<br><u>00444</u>                        |                                     |        |             |           |
| Start Date (10)<br><u>12/15/11</u>   | Scheduled Completion Date (11)<br><u>12/22/11</u>   | Name of OSHA Monitor<br><u>JOSEPH KLEMM</u>  |  |                                     |        |             |           |
| 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><u>369 S. SPRUCE AVE.</u>  |  |                                     |        |             |           |
|  |   | City, State, Zip Code<br><u>MAPLE SHADE, N.J., 08052</u>   |  |                                     |        |             |           |
| Scope of Work (Check all that apply)   |   |  |  |                                     |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input 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 |  |                                     |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED IN Facility (13)</u>   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)<br><u>2000 LF</u>        | Abatement Type                      |        |             |           |
|  |   |  |  | Removal                             | Repair | Encapsulate | Enclosure |
| <u>SIDING</u>  |   | <u>TRANSITE</u>  | <u>2000 LF</u>                                     | <input checked="" type="checkbox"/> |        |             |           |
|  |   |  |  |                                     |        |             |           |
|  |   |  |  |                                     |        |             |           |
|  |   |  |  |                                     |        |             |           |
| Name of Registered Waste Hauler<br><u>KLEMMCO INC.</u>   | NJDEP Waste Hauler ID No.<br><u>17904</u>   | Cubic Yards of Waste   | Name of Registered Landfill<br><u>C.M.C.M.U.A.</u> |                                     |        |             |           |
| City, State<br><u>MAPLE SHADE, N.J.</u>  |   | Disposal Date  | City, State<br><u>WOODBINE, N.J.</u>               |                                     |        |             |           |
| Completed By<br><u>JOSEPH KLEMM</u>  | Title<br><u>V/P</u>   | Signature<br><u>Joseph Klemm</u>   | Date<br><u>12/1/11</u>                             |                                     |        |             |           |



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

4149



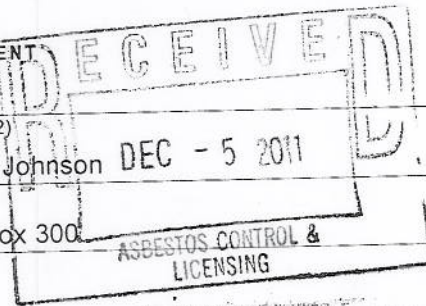
|  |   |   |   |  |                           |                                     |        |                        |           |
|--|---|---|---|--|---------------------------|-------------------------------------|--------|------------------------|-----------|
| Date of Notification (1)<br><b>December 01, 2011</b>   |   | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |   |  |                           |                                     |        |                        |           |
| Agencies Notified  | Type Notification   | Street Address<br><b>1000 / 1001 Route 202, PO Box 300</b>  |   |  |                           |                                     |        |                        |           |
| <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 type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>10</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Raritan, NJ 08869</b>   |   |  |                           |                                     |        |                        |           |
|  |   | Name of Contact<br><b>Project Manager</b>   |   |  |                           |                                     |        |                        |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |  |                           |                                     |        |                        |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</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>1000 / 1001 Route 202</b>   |   | Square Feet   | # of Floors<br><b>3</b>                             |  |                           |                                     |        |                        |           |
| City (5)<br><b>Raritan, NJ</b>   |   | Bldg. Age   |   |  |                           |                                     |        |                        |           |
| County (6)<br><b>Somerset</b>  | County Code (7)<br><i>(STATE USE ONLY)</i>  | Current Use (Prior if being demolished)<br><b>Facility</b>  |   |  |                           |                                     |        |                        |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |   | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |   |  |                           |                                     |        |                        |           |
| Street Address<br><b>12 Kilmer Drive</b>   |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |   |  |                           |                                     |        |                        |           |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |  |                           |                                     |        |                        |           |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   |   | Telephone No.<br><b>908-874-6207</b>  | License No.<br><b>00781</b>                         |  |                           |                                     |        |                        |           |
| Start Date (10)<br><b>5/6/11</b>   | Scheduled Completion Date (11)<br><b>12/31/11</b>   |   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</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>1500 Kings HWY N, STE 209</b>  |   |  |                           |                                     |        |                        |           |
|  |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |  |                           |                                     |        |                        |           |
| Scope of Work (Check All That Apply)   |   |   |   |  |                           |                                     |        |                        |           |
| <input checked="" 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 checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" 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 |
| OCD Central Steam Boiler   | <input checked="" type="checkbox"/>   |   |   | pipe   | 20 lf                     | <input checked="" type="checkbox"/> |        |                        |           |
| OCD K Building Basement - North Stairway   |   | <input checked="" type="checkbox"/>   |   | VAT & mastic   | 150 s/f                   | <input checked="" type="checkbox"/> |        |                        |           |
| OCD Boiler Plant   |   | <input checked="" type="checkbox"/>   |   | Breeching/Stack  | 230 s/f                   | <input checked="" type="checkbox"/> |        |                        |           |
| "-"  |   | <input checked="" type="checkbox"/>   |   | Tank   | 350 s/f                   | <input checked="" type="checkbox"/> |        |                        |           |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>   |   | NJ DEP Waste Hauler ID No.<br><b>22253</b>  | Cubic Yards of Waste<br><b>7.5</b>                  | Name of Registered Landfill<br><b>BFI Imperial Landfill</b>  |                           |                                     |        |                        |           |
| City, State<br><b>Freehold, NJ</b>   |   | Disposal Date<br><b>12/31/11</b>  |   | City, State<br><b>Imperial, PA 15126</b>   |                           |                                     |        |                        |           |
| Completed by<br><b>Michael Cooper</b>  |   | Title<br><b>President</b>   |   | Signature<br>  |                           |                                     |        | Date<br><b>12/1/11</b> |           |



