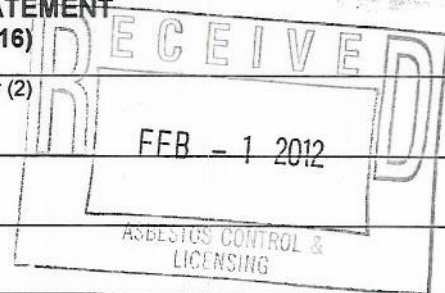


21346

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



Date of Notification (1) 01 / 30 / 12		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1095 6 th Avenue City, State, Zip Code New York, NY 10036 Name of Contact Alex Baylor Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon		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 and commercial buildings, homes, etc.)							
Street Address 95 William Street		Square Feet 100,000							
City (5) Newark, NJ		# of Floors 20							
County (6) Essex		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 29717							
Street Address 1253 North Church Street		Name of Abatement Contractor (9) JVN Restoration Inc							
City, State, Zip Code Moorestown, NJ		Street Address 47 Foster Road							
Project Manager for Monitoring Firm Harold Balwin		City, State, Zip Code Staten Island NY 10309							
Telephone No. 856-840-8800		Telephone No. 718-605-6256							
Start Date (10) 02 / 09 / 12		License No. 00774							
Scheduled Completion Date (11) 02 / 16 / 12		Name of OSHA Monitor Testor Tech							
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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 10 59 Jackson Avenue							
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code LIC, NY 11101							
<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
Basement Power Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	2540SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Express Waste Services LLC		NJDEP Waste Hauler ID No. NJ-804		Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises Inc				
City, State Newark, NJ		Disposal Date 2/16/2012		City, State Waynesburg, OH					
Completed By (Print or Type) John Tardy		Title Senior Project Manager		Signature <i>[Signature]</i>		Date 1/30/12.			

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

check # 2561

Date of Notification (1) 01 / 30 / 12		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 1 HEALTH PLAZA		City, State, Zip Code EAST HANOVER, NJ 07936	
Name of Contact STEPHEN HOTRA		Telephone Number	

RECEIVED
 FEB - 1 2012
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NOVARTIS		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 bldgs., homes, etc.)	
Street Address 1 HEALTH PLAZA		Building Age 40+	
City (5) EAST HANOVER	County (6) MORRIS	County Code (7)	Square Feet N/A
			# Of Floors N/A
		Current Use (Prior if being demolished) OFFICE/RESEARCH	
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMAN ENVIRONMENTAL		ASCM NO	
Street Address 1600 ROUTE 22 EAST		Name of Abatement Contractor (9) LVI Environmental Services Inc.	
City, State, Zip Code UNION, NJ 07083		Street Address 462 Getty Avenue	
Project Mngr. For Monitoring Firm MIKE NEHLSSEN		City, State, Zip Code Clifton, NJ 07011	
Telephone Number 908-688-7800		Telephone Number 973-772-3660	
Schedul Start Date (10) 02 / 11 / 12		Sched. Completion Date (11) 02 / 12 / 12	
License Number 00117			
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: SAT-SUN - 7AM-7:00PM		Name of OSHA Monitor LVI Environmental Services Inc.	
		Street Address 462 Getty Avenue	
		City, State, Zip Code Clifton, NJ 07011	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) 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 E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
EXTERIOR B 101	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE PIPE	70 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"/>
	<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 BY OWNER		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill	
City, State		Disposal Date	City, State		

Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature <i>Steven Stiles</i>	Date 01/30/12
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0675596

