


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

CHECK 11084

| Date of Notification (1) <i>2-6-12</i> | | Name of Building Owner/Operator (2) Mr. & Mrs. Densen | | | | | | | |
|---|--|---|---|---|---------------------------|-----------------------|--------|-------------|-----------|
| 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 105 Howard Street | | | | | | | |
| | | City, State, Zip Code Dumont NJ 07628 | | | | | | | |
| | | Name of Contact Mr. & Mrs. Densen | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) house | | 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 105 Howard Street | | Square Feet 2500 | # of Floors 2 | | | | | | |
| City (5) Dumont | | Bldg. Age 50 | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| 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 | License No. 703 | | | | | | |
| Start Date (10) <i>2/20/12</i> | Scheduled Completion Date (11) <i>2/27/12</i> | Name of OSHA Monitor | | | | | | | |
| 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: _____ | | 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 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 |
| furnace room | | | x | floor tile | 230 SF | x | | | |
| bathroom | | | x | floor tile | 15 SF | x | | | |
| cedar closet | | | x | floor tile | 15 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 <i>2-6-12</i> | | | |

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

APPROVED BY
 NJ Dept. of Health & Senior Services
 [Signature]
 Date: 2/6/12 Time: 8:00

DOL
 7838

Date of Notification (1) 2/6/12

Name of Building Owner/Operator (2) KEISER

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Amendment #
 Emergency (including justification)
 Cancellation

Street Address
19 HILLSIDE DRIVE

City, State, Zip Code
NO. HALEDDON, N.J. 07508

Name of Contact
DAVE KEISER

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Residential property

Street Address
419 FARVIEW STREET

City (5)
RIDGEWOOD

County (6)
BERGEN

County Code (7) (STATE USE ONLY)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet 2000 # of Floors 2 Bldg. Age 50

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
A. MAC Contracting Inc

Street Address
105 Lowell Road

City, State, Zip Code
Glen Rock, NJ 07452

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
201-262-5841

License No.
00156

Start Date (10) 2/6/12

Scheduled Completion Date (11)
2/7/12

Name of OSHA Monitor
Omega Environmental Services Inc.

Occupancy Status During Abatement (Check Only One)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe:

Street Address
280 Haver Street

City, State, Zip Code
Hackensack, NJ 07606

Scope of Work (Check All That Apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 2260 lf

Renovation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 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 | Encapsulation | Enclosure |
| <u>Basement</u> | | | <u>X</u> | <u>PIPE</u> | <u>75 LF</u> | <u>X</u> | | | |
| <u>"</u> | | | <u>X</u> | <u>BOLTS</u> | <u>35 SF</u> | <u>X</u> | | | |

Name of Registered Waste Hauler
Rovic Transport

NJDEP Waste Hauler ID No.
20785

Cubic Yards of Waste
1

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State, Zip Code
Riverdale, NJ 07457

Disposal Date
2/6/12

City, State, Zip Code
Bethlehem, PA 18015

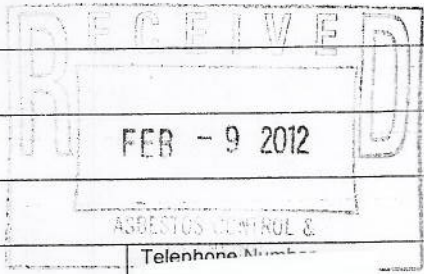
Completed by
R. McDonald

Title
President

Signature
[Signature]

Date
2/6/12

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



| | | | |
|---|--|---|--|
| Date of Notification (1) 02/06/12 CK # 1815 \$200.00 | | Name of Building Owner/Operator (2) City of Burlington | |
| 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 515 High Street City, State, Zip Code Burlington, New Jersey 08016 Name of Contact Cindy A Crivaro Telephone Number _____ |

| | | | | | | |
|---|--|--|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Residence Street Address 318 1/2 Jones Avenue City (5) Burlington, New Jersey 08016 County (6) Burlington | | | 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.) Square Feet 10,000 # of Floors 2 Bldg. Age 55+ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Home | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code | | ASCM No. _____ | Name of Abatement Contractor (9) Lilich Corporation Street Address 606 McBride Avenue City, State, Zip Code Woodland Park, New Jersey 07424 Telephone No. 973-225-8400 License No. 01104 | | | |
| Start Date (10) 02/17/12 | | Scheduled Completion Date (11) 02/18/12 | | Name of OSHA Monitor J&S Environmental Labs Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083 | | |

