STEVENS ENVIRONMENTAL SERVICES INC. ORCK #2-1582 MECEIVED

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

Date of Notification (1) 12/12/11				Name of Building Owner/Operator (2) Educational Testing Service												
Agencies Notified	Type Notification	n		Street Address Rosedal e Road												
□ EPA □ DEP IX DOL	Initial Amended Amendment		_	City, State, Zip Code Princeton, NJ 0854 SESTOS CONTROL &												
M DOH □ DCA	Emergency (justification) Cancellation		1	Name of Contact John Bailey Telephone Number												
				FACILITY INFORMATION												
Name of Facility Where	Abatement is Taki ETS - Faci			ling			Type of Facilit									
Street Address			555	mig	E		School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings,									
	Rosed	dale R	oad				homes, etc.)									
City (5)	Pri	ncetor	1			<u> </u>	Square Feet	# of Floors	_ =	ldg. /	-\ge					
County (6)	lercer			Cou	nty Code (ONLY)	7) (STATE	Current Use (F	Prior if being demoli maintenanc								
Name of Monitoring Firm Hired by Building Owner (8) MECS					No.		ement Contractor (9) evens Environmental Services, Inc.									
Street Address						Street Address										
PO Box 341						PO Box 322										
City, State, Zip Code	5			City, State, Zip 0	Code Allentown, NJ 08501											
Crosswicks, NJ 08515 Project Manager for Monitoring Firm Tel					No.	Telephone No.										
William W	I CENTERS		8-4070		59-9688 00493											
Start Date (10)			ion Date (11) Name of OSHA Monitor													
12/22/11	2/23/	11_			N.	IECS				_						
Occupancy Status Durin		Street Address PO Box 341														
Scope of Work (Check a	ill that apply)						Crosswic	K5, 145 005 15	-			=				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitio														
25			ocatio						Abatement Type							
Location of Used Sole Maintena Asbestos-Containing Material (ACM)					Achost	Description of os Containing Mat		Amount		177		\dashv				
TO BE ABAT	ED	Cu	stodia staff? (12)			thermal systems i surfacing, VAT, other miscellaneo	insulation, , or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
(13)		Yes	No	N/A		other miscellanet	ous)		val	air	ulate	sure				
various areas						asbestos fitti	ngs	42 fitings	×							
								******			-	-				
					Vaste No.	Cubic Yards of Waste	Name of Reg	istered Landfill T.R.R.F., In								
City, State		7540.24	=	182	.92	Disposal Date	City, State					-				
Completed By	Allentown, 1				12/23/11/2 Tullytown, PA Date							_				
Mahlon E. Ste	oject	Man	ager	7/1/	\angle		12/12	2/11		-						

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) WAXMAN 12 Agencies Notified Type Notification Street Address DEC 14 315 OAKWOOD ROAD Initial **EPA** City, State, Zip Code Amended DEP 0763/ASBESTOS CONTROL & × ENGLEWOOD Amendment # DOL Emergency (including Telephone Number Name of Contact justification) DOH WAXMAL MA Cancellation DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MR WAXMAN School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 315 OAKWOOD etc.) Square Feet # of Floors Bldg. Age City (5) 2 850 ENGLEWOOD Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) BERGER Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) A. Mac Contracting Inc. Street Address Street Address 105 Lowell Road City, State, Zip Code City, State, Zip Code Glen Rock, N.J. 07452 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 00156 201-262-5841 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental Services Inc. Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler Street Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Hackensack, NJ 07606 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by , Asbestos Containing Material (ACM) Amount Encapsulate Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify Removal TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes PIPE 68LE X BASEMENT Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste / Hauler ID No. IESI PA Bethlehem Landfill Corp. Rovic Transport 20785 Disposal/Date City, State City, State 31/11 Bethlehem, PA 18015 Riverdale, New Jersey 07457 ON Date Title Completed by President R. McDonald