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

(8) 01-27-12

Date of Notification (1) 9-22-11 (1) 9-26-11 (2) 10-3-11 (3) 10-6-11 (4) 10-14-11 (5) 11-18-11 (6) 12-9-11 (7) 1-23-12		Name of Building Owner/Operator (2) Town of Kearny	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 402 Kearny Avenue		City, State, Zip Code Kearney, NJ 07032	
Name of Contact Michael Martello		Telephone Number ASBESTOS CONTROL LICENSING	
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1015-1035 Belleville Turnpike		Square Feet See attached	
City (5) Kearney		# of Floors see attached	
County (6) Hudson		Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Chemical plant	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	
Street Address 64 Broad Street		Name of Abatement Contractor (9) Precision Environmental Co.	
City, State, Zip Code Matawan, NJ 07747		Street Address 5500 Old Brecksville Rd	
Project Manager for Monitoring Firm Thomas P. Geiger		City, State, Zip Code Independence, Ohio 44131	
Telephone No. 732-290-2217		Telephone No. 216-642-6040	
License No. 01143		Name of OSHA Monitor Environmental Tactics, Inc	
Start Date (10) 10-25-11 (JOB ON HOLD)		Scheduled Completion Date (11) 03-02-12	
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 64 Broad Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Matawan, NJ 07747	
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		Removal	
Repair		Encapsulate	
Enclosure		See attached	
See attached		See attached	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164	
Cubic Yards of Waste 974		Name of Registered Landfill Envirosafe Services of Ohio	
City, State Freehold, New Jersey		Disposal Date 10/25- 02-23-12	
City, State Oregon, Ohio		Signature John E. Savage	
Completed by John E. Savage		Title Vice President	
Date 01-27-12		Date 01-27-12	

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

Date of Notification (1) 9-22-11 (1) 9-26-11 (2) 10-3-11 (3) 10-6-11 (4) 10-14-11 (5) 11-18-11 (6) 12-9-11 (7) 1-23-12		Name of Building Owner/Operator (2) Town of Kearny		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB - 1 2012 ASBESTOS CONTROL UNIT LIC </div>					
Agencies Notified		Street Address 402 Kearny Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Kearney, NJ 07032							
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 7 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Michael Martello							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.				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 1015-1035 Belleville Turnpike				Square Feet See attached					
City (5) Kearney				# of Floors see attached					
County (6) Hudson				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Chemical plant							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045		Name of Abatement Contractor (9) Precision Environmental Co.					
Street Address 64 Broad Street		Street Address 5500 Old Brecksville Rd							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Independence, Ohio 44131							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217		Telephone No. 216-642-6040 License No. 01143					
Start Date (10) 10-25-11 (JOB ON HOLD)		Scheduled Completion Date (11) 02-23-12		Name of OSHA Monitor Environmental Tactics, Inc					
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 64 Broad Street City, State, Zip Code Matawan, NJ 07747					
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 type="checkbox"/> Renovation <input checked="" 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 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
See attached		X		See attached	See attached	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164		Cubic Yards of Waste 974		Name of Registered Landfill Envirosafe Services of Ohio			
City, State Freehold, New Jersey		Disposal Date 10/25- 02-23-12		City, State Oregon, Ohio					
Completed by John E. Savage		Title Vice President		Signature <i>John E. Savage</i>		Date 01-23-12			

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

Date of Notification (1) 9-22-11 (1) 9-26-11 (2) 10-3-11 (3) 10-6-11 (4) 10-14-11 (5) 11-18-11 (6) 12-9-11		Name of Building Owner/Operator (2) Town of Kearny		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 1 2012 ASBESTOS VICE </div>					
Agencies Notified		Street Address 402 Kearny Avenue							
Type Notification		City, State, Zip Code Kearney, NJ 07032							
		Name of Contact Michael Martello							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		ASBESTOS Telephone Number VICE					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.				Type of Facility (4)					
Street Address 1015-1035 Belleville Turnpike				<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) Kearney				Square Feet See attached	# of Floors see attached				
County (6) Hudson				County Code (7) (STATE USE ONLY)	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045		Name of Abatement Contractor (9) Precision Environmental Co.					
Street Address 64 Broad Street				Street Address 5500 Old Brecksville Rd					
City, State, Zip Code Matawan, NJ 07747				City, State, Zip Code Independence, Ohio 44131					
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217		Telephone No. 216-642-6040	License No. 01143				
Start Date (10) 10-25-11 (JOB ON HOLD)		Scheduled Completion Date (11) 02-10-12		Name of OSHA Monitor Environmental Tactics, Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 64 Broad Street					
<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 Matawan, NJ 07747					
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 type="checkbox"/> Renovation <input checked="" 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 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
See attached		X		See attached	See attached	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164		Cubic Yards of Waste 974	Name of Registered Landfill Envirosafe Services of Ohio				
City, State Freehold, New Jersey				Disposal Date 10/25-12/09/11	City, State Oregon, Ohio				
Completed by John E. Savage		Title Vice President		Signature <i>John E. Savage</i>		Date 12-09-11			