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: 8AM Start

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

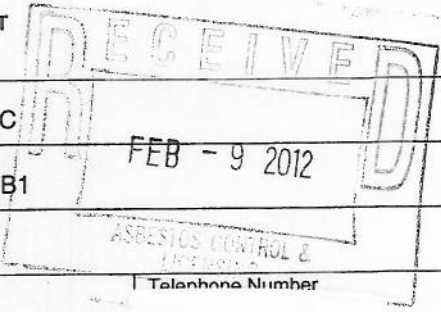
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | | X | | Transite Shingles | 1,000 | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|------------------------------------|---------------------------|---|--|
| Name of Registered Waste Hauler Lilich Corporation City, State Woodland Park, New Jersey 07424 | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S Landfill City, State Morrisville, Pennsylvania | |
| Completed by Tatiana Kalenikova | | Title Vice President | Signature | Date 02/06/12 | |

CK # 1774

Print Form

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



| | | | |
|--|--|---|---|
| Date of Notification (1) 02/06/12 | | Name of Building Owner/Operator (2) Basad Realty Management, LLC | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 232 Kennedy Boulevard, Suite B1 |
| | City, State, Zip Code North Bergen, NJ 07047 | | Name of Contact Mike |
| | | | Telephone Number _____ |

FACILITY INFORMATION

| | | | |
|---|---|---|------------------|
| Name of Facility Where Abatement is Taking Place (3) Private Residence | | 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 510 Paterson Plank Road | | Square Feet 2,500 | # of Floors 2 |
| City (5) Union City | | Bldg. Age 50+ | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | |

| | | | |
|---|---------------|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) Pyramid Contracting Corp. | |
| Street Address | | Street Address 163 Sargeant Avenue | |
| City, State, Zip Code | | City, State, Zip Code Clifton, NJ 07013 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 973-689-6281 | License No. 01099 |

| | | | |
|--|--|--|--|
| Start Date (10) 02/18/12 | Scheduled Completion Date (11) 02/19/12 | Name of OSHA Monitor J&S Environmental Laboratories LLC | |
| 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 2333 Route 22 West | |
| | | City, State, Zip Code Union, NJ 07081 | |

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"/> 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 |
| Basement | | | X | Pipe Insulation | 30 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|------------------------------------|---------------------------|---|
| Name of Registered Waste Hauler Pyramid Contracting Corp. | NJDEP Waste Hauler ID No. 32613 | Cubic Yards of Waste 1 | Name of Registered Landfill G.R.O.W.S., Inc. |
| City, State Clifton, New Jersey | | Disposal Date 2/18/12 | City, State Morrisville, Pennsylvania |

CHECK #
2219

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

RECEIVED
FEB - 9 2012

| | | | |
|--|---|---|-------------------------------------|
| Date of Notification (1) <u>2/7/12</u> | | Name of Building Owner/Operator (2) <u>EARLINTTECH CONTRACTING</u> | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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>155 RT. 50</u> |
| | City, State, Zip Code <u>GREENFIELD, N.J.</u> | | Telephone Number _____ |
| | Name of Contact <u>BRUCE BREUNIG</u> | | Telephone Number _____ |

| | | | | | |
|---|--|---|--|---|-------------------|
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</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>19 GARDENS ROAD</u> | | | Square Feet _____ | # of Floors <u>5</u> | Bldg Age _____ |
| City (5) <u>OCEAN CITY</u> | | | Current Use (Prior if being demolished) <u>VACANT</u> | | |
| County (6) <u>CAPE MAY</u> | | County Code (7) (STATE USE ONLY) _____ | | Name of Abatement Contractor (9) <u>KLEMMCO INC.</u> | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | ASCM No. _____ | | Street Address <u>369 S. SPRUCE AVE.</u> | |
| Street Address _____ | | City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | | Telephone No. <u>856-779-0472</u> | |
| City, State, Zip Code _____ | | Telephone No. <u>856-779-0472</u> | | License No. <u>00444</u> | |
| Project Manager for Monitoring Firm _____ | | Telephone No. _____ | | Name of OSHA Monitor <u>JOSEPH KLEMM</u> | |
| Start Date (10) <u>2/21/12</u> | | Scheduled Completion Date (11) <u>2/28/12</u> | | Street Address <u>369 S. SPRUCE AVE.</u> | |
| 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 type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | | _____ | |

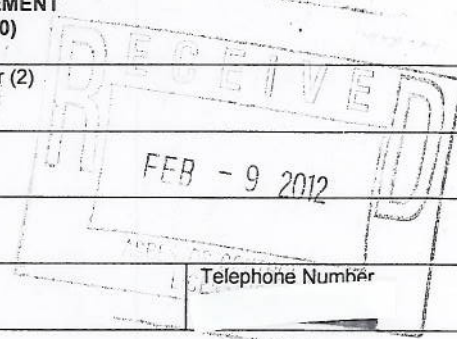
Scope of Work (Check all that apply)

| | | |
|---|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <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 |
| <u>SIDING</u> | | | <u>X</u> | <u>TRANSITE</u> | <u>1800 LF</u> | <u>X</u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|---|----------------------------------|--|-----------------------|
| Name of Registered Waste Hauler <u>KLEMMCO INC.</u> | | NJDEP Waste Hauler ID No. <u>17904</u> | Cubic Yards of Waste _____ | Name of Registered Landfill <u>C.M.C.M.U.S.</u> | |
| City, State <u>MAPLE SHADE, N.J.</u> | | Disposal Date _____ | | City, State <u>WOODBINE, N.J.</u> | |
| Completed By <u>JOSEPH KLEMM</u> | | Title <u>V/P</u> | Signature <u>Joseph Klemm</u> | | Date <u>2/7/12</u> |