[illegible]



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

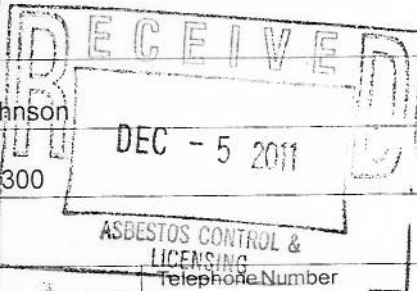


|  |  |  |  |   |                                     |                       |        |             |
|--|--|--|--|---|-------------------------------------|-----------------------|--------|-------------|
| Date of Notification (1)<br><b>May 05, 2011</b>  |  | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>   |  |   |                                     |                       |        |             |
| Agencies Notified  | Type Notification  | Street Address<br><b>1000 / 1001 Route 202, PO Box 300</b>   |  |   |                                     |                       |        |             |
| <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 type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Raritan, NJ 08869</b>  |  |   |                                     |                       |        |             |
|  |  | Name of Contact<br><b>Project Manager</b>  | Telephone Number   |   |                                     |                       |        |             |
| <b>FACILITY INFORMATION</b>  |  |  |  |   |                                     |                       |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</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>1000 / 1001 Route 202</b>   |  | Square Feet  | # of Floors<br><b>3</b>  |   |                                     |                       |        |             |
| City (5)<br><b>Raritan, NJ</b>   |  | Bldg. Age  |  |   |                                     |                       |        |             |
| County (6)<br><b>Somerset</b>  | County Code (7)<br><small>(STATE USE ONLY)</small>   | Current Use (Prior if being demolished)<br><b>Facility</b>   |  |   |                                     |                       |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>  |   |                                     |                       |        |             |
| Street Address<br><b>12 Kilmer Drive</b>   |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>   |  |   |                                     |                       |        |             |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>  |  |   |                                     |                       |        |             |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   | Telephone No.<br><b>908-874-6207</b>   | Telephone No.<br><b>(973) 759 - 5000</b>   | License No.<br><b>00781</b>  |   |                                     |                       |        |             |
| Start Date (10)<br><b>5/6/11</b>   | Scheduled Completion Date (11)<br><b>5/10/11</b>   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</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>1500 Kings HWY N, STE 209</b>   |  |   |                                     |                       |        |             |
|  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>  |  |   |                                     |                       |        |             |
| Scope of Work (Check All That Apply)   |  |  |  |   |                                     |                       |        |             |
| <input checked="" 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 checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                                     |                       |        |             |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><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)<br><b>TBD</b>                     | Abatement Type                      |                       |        |             |
|  | Yes  | No   |  |   | N/A                                 | Removal               | Repair | Encapsulate |
| <b>OCD Central Steam Boiler</b>  | <input checked="" type="checkbox"/>  |  |  |   | <input checked="" type="checkbox"/> |                       |        |             |
|  |  |  |  |   |                                     |                       |        |             |
|  |  |  |  |   |                                     |                       |        |             |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>   |  | NJ DEP Waste Hauler ID No.<br><b>22253</b>   | Cubic Yards of Waste<br><b>TBD</b>   | Name of Registered Landfill<br><b>BFI Imperial Landfill</b> |                                     |                       |        |             |
| City, State<br><b>Freehold, NJ</b>   |  | Disposal Date<br><b>5/10/11</b>  |  | City, State<br><b>Imperial, PA 15126</b>                    |                                     |                       |        |             |
| Completed by<br><b>Michael Cooper</b>  |  | Title<br><b>President</b>  | Signature<br>  |   |                                     | Date<br><b>5/5/11</b> |        |             |