State of New Jersey

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

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

Date of Notification (1) 12/12/2011			Building O	wner/Ope	rator (2) 6 5	\mathbb{W}_{\perp}	5 11							
Agencies Notified Type Notification EPA Initial			ngsland (1.00		DEC 14	2011		i						
DEP Amended Amendment #		-	Nutley,	e, Zip Cod NJ 071					21						
DOH justification) Cancellation	o,oog	100	Name of Glenn (Cianci			ASBESTOS CONTROL & LICENSING Telephone Number								
Name of Facility Where Abatement is Taking Building 103		FACIL	ITY INFO	RMATION		Type of Facility (4)									
Street Address same as above							Other (i.e.	r 8 (Oth	er than K-1 & commerc	2) ial buil	dings,	home	es,		
City (5)	<u> </u>		7				Square Feet	uare Feet # of Floors			Bldg. Age				
County (6) Essex		County C	ode (7) SE ONLY)		-	Current Use (Pr shipping/rece		ing demolis	hed)						
Name of Monitoring Firm Hired by Building Ov EHI		ASCM	No.			ue of Abatement Contractor (9) N/R/save Inc									
Street Address 655 West Shore Trail				10.7		et Address West STreet									
City, State, Zip Code Sparta, NJ						, State, Zip Code comfield, NJ 07003									
Project Manager for Monitoring Firm	1	Telephon (973) 7	ne No. 29-5649			phone No. License No. 3) 680-0088 257									
	Com	ompletion Date (11) Name of OSHA Monitor													
Occupancy Status During Abatement (Check)	Street Address													
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:															
Scope of Work (Check All That Apply)	W. 15.		III.												
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	nova				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
						Non-Exemple	id Holl i He	Abatement							
Location of	ocational	y .		Descr	cription of			Amount (Specify SF or LF)		Туре					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Solel tenar dial S (12)	nce/	Asbestos Containing (i.e. thermal system surfacing, V other miscella			aterial (ACM) insulation, T, or	(Repair	Encapsulate	Enclosure			
	Yes	No	N/A									TO .			
Exterior Overhang	Exterior Overhang				roc	ofing	110	680 sf x							
Name of Registered Waste Hauler Waste Management	Н	JDEP Wauler ID I	The state of the s	Cubic Ya of Waste		Name of Registered Landfill Tullytown Resource or Grand Central									
City, State Morrisville PA					Disposal	Date	City, Sta Tullyto		A or Pen	Argyl	PA				
Completed by Sharon Hendee	Title owner)		Sigr	nature	SHAN	4		ate 2/12/	11				

ASB-41 (R-06-08)

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

** Actual work days may be dependent on weather to be

nect	8	N		CATION		ESTOS	ABATEN	50 C C C C C C C C C C C C C C C C C C C	DE	PE	7 00		Contracts.				
Date of Notification (1) 12/13/11		Name of Building Owner/Operator (2) PSE&G Fossil LLC Mercer Generating Station															
Agencies Notified	Type Notification		Street Address 2512 Lamberton Road DEC 1 4 2011														
EPA DEP DOL	DEP Amended Amendment # Emergency (including						City, State, Zip Code Hamilton, New Jersey 08611 Name of Contact Tell-binne Mumiter										
DOH DCA	justification) Cancellation		100	Mark Schwartzkopf FACILITY INFORMATION													
Name of Facility Where A PSE&G Fossil Mero Street Address	cer Generating)	FACIL	LITY INFO	DRMAT		Subch	I (K-12) apter 8 (Ot	ner than K-1	2)	in in					
2512 Lamberton Ro						etc.) Square Fee	t #	# of Floors		Bldg. Age							
Hamilton, New Jers County (6) Mercer		County C	Code (7)			150,000 Current Use											
Name of Monitoring Firm Accredited Environ		ASCM 0021	No.			me of Abatement Contractor (9) and Energy Services, LLC											
Street Address 28 Pennell Road			Necessary .			reet Address 40 Veterans Drive											
City, State, Zip Code Media, PA 19063						ty, State, Zip Code wedesboro, NJ 08085											
Project Manager for Mon Eric Houseknecht			8-1108		856-4	one No. 167 - 2850		License N 01009	No.								
Start Date (10) 01/01/2012*		Schedule 12/31/2		pletion [Date (11)		A TALL AND RESIDENCE AND AND ADDRESS OF THE	ne of OSHA Monitor credited Environmental Technologies									
Occupancy Status During Facility Closed/Vaca		ent			7:00 000	treet Address 8 Pennell Road											
Abatement Perform Other – Describe:				_		ate, Zip Cod a, PA 190											
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)	R R	enovat emoliti	ion on			×	Mini-Encl	osure Procedure	h Negative			re				
		130000	Locatio	37-7-C		505						Abat	emen ype	t			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location of Used So Mainten Custodia (12)				y by ice/		os Con therma surfa		aterial (ACN insulation, Γ, or	· •	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure			
11 11 11 11 12 12 12		Yes	No	N/A			10			1,000 LF			it e	_ a			
	Unit #1 & #2 Powerhouse X Unit #1 & #2 Powerhouse X							System Insul 1 System Insul 2			X						
Name of Registered Was Waste Management	На	NJDEP Waste Hauler ID No. 17273 Cubic Yards of Waste 40 CY				Tullytown Poscuros Poscuros				ery F	acili	ty					
City, State Trenton, NJ				- CONTRACTOR			sal Date		State ytown, P	A 19097							
Completed by Gary Fedor	Multi-	Service	e Manag		Signature		,,	D	ate 2/13/	11							