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



MO
 1770505425

| | | | |
|--|--|--|--|
| Date of Notification (1) 1/30/12 | | Name of Building Owner/Operator (2) Andrew Sova | |
| 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 133 Kline Blvd | | City, State, Zip Code Colonia, NJ 07067 |
| | Name of Contact Andrew Sova | Telephone Number | |

FACILITY INFORMATION

| | | | |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3) House | | 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 80 Mahar Avenue | | Square Feet N/A | # of Floors N/A |
| City (5) Clifton | | Bldg. Age N/A | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) House | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. |
| Street Address | | Street Address 11 Rosengren Avenue | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-345-8685 | License No. #00675 |
| Start Date (10) 2/10/12 | Scheduled Completion Date (11) 2/11/12 | Name of OSHA Monitor D&S Abatement, Inc. | |
| 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</u> | | Street Address 11 Rosengren avenue | |
| | | City, State, Zip Code Totowa, NJ 07512 | |

Scope of Work (Check All That Apply)

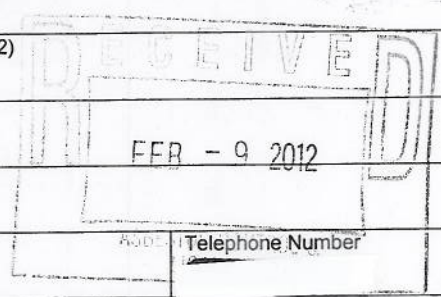
- | | | |
|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> 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 |
| basement | | X | | pipe insulation | 150 LF | X | | | |
| crawl space | | X | | pipe insulation | 40 LF | X | | | |
| Attic | | X | | floor tiles | 70 SF | X | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|-------------------------------------|-----------------------------|---|--|
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. #20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | |
| Completed by Deanna Brkusanin | | Title Project manager | Signature | Date 1/30/12 | |

M 0 176 9400 0 0 6

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



| | | | |
|---|---|--|------------------|
| Date of Notification (1) 1/30/12 | | Name of Building Owner/Operator (2) Gail Flaherty | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 37 Fairchild Avenue | |
| | | City, State, Zip Code Morris Plains, NJ 07950 | |
| | | Name of Contact Gail Flaherty | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3) House | | 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 37 Fairchild Avenue | | Square Feet N/A | # of Floors N/A |
| City (5) Morris Plains | | Bldg. Age N/A | |
| County (6) Morris | County Code (7) <i>(STATE USE ONLY)</i> | Current Use (Prior if being demolished) House | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. |
| Street Address | | Street Address 11 Rosengren Avenue | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-345-8685 | License No. #00675 |
| Start Date (10) 2/09/12 | Scheduled Completion Date (11) 2/10/12 | Name of OSHA Monitor D&S Abatement, Inc. | |
| 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</u> | | Street Address 11 Rosengren avenue | |
| | | City, State, Zip Code Totowa, NJ 07512 | |

Scope of Work (Check All That Apply)

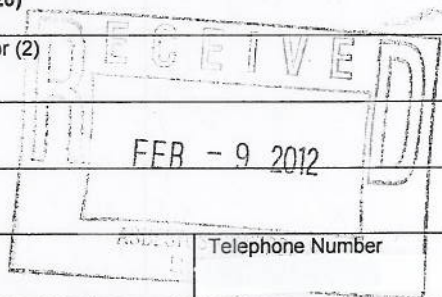
| | | |
|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> 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 |
| basement | | X | | pipe insulation | 75 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|-------------------------------------|--------------------------------------|---|--|
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. #20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | |
| Completed by Deanna Brkusanin | | Title Project manager | Signature <i>Deanna Brkusanin</i> | Date 1/30/12 | |

MO
19774584260

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



| | | | |
|--|--|---|------------------|
| Date of Notification (1) 1/26/12 | | Name of Building Owner/Operator (2) Richard Kinder | |
| 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 56 Farmingdale Ave | |
| | | City, State, Zip Code Bloomfield, NJ 07003 | |
| | | Name of Contact Richard Kinder | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3) house | | 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 34 Martin Street | | Square Feet N/A | # of Floors N/A |
| City (5) Bloomfield | | Bldg. Age N/A | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) house | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. |
| Street Address | | Street Address 11 Rosengren Avenue | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-345-8685 | License No. #00675 |
| Start Date (10) 2/08/12 | Scheduled Completion Date (11) 2/09/12 | Name of OSHA Monitor D&S Abatement, Inc. | |
| 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</u> | | Street Address 11 Rosengren Avenue | |
| | | City, State, Zip Code Totowa, NJ 07512 | |