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



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



|  |  |   |   |  |                           |                                     |        |             |           |
|--|--|---|---|--|---------------------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>June 02, 2011</b>   |  | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |   |  |                           |                                     |        |             |           |
| Agencies Notified  | Type Notification  | Street Address<br><b>1000 / 1001 Route 202, PO Box 300</b>  |   |  |                           |                                     |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>2</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Raritan, NJ 08869</b>   |   |  |                           |                                     |        |             |           |
|  |  | Name of Contact<br><b>Project Manager</b>   |   |  |                           |                                     |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                           |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</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>1000 / 1001 Route 202</b>   |  | Square Feet   | # of Floors<br><b>3</b>                             |  |                           |                                     |        |             |           |
| City (5)<br><b>Raritan, NJ</b>   |  | Bldg. Age   |   |  |                           |                                     |        |             |           |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Facility</b>  |   |  |                           |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |  | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |   |  |                           |                                     |        |             |           |
| Street Address<br><b>12 Kilmer Drive</b>   |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |   |  |                           |                                     |        |             |           |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |  |                           |                                     |        |             |           |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   |  | Telephone No.<br><b>908-874-6207</b>  | License No.<br><b>00781</b>                         |  |                           |                                     |        |             |           |
| Start Date (10)<br><b>5/6/11</b>   | Scheduled Completion Date (11)<br><b>12/31/11</b>  |   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</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>1500 Kings HWY N, STE 209</b>  |   |  |                           |                                     |        |             |           |
|  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |  |                           |                                     |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |  |                           |                                     |        |             |           |
| <input checked="" 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 checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" 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 |
| OCD Central Steam Boiler   | <input checked="" type="checkbox"/>  |   |   | pipe   | 20 lf                     | <input checked="" type="checkbox"/> |        |             |           |
| OCD K Building Basement - North Stairway   |  | <input checked="" type="checkbox"/>   |   | VAT & mastic   | 150 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| OCD Boiler Plant   |  | <input checked="" type="checkbox"/>   |   | Breeching/Stack  | 230 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| ---  |  | <input checked="" type="checkbox"/>   |   | Tank   | 350 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>   |  | NJ DEP Waste Hauler ID No.<br><b>22253</b>  | Cubic Yards of Waste<br><b>7.5</b>                  | Name of Registered Landfill<br><b>BFI Imperial Landfill</b>  |                           |                                     |        |             |           |
| City, State<br><b>Freehold, NJ</b>   |  | Disposal Date<br><b>12/31/11</b>  |   | City, State<br><b>Imperial, PA 15126</b>   |                           |                                     |        |             |           |
| Completed by<br><b>Michael Cooper</b>  |  | Title<br><b>President</b>   | Signature<br>                                       |  |                           | Date<br><b>6/2/11</b>               |        |             |           |



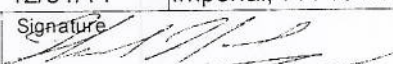
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br><b>July 28, 2011</b>  |   | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b> |  |
| Agencies Notified   | Type Notification   | Street Address<br><b>1000 / 1001 Route 202, PO Box 300</b>                             |  |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>3</b> | City, State, Zip Code<br><b>Raritan, NJ 08869</b>                                      |  |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation   | Name of Contact<br><b>Project Manager</b>  |  |