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

Date of Notification (1) 12/12/2011	Name of Building Owner/Operator (2) DECEIVE														
Agencies Notified Type Notification FPA X Initial	F.724	Street Address 340 Kingsland Street City, State, Zip Code													
DEP Amended Amendment #				, Zip Cod NJ 071		1	F7 6				ex.mar.				
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	iciuaing	100	ame of C I Urtula			1	Ĺ	ASBE	.gr(Ţel €	phone Nun	nber				
			FACILI	TY INFO	RMATIO	N	2000		-6%) Tea				
Name of Facility Where Abatement is Taking Building 76	Place (3)					5	TI so	Facility (4 chool (K-1)	2)	er than K-12	2)				
Street Address							X O	ther (i.e. p	rivate 8	commercia	al build	ings,	nome	s,	
same as above					-		Square	c.) Feet	# of	Floors	BI	dg. A	ge		
City (5)									15					_	
County (6) Essex			ounty Co	ode (7) SE ONLY)		_	labs a	and office	es	ng demolish	ned)				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			of Abate R/Sav	ement Con e Inc.	tractor	(9)					
Street Address 655 West Shore Trail						eet Address West Street									
City, State, Zip Code Sparta, NJ						y, State, Zip Code oomfield, NJ 07003									
Project Manager for Monitoring Firm		elephon	e No. 29-5649		ephone No. License No. 73) 680-0088 357										
Start Date (10)	Scheduled 12/28/11	Comp					ne of OSHA Monitor								
12/26/11**	2.000			-	Street	eet Address									
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F			ent			0001									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility H	ours			_ [City, S	tate, Zip	Code							
Scope of Work (Check All That Apply)							-		-1000	8.4					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Security 1	novatio molitio				××	Min Glo	i-Enclosur vebag Pro	e cedure	n Negative			e		
		-					I NOI	-Exemple	u () ai	id Non-i na	1	Abatement			
		ocation rmally Descripti					ion of				Туре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	Solely	by ce/		tos Conta thermal surfac	cription of aining Material (ACM) systems insulation, ing, VAT, or iscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A										Ф		
Kitchen Area	Kitchen Area				I	oiping	ing			200 If			_	-	
											+	-	-	-	
							<u> </u>				+	-		\vdash	
Name of Registered Waste Hauler	37.0315	IDEP W		Cubic	3332			Registered Landfill							
Waste management	Hauler ID No. of Waste 304597					Tullytown Resource or Grand Cen					entr	al			
City, State Morrisville PA			1		Dispos	sal Date	•	City, State Tullytown PA or Pen Argyle PA							
Completed by Sharon Hendee Owner						Signature Date 12/12/11									

ASB-41 (R-06-08)

**E ackal work days dependent

on other trules

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