Scope of Work (Check All That Apply)

| | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input 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 type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

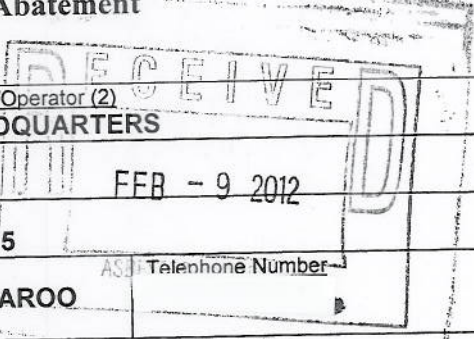
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| basement | | X | | pipe insulation | 50 LF | X | | | |
| basement | | X | | floor tile and mastic | 250 SF | X | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|-------------------------------------|-----------------------------|---|--|
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. #20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | |
| Completed by Deanna Brkusanin | | Title Project manager | Signature | Date 1/26/12 | |

9423

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 312-12



| | | | |
|--|--|---|--|
| Date of Notification (1) February 6, 2012 | | Name of Building Owner/Operator (2) NJ TRANSIT HEADQUARTERS | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled | | Street Address ONE PENN PLAZA |
| | | | City, State, Zip Code NEWARK, NJ 07105 |
| | | | Name of Contact MR. RUSSEL SAMAROO |

FACILITY INFORMATION

| | | | |
|---|------------------------------|-------------------------------------|---|
| Name of Facility Where Abatement is Taking Place (3) MARKET STREET BUS GARAGE | | | 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 16 MARKET STREET | | | Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years |
| City (5) PATERSON | County (6) PASSAIC | County Code (7) (State Use Only) | Current Use (prior if being demolished): BUS GARAGE |

| | | |
|--|--------------------------|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) TTI | ASCM No. 00003 | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. |
| Street Address 1253 NORTH CHURCH STREET | | Street Address 268 MAIN STREET |
| City, State, Zip Code MOORESTOWN, NJ 008057 | | City, State, Zip Code BUTLER, NJ 07405 |

| | | | |
|--|--|---|--------------------------------|
| Project Manager for Monitoring Firm JIM GUILARDI | Telephone Number 856-840-8800 Fax 856-840-8815 | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) 02/07/12 | Scheduled Completion Date (11) 02/08/12 | Name of OSHA Monitor ENVIROVISION, INC. | |

| | |
|--|--|
| 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 - Describe <input checked="" type="checkbox"/> Other - Describe: Work area vacated and isolated from remainder of building throughout abatement. 8:00 AM - 5:00 PM | Street Address 20-21 WARGARAW ROAD |
| | City, State, Zip Code FAIRLAWN, NJ |

Source 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 type="checkbox"/> > 160 sf or > 260 lf | <input type="checkbox"/> Demolition | <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) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) | Abatement Type Remove Repair Encap Enclose |
|---|---|--|---------------------------|---|
| STORAGE ROOM | <input checked="" type="checkbox"/> | CEILING PLASTER | <23 SF | <input checked="" type="checkbox"/> |

| | | | |
|---|---|--------------------------------------|--|
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 5 CY | Name of Registered Landfill IESI - Bethlehem, PA G.R.O.W.S. Landfill Morrisville, PA |
| Notes: Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509 | | Disposal Date 02/08/12 | City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 |

| | | | |
|--|--|---------------|---------------------------------|
| Completed by (Print or Type) RAYMOND C. PEDALINO | Title SENIOR PROJECT MANAGER | Signature | Date February 6, 2012 |
|--|--|---------------|---------------------------------|

1817

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

APPROVED
 NJ Dept. of Health & Senior Services
 [Signature]
 Date: 2/7/12 Time: 2:30 PM

| | | | |
|---|---|---|--|
| Date of Notification (1) 02/07/12 Ck#: 1818 \$200 | | Name of Building Owner/Operator (2) Fairleigh Dickinson University | |
| 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1000 River Road | |
| | | City, State, Zip Code Teaneck, New Jersey 07666 | |
| | | Name of Contact Craig Gorszyca | |