**RECEIVED**  
**DEC - 5 2011**  
**ASBESTOS CONTROL & LICENSE**

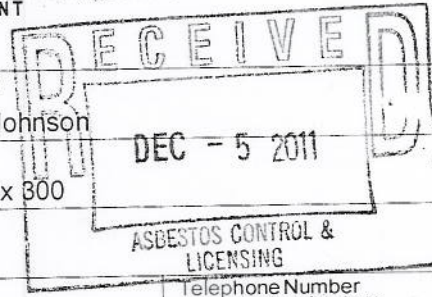
| FACILITY INFORMATION   |   |   |                             |
|--|---|---|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |                             |
| Street Address<br><b>1000 / 1001 Route 202</b>   |   | Square Feet   | # of Floors<br><b>3</b>     |
| City (5)<br><b>Raritan, NJ</b>   |   | Bldg. Age   |                             |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>Facility</b>  |                             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |   | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |                             |
| Street Address<br><b>12 Kilmer Drive</b>   |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |                             |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |                             |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   | Telephone No.<br><b>908-874-6207</b>  | Telephone No.<br><b>(973) 759 - 5000</b>  | License No.<br><b>00781</b> |
| Start Date (10)<br><b>5/6/11</b>   | Scheduled Completion Date (11)<br><b>12/31/11</b>                                     | Name of OSHA Monitor<br><b>The MACK Group, LLC.</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>1500 Kings HWY N, STE 209</b>  |                             |
|  |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |                             |
| Scope of Work (Check All That Apply)   |   |   |                             |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" 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 |
| OCD Central Steam Boiler  | <input checked="" type="checkbox"/>                                   |                                     |     | pipe   | 20 lf                     | <input checked="" type="checkbox"/> |        |             |           |
| OCD K Building Basement - North Stairway  |   | <input checked="" type="checkbox"/> |     | VAT & mastic   | 150 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| OCD Boiler Plant  |   | <input checked="" type="checkbox"/> |     | Breeching/Stack  | 230 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| "-"   |   | <input checked="" type="checkbox"/> |     | Tank   | 350 s/f                   | <input checked="" type="checkbox"/> |        |             |           |

|  |  |   |   |
|--|--|---|---|
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b> | NJ DEP Waste Hauler ID No.<br><b>22253</b> | Cubic Yards of Waste<br><b>7.5</b>  | Name of Registered Landfill<br><b>BFI Imperial Landfill</b> |
| City, State<br><b>Freehold, NJ</b>                         | Disposal Date<br><b>12/31/11</b>           | City, State<br><b>Imperial, PA 15126</b>  |   |
| Completed by<br><b>Michael Cooper</b>                      | Title<br><b>President</b>                  | Signature<br> | Date<br><b>7/28/11</b>                                      |



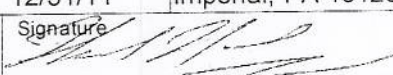
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



|  |   |   |  |   |                |                                     |        |             |           |
|--|---|---|--|---|----------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>July 29, 2011</b>   |   | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |  |   |                |                                     |        |             |           |
| Agencies Notified  |   | Street Address  |  |   |                |                                     |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                 |   | <b>1000 / 1001 Route 202, PO Box 300</b><br>City, State, Zip Code<br><b>Raritan, NJ 08869</b>   |  |   |                |                                     |        |             |           |
| Type Notification  |   | Name of Contact   |  |   |                |                                     |        |             |           |
| <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>4</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation             |   | <b>Project Manager</b><br>Telephone Number  |  |   |                |                                     |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |   |                |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |   | Type of Facility (4)  |  |   |                |                                     |        |             |           |
| Street Address<br><b>1000 / 1001 Route 202</b>   |   | <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.)   |  |   |                |                                     |        |             |           |
| City (5)<br><b>Raritan, NJ</b>   |   | Square Feet   | # of Floors<br><b>3</b>  |   |                |                                     |        |             |           |
| County (6)<br><b>Somerset</b>  |   | Bldg. Age   |  |   |                |                                     |        |             |           |
| County Code (7)<br>(STATE USE ONLY)  |   | Current Use (Prior if being demolished)<br><b>Facility</b>  |  |   |                |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |   | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |  |   |                |                                     |        |             |           |
| Street Address<br><b>12 Kilmer Drive</b>   |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |  |   |                |                                     |        |             |           |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |  |   |                |                                     |        |             |           |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   |   | Telephone No.<br><b>908-874-6207</b>  | License No.<br><b>00781</b>  |   |                |                                     |        |             |           |
| Start Date (10)<br><b>5/6/11</b>   | Scheduled Completion Date (11)<br><b>12/31/11</b>                     |   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>  |   |                |                                     |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |  |   |                |                                     |        |             |           |
| <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: |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |  |   |                |                                     |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |   |                |                                     |        |             |           |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |   |                |                                     |        |             |           |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                |                                     |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><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 |
| OCD Central Steam Boiler   | <input checked="" type="checkbox"/>                                   |   |  | pipe  | 20 lf          | <input checked="" type="checkbox"/> |        |             |           |
| OCD K Building Basement - North Stairway   |   | <input checked="" type="checkbox"/>   |  | VAT & mastic  | 150 s/f        | <input checked="" type="checkbox"/> |        |             |           |
| OCD Boiler Plant   |   | <input checked="" type="checkbox"/>   |  | Breeching/Stack   | 230 s/f        | <input checked="" type="checkbox"/> |        |             |           |
| -"   |   | <input checked="" type="checkbox"/>   |  | Tank  | 350 s/f        | <input checked="" type="checkbox"/> |        |             |           |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>   |   | NJ DEP Waste Hauler ID No.<br><b>22253</b>  | Cubic Yards of Waste<br><b>7.5</b>   | Name of Registered Landfill<br><b>BFI Imperial Landfill</b> |                |                                     |        |             |           |
| City, State<br><b>Freehold, NJ</b>   |   | Disposal Date<br><b>12/31/11</b>  |  | City, State<br><b>Imperial, PA 15126</b>                    |                |                                     |        |             |           |
| Completed by<br><b>Michael Cooper</b>  |   | Title<br><b>President</b>   | Signature<br>  | Date<br><b>7/29/11</b>                                      |                |                                     |        |             |           |