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

Date of Notification (1) 9-22-11 (1) 9-26-11 (2) 10-3-11 (3) 10-6-11 (4) 10-14-11 (5) 11-18-11		Name of Building Owner/Operator (2) Town of Kearny		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB - 1 2012 ASBESTOS </div>				
Agencies Notified		Street Address 402 Kearny Avenue						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		City, State, Zip Code Kearney, NJ 07032						
Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Michael Martello						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.				Type of Facility (4)				
Street Address 1015-1035 Belleville Turnpike				<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) Kearney				Square Feet See attached	# of Floors see attached			
County (6) Hudson				County Code (7) (STATE USE ONLY)	Bldg. Age 50+			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045		Name of Abatement Contractor (9) Precision Environmental Co.				
Street Address 64 Broad Street				Street Address 5500 Old Brecksville Rd				
City, State, Zip Code Matawan, NJ 07747				City, State, Zip Code Independence, Ohio 44131				
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217		Telephone No. 216-642-6040	License No. 01143			
Start Date (10) 10-25-11		Scheduled Completion Date (11) 12-09-11		Name of OSHA Monitor Environmental Tactics, Inc				
Occupancy Status During Abatement (Check Only One)				Street Address 64 Broad Street				
<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 Matawan, NJ 07747				
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 type="checkbox"/> Renovation <input checked="" 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 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
See attached		X	See attached	See attached	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164		Cubic Yards of Waste 974	Name of Registered Landfill Envirosafe Services of Ohio			
City, State Freehold, New Jersey				Disposal Date 10/25-12/09/11	City, State Oregon, Ohio			
Completed by John E. Savage		Title Vice President		Signature <i>John E. Savage</i>		Date 11-18-11		

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

Date of Notification (1) 9-22-11 (1) 9-26-11 (2) 10-3-11 (3) 10-6-11 (4) 10-14-11		Name of Building Owner/Operator (2) Town of Kearny		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB - 1 2012 </div>					
Agencies Notified		Street Address 402 Kearny Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Kearney, NJ 07032 Name of Contact Michael Martello							
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.				Type of Facility (4)					
Street Address 1015-1035 Belleville Turnpike				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Kearney				Square Feet See attached	# of Floors see attached				
County (6) Hudson				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Chemical plant							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) Precision Environmental Co.						
Street Address 64 Broad Street		Street Address 5500 Old Brecksville Rd							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Independence, Ohio 44131							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	Telephone No. 216-642-6040	License No. 01143					
Start Date (10) 10-25-11		Scheduled Completion Date (11) 11-22-11		Name of OSHA Monitor Environmental Tactics, Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 64 Broad Street					
<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 Matawan, NJ 07747					
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 type="checkbox"/> Renovation <input checked="" 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 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
See attached		X		See attached	See attached	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164	Cubic Yards of Waste 974	Name of Registered Landfill Envirosafe Services of Ohio					
City, State Freehold, New Jersey		Disposal Date 10/25-11/22/11		City, State Oregon, Ohio					
Completed by John E. Savage		Title Vice President	Signature <i>John E. Savage</i>		Date 10-14-11				