FACILITY INFORMATION

| | | | |
|--|-------------------------------------|---|--|
| Name of Facility Where Abatement is Taking Place (3) FDU, Madison Campus, Florence Twombly Dorms | | 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 285 Madison Avenue | | Square Feet 20,000 | # of Floors 2 |
| City (5) Madison, New Jersey 07940 | | Bldg. Age 55+ | |
| County (6) Morris | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) University | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc. | | ASCM No. | Name of Abatement Contractor (9) Lilich Corporation |
| Street Address 5434 Kings Avenue Suite 101 | | Street Address 606 McBride Avenue | |
| City, State, Zip Code Pennsauken, New Jersey 08109 | | City, State, Zip Code Woodland Park, New Jersey 07424 | |
| Project Manager for Monitoring Firm Tom Pruno | | Telephone No. 609-744-7462 | Telephone No. 973-225-8400 |
| Start Date (10) 02/15/12 | | Scheduled Completion Date (11) 02/16/12 | License No. 01104 |
| 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: 8PM Start | | Name of OSHA Monitor J&S Environmental Labs | |
| | | Street Address 2333 Route 22 West | |
| | | City, State, Zip Code Union, New Jersey 07083 | |

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

| Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED | 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 |
| Boiler Room | X | | | TSI Wet Wrap & Cut | 30 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|------------------------------------|--|---|
| Name of Registered Waste Hauler Lilich Corporation | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste 1 | Name of Registered Landfill G.R.O.W.S Landfill |
| City, State Woodland Park, New Jersey 07424 | | Disposal Date 02/17/12 | City, State Morrisville, Pennsylvania |
| Completed by Tatiana Kalenikova | Title Vice President | Signature <i>Tatiana Kalenikova</i> | Date 02/07/12 |

1818

Print Form

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

RECEIVED

APPROVED
NJ Dept. of Health & Senior Services
[Signature]
(Signature)
Date: 2/7/12 Time: 3:30pm

| | | | |
|---|---|---|--|
| Date of Notification (1) 02/07/12 Ck#: 1817 \$200 | | Name of Building Owner/Operator (2) Fairleigh Dickinson University | |
| 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 1000 River Road City, State, Zip Code Teaneck, New Jersey 07666 Name of Contact Craig Gorszyca Telephone Number _____ |

FACILITY INFORMATION

| | | | |
|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) FDU, Madison Campus, New Library Building | | 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 285 Madison Avenue | | Square Feet 20,000 | # of Floors 2 |
| City (5) Madison, New Jersey 07940 | | Bldg. Age 55+ | |
| County (6) Morris | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) University | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc. | | ASCM No. _____ | Name of Abatement Contractor (9) Lilich Corporation |
| Street Address 5434 Kings Avenue Suite 101 | | Street Address 606 McBride Avenue | |
| City, State, Zip Code Pennsauken, New Jersey 08109 | | City, State, Zip Code Woodland Park, New Jersey 07424 | |
| Project Manager for Monitoring Firm Tom Pruno | | Telephone No. 609-744-7462 | Telephone No. 973-225-8400 |
| Start Date (10) 02/15/12 | | Scheduled Completion Date (11) 02/16/12 | License No. 01104 |
| 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: 6PM Start | | Name of OSHA Monitor J&S Environmental Labs | |
| | | Street Address 2333 Route 22 West | |
| | | City, State, Zip Code Union, New Jersey 07083 | |

Scope of Work (Check All That Apply)

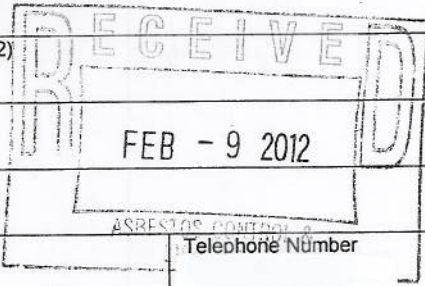
| | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> 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 |
| Boiler Room | X | | | TSI Wet Wrap & Cut | 40 LF | X | | | |
| | | | | | | | | | |

| | | | |
|---|------------------------------------|---------------------------------|---|
| Name of Registered Waste Hauler Lilich Corporation | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste 1 | Name of Registered Landfill G.R.O.W.S Landfill |
| City, State Woodland Park, New Jersey 07424 | | Disposal Date 02/17/12 | City, State Morrisville, Pennsylvania |
| Completed by Tatiana Kalenikova | Title Vice President | Signature <i>[Signature]</i> | Date 02/07/12 |

19921800581

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



| | | | |
|---|---|--|--|
| Date of Notification (1) 1/26/12 | | Name of Building Owner/Operator (2) A Molly Company | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 PO Box 243 | |
| | | City, State, Zip Code South Orange, NJ 07079 | |
| | | Name of Contact Gary Toriello | |
| | | Telephone Number | |