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

| Date of Notification (1)<br><b>September 13, 2011</b>  |  | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |   |   |   |                                     |        |             |           |
|--|--|---|---|---|---|-------------------------------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br><b>1000 / 1001 Route 202, PO Box 300</b>  |   |   |   |                                     |        |             |           |
| <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 type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>5</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Raritan, NJ 08869</b>   |   |   |   |                                     |        |             |           |
|  |  | Name of Contact<br><b>Project Manager</b>   |   |   |   |                                     |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |   |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</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>1000 / 1001 Route 202</b>   |  | Square Feet   | # of Floors<br><b>3</b>                             |   |   |                                     |        |             |           |
| City (5)<br><b>Raritan, NJ</b>   |  | Bldg. Age   |   |   |   |                                     |        |             |           |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Facility</b>  |   |   |   |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |  | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |   |   |   |                                     |        |             |           |
| Street Address<br><b>12 Kilmer Drive</b>   |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |   |   |   |                                     |        |             |           |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |   |   |                                     |        |             |           |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   |  | Telephone No.<br><b>908-874-6207</b>  | License No.<br><b>00781</b>                         |   |   |                                     |        |             |           |
| Start Date (10)<br><b>5/6/11</b>   | Scheduled Completion Date (11)<br><b>12/31/11</b>  |   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</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>1500 Kings HWY N, STE 209</b>  |   |   |   |                                     |        |             |           |
|  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |   |   |                                     |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |   |   |                                     |        |             |           |
| <input checked="" 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 checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag 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) | Amount (Specify SF or LF)                                   | Abatement Type                      |        |             |           |
|  | Yes  | No  | N/A   |   |   | Removal                             | Repair | Encapsulate | Enclosure |
| OCD Central Steam Boiler   | <input checked="" type="checkbox"/>  |   |   | pipe  | 20 lf   | <input checked="" type="checkbox"/> |        |             |           |
| OCD K Building Basement - North Stairway   |  | <input checked="" type="checkbox"/>   |   | VAT & mastic  | 150 s/f   | <input checked="" type="checkbox"/> |        |             |           |
| OCD Boiler Plant   |  | <input checked="" type="checkbox"/>   |   | Breeching/Stack   | 230 s/f   | <input checked="" type="checkbox"/> |        |             |           |
| "-"  |  | <input checked="" type="checkbox"/>   |   | Tank  | 350 s/f   | <input checked="" type="checkbox"/> |        |             |           |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>   |  | NJ DEP Waste Hauler ID No.<br><b>22253</b>  |   | Cubic Yards of Waste<br><b>7.5</b>  | Name of Registered Landfill<br><b>BFI Imperial Landfill</b> |                                     |        |             |           |
| City, State<br><b>Freehold, NJ</b>   |  | Disposal Date<br><b>12/31/11</b>  |   | City, State<br><b>Imperial, PA 15126</b>  |   |                                     |        |             |           |
| Completed by<br><b>Michael Cooper</b>  |  | Title<br><b>President</b>   |   | Signature<br>                           |   | Date<br><b>9/13/11</b>              |        |             |           |



