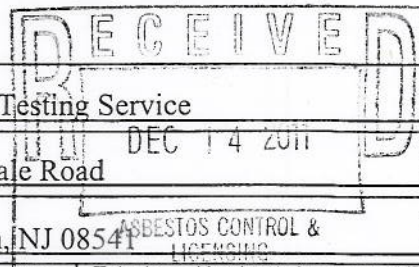


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

STEVENS ENVIRONMENTAL  
SERVICES INC.  
CHECK #24582

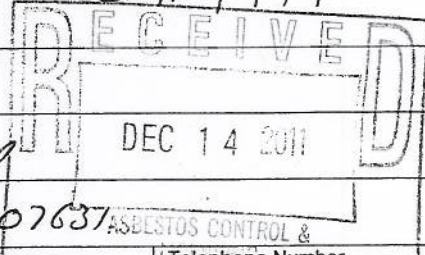


Date of Notification (1) <u>12/12/11</u>		Name of Building Owner/Operator (2) <u>Educational Testing Service</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>Rosedale Road</u>						
		City, State, Zip Code <u>Princeton, NJ 08541</u>						
		Name of Contact <u>John Bailey</u>						
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>								
Name of Facility Where Abatement is Taking Place (3) <u>ETS - Facilities Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>Rosedale Road</u>		Square Feet	# of Floors					
City (5) <u>Princeton</u>		Bldg. Age						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>maintenance</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>12/22/11</u>	Scheduled Completion Date (11) <u>12/23/11</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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) <u>42 fittings</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>various areas</u>			<u>asbestos fittings</u>	<u>42 fittings</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/23/11</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 			Date <u>12/12/11</u>		



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

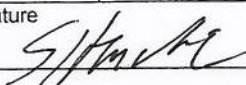
CH# 7797



Date of Notification (1) <b>12/21/11</b>		Name of Building Owner/Operator (2) <b>MR WAXMAN</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>315 OAKWOOD ROAD</b>							
		City, State, Zip Code <b>ENGLEWOOD N.J. 07637</b>							
		Name of Contact <b>MR WAXMAN</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MR WAXMAN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>315 OAKWOOD ROAD</b>		Square Feet <b>1850</b>	# of Floors <b>2</b>						
City (5) <b>ENGLEWOOD</b>		Bldg. Age <b>56</b>							
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RES</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>							
Street Address		Street Address <b>105 Lowell Road</b>							
City, State, Zip Code		City, State, Zip Code <b>Glen Rock, N.J. 07452</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>						
Start Date (10) <b>12/21/11</b>	Scheduled Completion Date (11) <b>12/22/11</b>	Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>			<b>X</b>	<b>PIPE</b>	<b>68 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>					
City, State <b>Riverdale, New Jersey 07457</b>		Disposal Date <b>12/21/11 on</b>		City, State <b>Bethlehem, PA 18015</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature 				Date <b>12/21/11</b>	



**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) Hoffmann-LaRoche							
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 14 2011 ASBESTOS CONTROL &amp; LICENSING </div>						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	340 Kingsland Street							
		City, State, Zip Code Nutley, NJ 07110							
		Name of Contact Glenn Cianci	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 103		Type of Facility (4)							
Street Address same as above		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5)		Square Feet	# of Floors 3						
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) shipping/receiving						
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No.	Name of Abatement Contractor (9) Pow/R/save Inc						
Street Address 655 West Shore Trail		Street Address 27 West Street							
City, State, Zip Code Sparta, NJ		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm		Telephone No. (973) 729-5649	License No. 357						
Start Date (10) 12/23/11**	Scheduled Completion Date (11) 12/30/11**	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Overhang		x		roofing	680 sf	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 304597	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource or Grand Central					
City, State Morrisville PA			Disposal Date	City, State Tullytown PA or Pen Argyl PA					
Completed by Sharon Hendee		Title owner	Signature 	Date 12/12/11					

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



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


*No check*

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							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hamilton, New Jersey 08611							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Mark Schwartzkopf							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSE&G Fossil Mercer Generating Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2512 Lamberton Road		Square Feet 150,000	# of Floors 10						
City (5) Hamilton, New Jersey 08611		Bldg. Age 50							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No. 0021	Name of Abatement Contractor (9) Brand Energy Services, LLC						
Street Address 28 Pennell Road		Street Address 740 Veterans Drive							
City, State, Zip Code Media, PA 19063		City, State, Zip Code Swedesboro, NJ 08085							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-218-1108	Telephone No. 856-467-2850						
Start Date (10) 01/01/2012*		Scheduled Completion Date (11) 12/31/2012*	License No. 01009						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Active Electric Power Plant</u>		Name of OSHA Monitor Accredited Environmental Technologies							
		Street Address 28 Pennell Road							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Unit #1 & #2 Powerhouse	X			Thermal System Insul	1,000 LF	X			
Unit #1 & #2 Powerhouse	X			Thermal System Insul	2,000 SF	X			
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 40 CY	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Trenton, NJ			Disposal Date *	City, State Tullytown, PA 19097					
Completed by Gary Fedor		Title Area Multi-Service Manager	Signature 			Date 12/13/11			

\*To Support scheduled and unscheduled plant shutdown, revised notification



**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) Hoffmann-LaRoche		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  DEC 14 2011  ASBESTOS </div>					
Agencies Notified	Type Notification	Street Address 340 Kingsland Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Nutley, NJ 07110							
		Name of Contact Al Urtula							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 76				Type of Facility (4)					
Street Address same as above				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5)				Square Feet	# of Floors 15				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) labs and offices					
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No.		Name of Abatement Contractor (9) Pow/R/Save Inc.					
Street Address 655 West Shore Trail				Street Address 27 West Street					
City, State, Zip Code Sparta, NJ				City, State, Zip Code Bloomfield, NJ 07003					
Project Manager for Monitoring Firm		Telephone No. (973) 729-5649		Telephone No. (973) 680-0088	License No. 357				
Start Date (10) 12/26/11**		Scheduled Completion Date (11) 12/28/11**		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Kitchen Area			x	pipng	200 lf	x			
Name of Registered Waste Hauler Waste management		NJDEP Waste Hauler ID No. 304597		Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource or Grand Central				
City, State Morrisville PA				Disposal Date	City, State Tullytown PA or Pen Argyle PA				
Completed by Sharon Hendee			Title owner	Signature 		Date 12/12/11			

*\*\* actual work days dependent on other trades*