FACILITY INFORMATION

| | | | |
|---|---|---|---|
| Name of Facility Where Abatement is Taking Place (3) house | | 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 18 Vernon Ave | | Square Feet N/A | # of Floors N/A |
| City (5) Hamburg | | Bldg. Age N/A | |
| County (6) Sussex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) house | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. |
| Street Address | | Street Address 11 Rosengren Avenue | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-345-8685 | License No. #00675 |
| Start Date (10) 2/13/12 | Scheduled Completion Date (11) 2/14/12 | Name of OSHA Monitor D&S Abatement, Inc. | |
| 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: Occupied | | Street Address 11 Rosengren Avenue | |
| | | City, State, Zip Code Totowa, NJ 07512 | |

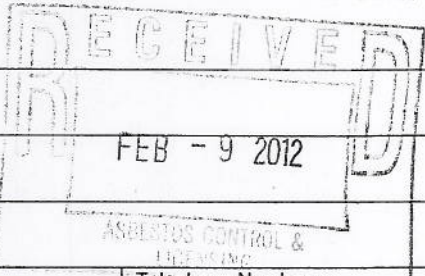
Scope of Work (Check All That Apply)

| | | |
|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input checked="" 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"/> 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 |
| basement | | X | | pipe insulation | 99 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|-------------------------------------|-----------------------------|---|--|
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. #20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | |
| Completed by Deanna Brkusanin | | Title Project manager | Signature | Date 1/26/12 | |

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



111984272

| | | | |
|--|---|---|------------------|
| Date of Notification (1) 1/23/12 | | Name of Building Owner/Operator (2) Larry Sturchio | |
| Agencies Notified | Type Notification | Street Address 444 East 20th Street, Apt 6C | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code New York, NY 10009 | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Larry Sturchio | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3) house | | Type of Facility (4) | |
| Street Address 646 Norman Place | | <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) Westfield | | Square Feet N/A | # of Floors N/A |
| County (6) Union | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age N/A |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. |
| Street Address | | Street Address 11 Rosengren Avenue | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. #00675 |
| Start Date (10) 2/03/12 | Scheduled Completion Date (11) 2/04/12 | Name of OSHA Monitor D&S Abatement, Inc. | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 11 Rosengren Avenue | |
| <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</u> | | City, State, Zip Code Totowa, NJ 07512 | |

Scope of Work (Check All That Apply)

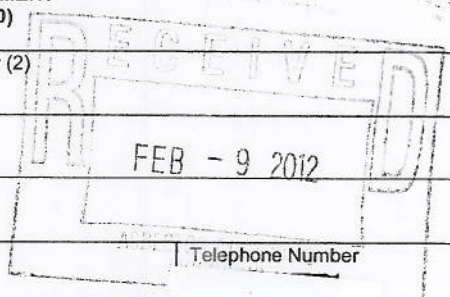
| | | |
|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> 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 | | X | | pipe insulation | 85 LF | X | | | |
| basement | | X | | floor tile | 200 Sf | X | | | |
| | | | | | | | | | |

| | | | |
|--|-------------------------------------|-----------------------------|---|
| Name of Registered Waste Hauler D&S Abatement, Inc. | NJDEP Waste Hauler ID No. #20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA |
| City, State Totowa, NJ | | Disposal Date TBD | City, State Tullytown, PA |
| Completed by Deanna Brkusarin | Title Project Manager | Signature | Date 1/23/12 |

MO 193085-5985

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



| | | | |
|--|---|---|------------------|
| Date of Notification (1) 02/06/2012 | | Name of Building Owner/Operator (2) Industry City Associates | |
| 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 882 Third Avenue | |
| | | City, State, Zip Code Brooklyn, NY 11232 | |
| | | Name of Contact Dennis Hovanec | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|-------------------------------------|---|------------------|
| Name of Facility Where Abatement is Taking Place (3) Empty Building | | 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 891 Newark Avenue | | Square Feet 500,000 | # of Floors 5 |
| City (5) Elizabeth | | Bldg. Age 50+- | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Empty Building | |

| | | | |
|--|---------------|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) N/A | ASCM No. | Name of Abatement Contractor (9) Stanmark Contractors, LLC | |
| Street Address | | Street Address 27 Edsall Drive | |
| City, State, Zip Code | | City, State, Zip Code Sussex, NJ 07461 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 973-864-2022 | License No. 01137 |

| | | | |
|--|--|---|--|
| Start Date (10) 02/17/12 | Scheduled Completion Date (11) 02/21/12 | Name of OSHA Monitor AmeriSci | |
| 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 117 East 30th Street | |
| | | City, State, Zip Code New York, NY 10016 | |

Scope of Work (Check All That Apply)