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

4129

|  |  |   |   |   |                |                                     |        |             |           |
|--|--|---|---|---|----------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>October 05, 2011</b>  |  | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |   |   |                |                                     |        |             |           |
| Agencies Notified  | Type Notification  | Street Address  |   |   |                |                                     |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>6</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <b>1000 / 1001 Route 202, PO Box 300</b>  |   |   |                |                                     |        |             |           |
|  |  | City, State, Zip Code<br><b>Raritan, NJ 08869</b>   |   |   |                |                                     |        |             |           |
|  |  | Name of Contact<br><b>Project Manager</b>   |   |   |                |                                     |        |             |           |
|  |  | Telephone Number<br><b>ASBESTOS</b>   |   |   |                |                                     |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |                |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |  | Type of Facility (4)  |   |   |                |                                     |        |             |           |
| Street Address<br><b>1000 / 1001 Route 202</b>   |  | <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.)   |   |   |                |                                     |        |             |           |
| City (5)<br><b>Raritan, NJ</b>   |  | Square Feet   | # of Floors<br><b>3</b>   |   |                |                                     |        |             |           |
| County (6)<br><b>Somerset</b>  |  | Bldg. Age   |   |   |                |                                     |        |             |           |
| County Code (7)<br>(STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br><b>Facility</b>  |   |   |                |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |  | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |   |   |                |                                     |        |             |           |
| Street Address<br><b>12 Kilmer Drive</b>   |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |   |   |                |                                     |        |             |           |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |   |                |                                     |        |             |           |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   |  | Telephone No.<br><b>908-874-6207</b>  | License No.<br><b>00781</b>   |   |                |                                     |        |             |           |
| Start Date (10)<br><b>5/6/11</b>   | Scheduled Completion Date (11)<br><b>12/31/11</b>  |   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</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>1500 Kings HWY N, STE 209</b>  |   |   |                |                                     |        |             |           |
|  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |   |                |                                     |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |   |                |                                     |        |             |           |
| <input checked="" 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 checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag 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) | Amount (Specify SF or LF)                                   | Abatement Type |                                     |        |             |           |
|  | Yes  | No  |   |   | N/A            | Removal                             | Repair | Encapsulate | Enclosure |
| OCD Central Steam Boiler   | <input checked="" type="checkbox"/>  |   |   | pipe  | 20 lf          | <input checked="" type="checkbox"/> |        |             |           |
| OCD K Building Basement – North Stairway   |  | <input checked="" type="checkbox"/>   |   | VAT & mastic  | 150 s/f        | <input checked="" type="checkbox"/> |        |             |           |
| OCD Boiler Plant   |  | <input checked="" type="checkbox"/>   |   | Breeching/Stack   | 230 s/f        | <input checked="" type="checkbox"/> |        |             |           |
| "-"  |  | <input checked="" type="checkbox"/>   |   | Tank  | 350 s/f        | <input checked="" type="checkbox"/> |        |             |           |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>   |  | NJ DEP Waste Hauler ID No.<br><b>22253</b>  | Cubic Yards of Waste<br><b>7.5</b>  | Name of Registered Landfill<br><b>BFI Imperial Landfill</b> |                |                                     |        |             |           |
| City, State<br><b>Freehold, NJ</b>   |  | Disposal Date<br><b>12/31/11</b>  |   | City, State<br><b>Imperial, PA 15126</b>                    |                |                                     |        |             |           |
| Completed by<br><b>Michael Cooper</b>  |  | Title<br><b>President</b>   | Signature<br>                           |   |                | Date<br><b>10/5/11</b>              |        |             |           |