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

Date of Notification (1) 9-22-11 (1) 9-26-11 (2) 10-3-11 (3) 10-6-11		Name of Building Owner/Operator (2) Town of Kearny		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB - 1 2012 ASBESTOS CONTROL 2 LICEN </div>	
Agencies Notified		Street Address 402 Kearny Avenue			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
		City, State, Zip Code Kearney, NJ 07032			
		Name of Contact Michael Martello		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.				Type of Facility (4)	
Street Address 1015-1035 Belleville Turnpike				<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) Kearney				Square Feet See attached	# of Floors see attached
				Bldg. Age 50+	
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Chemical plant	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045		Name of Abatement Contractor (9) Precision Environmental Co.	
Street Address 64 Broad Street		Street Address 5500 Old Brecksville Rd			
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Independence, Ohio 44131			
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217		Telephone No. 216-642-6040	License No. 01143
Start Date (10) 10-18-11		Scheduled Completion Date (11) 11-18-11		Name of OSHA Monitor Environmental Tactics, Inc	
Occupancy Status During Abatement (Check Only One)				Street Address 64 Broad Street	
<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 Matawan, NJ 07747	
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 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 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)
	Yes	No	N/A		
See attached		X		See attached	See attached
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164		Cubic Yards of Waste 974	Name of Registered Landfill Envirosafe Services of Ohio
City, State Freehold, New Jersey		Disposal Date 10-18/11-18-11		City, State Oregon, Ohio	
Completed by John E. Savage		Title Vice President		Signature <i>John E. Savage</i>	Date 10-06-11

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

Date of Notification (1) 9-22-11 (1) 9-26-11(2) 10-03-11		Name of Building Owner/Operator (2) Town of Kearny		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB - 1 2012 ASBESTOS LICENSING </div>					
Agencies Notified	Type Notification	Street Address 402 Kearny Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearney, NJ 07032							
		Name of Contact Michael Martello							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.			Type of Facility (4)						
Street Address 1015-1035 Belleville Turnpike			<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) Kearney			Square Feet See attached	# of Floors see attached	Bldg. Age 50+				
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Chemical plant					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045		Name of Abatement Contractor (9) Precision Environmental Co.					
Street Address 64 Broad Street		Street Address 5500 Old Brecksville Rd							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Independence, Ohio 44131							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217		Telephone No. 216-642-6040	License No. 01143				
Start Date (10) 10-11-11		Scheduled Completion Date (11) 11-18-11		Name of OSHA Monitor Environmental Tactics, Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 64 Broad Street					
<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 Matawan, NJ 07747					
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 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 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
See attached		X		See attached	See attached	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164		Cubic Yards of Waste 974	Name of Registered Landfill Envirosafe Services of Ohio				
City, State Freehold, New Jersey		Disposal Date 10-10/11-18-11		City, State Oregon, Ohio					
Completed by John E. Savage		Title Vice President		Signature <i>John E. Savage</i>			Date 10-03-11		


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

Date of Notification (1) 9-22-11 (1) 9-26-11		Name of Building Owner/Operator (2) Standard Chlorine Chemical Co., Inc							
Agencies Notified	Type Notification	Street Address 1025-1035 Belleville Turnpike							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearney, NJ 07302							
		Name of Contact Margaret Kelly							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.		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 1015-1035 Belleville Turnpike		Square Feet See attached							
City (5) Kearney		# of Floors see attached							
County (6) Hudson		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Chemical plant							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045							
Street Address 64 Broad Street		Name of Abatement Contractor (9) Precision Environmental Co.							
City, State, Zip Code Matawan, NJ 07747		Street Address 5500 Old Brecksville Rd							
Project Manager for Monitoring Firm Thomas P. Geiger		City, State, Zip Code Independence, Ohio 44131							
Telephone No. 732-290-2217		Telephone No. 216-642-6040							
Start Date (10) 10-10-11		License No. 01143							
Scheduled Completion Date (11) 11-18-11		Name of OSHA Monitor Environmental Tactics, Inc							
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 64 Broad Street							
		City, State, Zip Code Matawan, NJ 07747							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" 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 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
See attached		X		See attached	See attached	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164		Cubic Yards of Waste 974		Name of Registered Landfill Envirosafe Services of Ohio			
City, State Freehold, New Jersey				Disposal Date 10-10/11-18-11		City, State Oregon, Ohio			
Completed by John E. Savage		Title Vice President		Signature <i>John E. Savage</i>		Date 09-26-11			