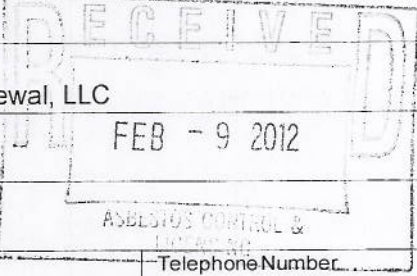
| | | |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> 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 |
| North side of the blding-ground floor | | x | | precleaning under pipe | 400 S.F. | x | | | |
| North side of the blding-ground floor | | x | | pipe insulation | 120 L.F. | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|------------------------------------|-------------------------------------|---|
| Name of Registered Waste Hauler Atlantic Carting | NJDEP Waste Hauler ID No. 26085 | Cubic Yards of Waste 15-20 | Name of Registered Landfill G.R.O.W.S. |
| City, State Wayne, NJ | Disposal Date on completion | City, State Morrissville, PA | |
| Completed by Marko Stankovic | Title President | Signature <i>Marko Stankovic</i> | Date 02/06/2012 |

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

4261



| | | | |
|---|--|--|------------------|
| Date of Notification (1) February 07, 2012 | | Name of Building Owner/Operator (2) Camelot at Marlboro Urban Renewal, LLC | |
| Agencies Notified | Type Notification | Street Address 433 River Road | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 | City, State, Zip Code Highland Park, NJ 08904 | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Jason Kaplan | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|--|---|-------------|
| Name of Facility Where Abatement is Taking Place (3) Entron Industries | | Type of Facility (4) | |
| Street Address 418 State Highway 79 | | <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) Marlboro Township, NJ | | Square Feet | # of Floors |
| County (6) Monmouth | County Code (7) <i>(STATE USE ONLY)</i> | Current Use (Prior if being demolished) business | |

| | | | | |
|---|--------------------------------------|---|---|--|
| Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental | | ASCM No. | Name of Abatement Contractor (9) The MACK Group, LLC. | |
| Street Address 411 Southgate Court, Suite E | | Street Address 1500 Kings HWY N, STE 209 | | |
| City, State, Zip Code Mickleton, NJ 08056 | | City, State, Zip Code Cherry Hill, NJ 08034 | | |
| Project Manager for Monitoring Firm Jack Carney | Telephone No. 856-223-0080 | Telephone No. (973) 759 - 5000 | License No. 00781 | |

| | | | | |
|--|--|---|--|--|
| Start Date (10) 12/26/11 | Scheduled Completion Date (11) 4/30/12 | Name of OSHA Monitor The MACK Group, LLC. | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 1500 Kings HWY N, STE 209 | | |
| <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 Cherry Hill, NJ 08034 | | |

Scope of Work (Check All That Apply)

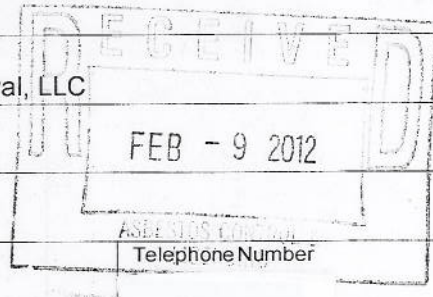
| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <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) 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 | | <input checked="" type="checkbox"/> | | see attached | see attached | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|---------------------------|--|---------------------------------------|---|--|
| Name of Registered Waste Hauler Freehold / Newark Carting | | NJ DEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS | |
| City, State Freehold / Newark, NJ | | Disposal Date 4/30/12 | City, State Morrisville, PA | | |
| Completed by Mike Cooper | Title President | Signature | Date 2/7/12 | | |

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


4165

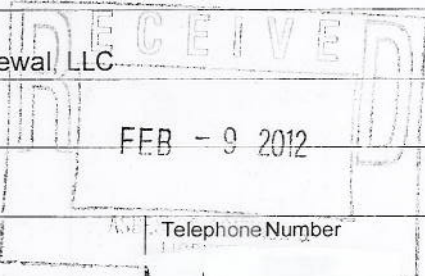


| | | | | | | | | | | |
|--|--|--|---|--|--|-------------------------------------|--------|------------------------|-----------|--|
| Date of Notification (1) December 02, 2011 | | Name of Building Owner/Operator (2) Camelot at Marlboro Urban Renewal, LLC | | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 433 River Road | | | | | | | | |
| | | City, State, Zip Code Highland Park, NJ 08904 | | | | | | | | |
| | | Name of Contact Jason Kaplan | | | | | | | | |
| | | Telephone Number | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Entron Industries | | 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 418 State Highway 79 | | Square Feet | # of Floors | | | | | | | |
| City (5) Marlboro Township, NJ | | Bldg. Age | | | | | | | | |
| County (6) Monmouth | County Code (7) <i>(STATE USE ONLY)</i> _____ | Current Use (Prior if being demolished) business | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental | | ASCM No. | Name of Abatement Contractor (9) The MACK Group, LLC. | | | | | | | |
| Street Address 411 Southgate Court, Suite E | | Street Address 1500 Kings HWY N, STE 209 | | | | | | | | |
| City, State, Zip Code Mickleton, NJ 08056 | | City, State, Zip Code Cherry Hill, NJ 08034 | | | | | | | | |
| Project Manager for Monitoring Firm Jack Carney | | Telephone No. 856-223-0080 | Telephone No. License No. (973) 759 - 5000 00781 | | | | | | | |
| Start Date (10) 12/19/11 | Scheduled Completion Date (11) 3/31/12 | Name of OSHA Monitor The MACK Group, LLC. | | | | | | | | |
| 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 1500 Kings HWY N, STE 209 | | | | | | | | |
| | | City, State, Zip Code Cherry Hill, NJ 08034 | | | | | | | | |
| 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) see attached | 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) see attached | Amount (Specify SF or LF) see attached | Abatement Type | | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | |
| | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | |
| Name of Registered Waste Hauler Freehold / Newark Carting | | NJ DEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS | | | | | | |
| City, State Freehold / Newark, NJ | | Disposal Date 3/31/12 | | City, State Morrisville, PA | | | | | | |
| Completed by Mike Cooper | | Title President | | Signature | | | | Date 12/2/11 | | |