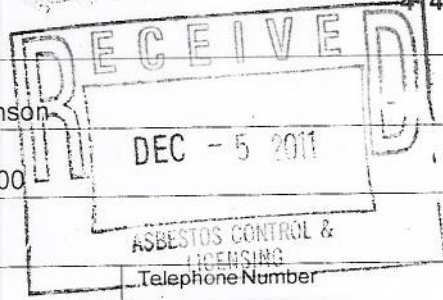
## 4136

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



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

4445



| Date of Notification (1)<br><b>October 26, 2011</b>  |  | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |                                    |  |                           |                                     |        |             |           |
|--|--|---|------------------------------------|--|---------------------------|-------------------------------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br><b>1000 / 1001 Route 202, PO Box 300</b>  |                                    |  |                           |                                     |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL  | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br><b>Amendment #8</b> | City, State, Zip Code<br><b>Raritan, NJ 08869</b>   |                                    |  |                           |                                     |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation  | Name of Contact<br><b>Project Manager</b>   |                                    |  |                           |                                     |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |                                    |  |                           |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</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>1000 / 1001 Route 202</b>   |  | Square Feet   | # of Floors<br><b>3</b>            |  |                           |                                     |        |             |           |
| City (5)<br><b>Raritan, NJ</b>   |  | Bldg. Age   |                                    |  |                           |                                     |        |             |           |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Facility</b>  |                                    |  |                           |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |  | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |                                    |  |                           |                                     |        |             |           |
| Street Address<br><b>12 Kilmer Drive</b>   |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |                                    |  |                           |                                     |        |             |           |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |                                    |  |                           |                                     |        |             |           |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   | Telephone No.<br><b>908-874-6207</b>   | Telephone No.<br><b>(973) 759 - 5000</b>  | License No.<br><b>00781</b>        |  |                           |                                     |        |             |           |
| Start Date (10)<br><b>5/6/11</b>   | Scheduled Completion Date (11)<br><b>12/31/11</b>  | Name of OSHA Monitor<br><b>The MACK Group, LLC.</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>1500 Kings HWY N, STE 209</b>  |                                    |  |                           |                                     |        |             |           |
|  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |                                    |  |                           |                                     |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |                                    |  |                           |                                     |        |             |           |
| <input checked="" 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 checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                    |  |                           |                                     |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><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 |
| OCD Central Steam Boiler   | <input checked="" type="checkbox"/>  |   |                                    | pipe   | 20 lf                     | <input checked="" type="checkbox"/> |        |             |           |
| OCD K Building Basement - North Stairway   |  | <input checked="" type="checkbox"/>   |                                    | VAT & mastic   | 150 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| OCD Boiler Plant   |  | <input checked="" type="checkbox"/>   |                                    | Breeching/Stack  | 230 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| "-"  |  | <input checked="" type="checkbox"/>   |                                    | Tank   | 350 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>   |  | NJ DEP Waste Hauler ID No.<br><b>22253</b>  | Cubic Yards of Waste<br><b>7.5</b> | Name of Registered Landfill<br><b>BFI Imperial Landfill</b>  |                           |                                     |        |             |           |
| City, State<br><b>Freehold, NJ</b>   |  | Disposal Date<br><b>12/31/11</b>  |                                    | City, State<br><b>Imperial, PA 15126</b>   |                           |                                     |        |             |           |
| Completed by<br><b>Michael Cooper</b>  |  | Title<br><b>President</b>   | Signature<br>                      | Date<br><b>10/26/11</b>  |                           |                                     |        |             |           |



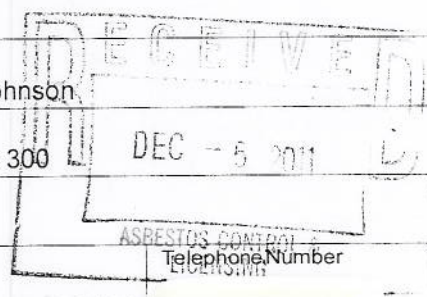




**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

4148


|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>November 18, 2011</b> |  | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b> |  |
| Agencies Notified                                    | Type Notification  | Street Address   |  |
| <input checked="" type="checkbox"/> EPA              | <input type="checkbox"/> Initial                             | <b>1000 / 1001 Route 202, PO Box 300</b>   |  |
| <input type="checkbox"/> DEP                         | <input checked="" type="checkbox"/> Amended                  | City, State, Zip Code  |  |
| <input checked="" type="checkbox"/> DOL              | Amendment # <b>9</b>   | <b>Raritan, NJ 08869</b>   |  |
| <input checked="" type="checkbox"/> DOH              | <input type="checkbox"/> Emergency (including justification) | Name of Contact  |  |
| <input type="checkbox"/> DCA                         | <input type="checkbox"/> Cancellation                        | <b>Project Manager</b>   |  |



|  |   |   |                             |
|--|---|---|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |   | Type of Facility (4)  |                             |
| Street Address<br><b>1000 / 1001 Route 202</b>   |   | <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.) |                             |
| City (5)<br><b>Raritan, NJ</b>   |   | Square Feet   | # of Floors<br><b>3</b>     |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)               | Current Use (Prior if being demolished)<br><b>Facility</b>  |                             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |   | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |                             |
| Street Address<br><b>12 Kilmer Drive</b>   |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |                             |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |                             |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   |   | Telephone No.<br><b>908-874-6207</b>  | License No.<br><b>00781</b> |
| Start Date (10)<br><b>5/6/11</b>   | Scheduled Completion Date (11)<br><b>12/31/11</b> | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>   |                             |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |                             |
| <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: _____ |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |                             |