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

Date of Notification (1) 09-22-11		Name of Building Owner/Operator (2) Envirosafe Services of Ohio	
Agencies Notified <input checked="" 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 876 Otter Creek Road	
		City, State, Zip Code Oregon, Ohio 43616	
		Name of Contact Lisa Humphrey	
		ASBESTOS Telephone Number LIC	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.		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 1015-1035 Belleville Turnpike			
City (5) Kearney		Square Feet See attached	# of Floors see attached
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 50+
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc		ASCM No. N/A	Name of Abatement Contractor (9) Precision Environmental Co.
Street Address 280 Huyler Street		Street Address 5500 Old Brecksville Rd	
City, State, Zip Code South Hackensack, New Jersey 07606		City, State, Zip Code Independence, Ohio 44131	
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-480-8700	Telephone No. 216-642-6040
Start Date (10) 10-10-11		Scheduled Completion Date (11) 11-18-11	License No. 01143
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:		Name of OSHA Monitor Geiser Fajardo	
		Omega Environmental Services, Inc	
		Street Address 280 Huyler Street	
		City, State, Zip Code S. Hackensack, NJ 07606	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" 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 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)
	Yes	No	
See attached		X	See attached
			See attached
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164	Cubic Yards of Waste 974
City, State Freehold, New Jersey		Name of Registered Landfill Envirosafe Services of Ohio	
		Disposal Date 10-10/11-18-11	City, State Oregon, Ohio
Completed by John E. Savage	Title Vice President	Signature <i>John E. Savage</i>	Date 09-22-11

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

Date of Notification (1) 1/16/12		Name of Building Owner/Operator (2) Mr. & Mrs. Pannuto		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB - 1 2012 ASBESTOS </div>					
Agencies Notified		Type Notification				Street Address			
<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				320 Sussex Road			
						City, State, Zip Code Woodridge, NJ 07075			
				Name of Contact Mrs. Pannuto		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house				Type of Facility (4)					
Street Address 320 Sussex Road				<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) Woodridge				Square Feet 2000		# of Floors 2			
County (6) Middlesex				County Code (7) (STATE USE ONLY) _____		Bldg. Age 50			
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC			
Street Address				Street Address 4 E Gate Drive, PO Box 483					
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 973-764-2276			
Start Date (10) 1/30/12				Scheduled Completion Date (11) 2/6/12		License No. 703			
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor					
<input 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					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" 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) 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
rear basement			x	9 x 9 floor tile	380 SF	x			
Name of Registered Waste Hauler Newark Carting				NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 10		Name of Registered Landfill Cumberland County Landfill	
City, State Newark NJ				Disposal Date TBD		City, State Newburg PA			
Completed by Andrew Scott Higgins				Title President		Signature 		Date 1/16/12	

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

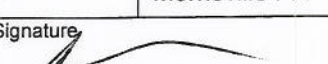
CHECK 11064

Date of Notification (1) 1/16/12		Name of Building Owner/Operator (2) Ironbound Community Center	
Agencies Notified <input checked="" 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9-11 New York Avenue	
		City, State, Zip Code Newark NJ	
		Name of Contact Chris Donnelly, Donnelly Industries	Telephone Number ASBESTO LICENSING

RECEIVED
FEB - 1 2012

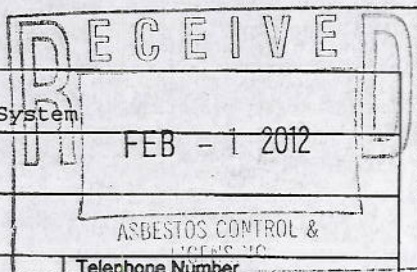
FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Street Address 9-11 New York Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
City (5) Newark	Square Feet 4000	# of Floors 1
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Bldg. Age 50
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC
City, State, Zip Code		Street Address 4 E Gate Drive, PO Box 483
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418
Telephone No.	Telephone No. 973 764-2276	License No. 703
Start Date (10) 1/26/12	Scheduled Completion Date (11) 2/26/12	Name of OSHA Monitor
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
		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 type="checkbox"/> Renovation <input checked="" 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
roof			x	roofing	4000 SF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill GROWS
City, State Freehold NJ	Disposal Date TBD	City, State Morrisville PA	
Completed by Andrew Scott Higgins	Title President	Signature 	Date 1/16/12