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

| Location of Asbestos-Containing Material (ACM)<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 |
| OCD Central Steam Boiler  | <input checked="" type="checkbox"/>                                   |                                     |     | pipe   | 20 lf                     | <input checked="" type="checkbox"/> |        |             |           |
| OCD K Building Basement – North Stairway  |   | <input checked="" type="checkbox"/> |     | VAT & mastic   | 150 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| OCD Boiler Plant  |   | <input checked="" type="checkbox"/> |     | Breeching/Stack  | 230 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| "-"   |   | <input checked="" type="checkbox"/> |     | Tank   | 350 s/f                   | <input checked="" type="checkbox"/> |        |             |           |

|  |  |  |   |   |                         |
|--|--|--|---|---|-------------------------|
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b> |  | NJ DEP Waste Hauler ID No.<br><b>22253</b> | Cubic Yards of Waste<br><b>7.5</b>  | Name of Registered Landfill<br><b>BFI Imperial Landfill</b> |                         |
| City, State<br><b>Freehold, NJ</b>                         |  | Disposal Date<br><b>12/31/11</b>           |   | City, State<br><b>Imperial, PA 15126</b>                    |                         |
| Completed by<br><b>Michael Cooper</b>                      |  | Title<br><b>President</b>                  | Signature<br> |   | Date<br><b>11/18/11</b> |



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

*CR# 2174*

|  |   |   |  |  |                           |                                     |                          |                          |                          |
|--|---|---|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>11</u> / <u>14</u> / <u>11</u>  |   | Name of Building Owner/Operator (2)<br><b>Cape Regional Health System, Inc.</b>   |  |  |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA 8376<br><input checked="" type="checkbox"/> DOLWD 8338<br><input checked="" type="checkbox"/> DHSS 8369<br><input type="checkbox"/> DCA (NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> DEC - 5 2011 </div> Street Address<br><b>2 Stone Harbor Blvd</b><br>City, State, Zip Code<br><b>Cape May Courthouse, NJ</b><br>Name of Contact<br><b>Mark Elberfeld</b><br>Telephone Number<br>_____                      |  |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |   |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Cape Regional Medical Center</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 and commercial buildings, homes, etc.)  |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>2 Stone Harbor Blvd</b>   |   |   |  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Cape May Courthouse</b>   |   | Square Feet<br><b>50,000</b>  | # of Floors<br><b>2</b>  |  |                           |                                     |                          |                          |                          |
|  |   | Bldg. Age<br><b>40+</b>   |  |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Cape May</b>  | County Code (7) (STATE USE ONLY)  |   | Current Use (Prior if being demolished)                                |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Criterion Labs, Inc</b>  |   | ASCM No.  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>3370 Progress Dr</b>  |   | Street Address<br><b>1123 BEAVER STREET</b>   |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Bensalem, PA 19020</b>   |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>   |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mike Panapresso</b>  |   | Telephone No.<br><b>215-244-1300</b>  | License No.<br><b>00509</b>  |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><u>11</u> / <u>28</u> / <u>11</u>   | Scheduled Completion Date (11)<br><u>12</u> / <u>2</u> / <u>11</u>  |   | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>             |  |                           |                                     |                          |                          |                          |
| 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 Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / <b>5:00 PM - 1:30 AM</b> |   | Street Address<br><b>1123 BEAVER STREET</b><br>City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                           |                                     |                          |                          |                          |
| 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<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 (*) and Non-Friable Procedure |  |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes   | No  | N/A  |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>2<sup>nd</sup> Floor Finance Room</b>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <b>Pipe Insulation and fittings</b>  | <b>255 LF</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>1<sup>st</sup> Floor Medical Records</b>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <b>Pipe fittings</b>   | <b>8 LF</b>               | <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"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>  |   | NJDEP Waste Hauler ID No.<br><b>20990</b>   | Cubic Yards of Waste   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>   |   |   | Disposal Date  | City, State<br><b>WAYNESBURG, OH 44688</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>   |   | Title<br><b>Estimator</b>   | Signature<br><i>Brian Scafiro / jl</i>                                 |  |                           | Date<br><b>11/14/11</b>             |                          |                          |                          |