18453

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

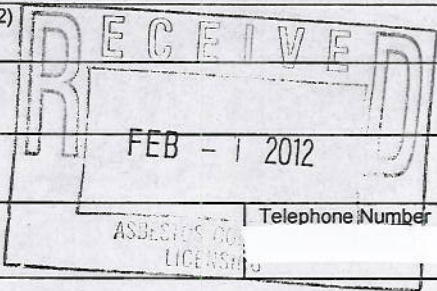


Date of Notification (1) 01/27/12		Name of Building Owner/Operator (2) Saint Barnabas Health Care System							
Agencies Notified	Type Notification	Street Address Old Short Hills Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Lionel Anderson							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Barnabas Health Care System - Unit 2100, 2nd Floor		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 94 Old Short Hills Rd		Square Feet # of Floors Bldg. Age							
City (5) Livingston, NJ		Current Use (Prior if being demolished)							
County (6) Essex	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision		ASCM No.	Name of Abatement Contractor (9) Environmental Contractors, Inc						
Street Address 20-21 Wagaraw Rd		Street Address 235 Watchung Avenue							
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Willie Morales		Telephone No. 973-636-9145	Telephone No. 973-243-9872 License No. 00559						
Start Date (10) 01/31/12	Scheduled Completion Date (11) 02/01/12	Name of OSHA Monitor Long Island Analytical							
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>Occupied work hrs: 7 am - 3:30pm</u>		Street Address 110 Colin Drive							
		City, State, Zip Code Holbrook, NY 11741							
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <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
Unit 2700, 2nd Floor			x	Pipe Insulation	15 LF	x			
Name of Registered Waste Hauler Environmental Contractors, Inc		NJDEP Waste Hauler ID No. 19101	Cubic Yards of Waste	Name of Registered Landfill Cumberland County Landfill					
City, State West Orange, NJ		Disposal Date		City, State Newport, PA 17242					
Completed by Slawomir Kielczewski		Title President	Signature 			Date 01/27/12			

002972

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

CHECK# 1

Date of Notification (1) 1/30/12		Name of Building Owner/Operator (2) Ferro Corporation					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address Rt 130 South					
		City, State, Zip Code Bridgeport NJ 08014					
		Name of Contact John Nepi					
<p align="center">FACILITY INFORMATION</p>							
Name of Facility Where Abatement is Taking Place (3) Ferro Corporation				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 Rt 130 South				Square Feet	# of Floors 1		
City (5) Bridgeport				Bldg. Age			
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished)			
Name of Monitoring Firm Hired by Bldg. Owner (8) ESI		ASCM No.		Name of Contractor (9) County Environmental			
Street Address PO Box 160				Street Address 461 New Churchmans Rd.			
City, State, Zip Code Kirkwood, De				City State, Zip Code New Castle, DE 19720			
Project Manager for Monitoring Firm Lew Morrison		Telephone No. 800-319-0004		Telephone Number (302) 322-8946	License Number 00578		
Scheduled Start Date (10) 2-2-12	Scheduled Completion Date (11) 2-2-12		Name of OSHA Monitor County Environmental (12-018A)				
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: Unoccupied open roof.			Street Address 461 New Churchmans Road				
			City, State, Zip Code New Castle, DE 19720				
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)	Abatement Type		
	Yes	No			N/A	Removal	Encapsulate
Pipe rack system over the control room		x		Insulation is a thermal application on an outside steam line	20 lf	X	
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. SW-0947		Cubic Yards of Waste <20	Name of Reg. Landfill Minerva landfill		
City, State New Castle De				Disposal Date TBD	City, State Waynesburg, OH		
Completed by Greg Godwin	Title Project Manager			Signature		Date 1/30/12	