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

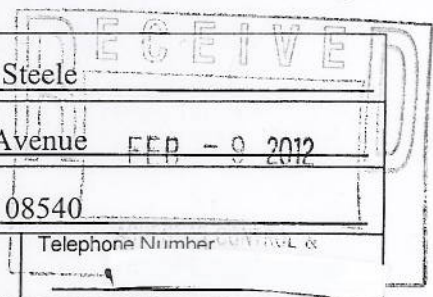
4171

| | | | | | | | | | |
|--|--|---|---|---|--|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1) December 16, 2011 | | Name of Building Owner/Operator (2) Camelot at Marlboro Urban Renewal, LLC | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 433 River Road | | | | | | | |
| | | City, State, Zip Code Highland Park, NJ 08904 | | | | | | | |
| | | Name of Contact Jason Kaplan | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Entron Industries | | 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 418 State Highway 79 | | Square Feet | # of Floors | | | | | | |
| City (5) Marlboro Township, NJ | | Bldg. Age | | | | | | | |
| County (6) Monmouth | County Code (7) <i>(STATE USE ONLY)</i> | Current Use (Prior if being demolished) business | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental | | ASCM No. | Name of Abatement Contractor (9) The MACK Group, LLC. | | | | | | |
| Street Address 411 Southgate Court, Suite E | | Street Address 1500 Kings HWY N, STE 209 | | | | | | | |
| City, State, Zip Code Mickleton, NJ 08056 | | City, State, Zip Code Cherry Hill, NJ 08034 | | | | | | | |
| Project Manager for Monitoring Firm Jack Carney | Telephone No. 856-223-0080 | Telephone No. (973) 759 - 5000 | License No. 00781 | | | | | | |
| Start Date (10) 12/26/11 | Scheduled Completion Date (11) 3/31/12 | Name of OSHA Monitor The MACK Group, LLC. | | | | | | | |
| 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 1500 Kings HWY N, STE 209 | | | | | | | |
| | | City, State, Zip Code Cherry Hill, NJ 08034 | | | | | | | |
| 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 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) see attached | 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) see attached | Amount (Specify SF or LF) see attached | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler Freehold / Newark Carting | | NJ DEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS | | | | | |
| City, State Freehold / Newark, NJ | | Disposal Date 3/31/12 | | City, State Morrisville, PA | | | | | |
| Completed by Mike Cooper | | Title President | Signature  | | | Date 12/16/11 | | | |



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

STEVENS ENVIRONMENTAL SERVICES INC.
check # 24662



| | | | |
|--|--|---|---------------------------|
| Date of Notification (1) <u>2/7/12</u> | | Name of Building Owner/Operator (2) <u>Mrs. Telfair Steele</u> | |
| 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 <u>36 Princeton Avenue</u> | |
| | | City, State, Zip Code <u>Princeton, NJ 08540</u> | |
| | | Name of Contact <u>Mrs. Telfair Steele</u> | Telephone Number _____ |

FACILITY INFORMATION

| | | | |
|--|----------------------------------|--|-------------|
| Name of Facility Where Abatement is Taking Place (3) <u>Residence</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>36 Princeton Avenue</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>Residence</u> | |

| | | | |
|--|--|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | ASCM No. | 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> | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> |

| | | | |
|--|--|--|--|
| Start Date (10) <u>2/16/12</u> | Scheduled Completion Date (11) <u>2/17/12</u> | Name of OSHA Monitor <u>MECS</u> | |
| 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>8AM - 4:30PM</u> | | Street Address <u>PO Box 341</u> | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | |

Scope of Work (Check all that apply)

| | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <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) 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 |
| <u>basement/crawlspace</u> | | | <input checked="" type="checkbox"/> | <u>pipe insulation</u> | <u>320 LF</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>2 CU</u> | Name of Registered Landfill <u>T.R.R.F., Inc.</u> |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>2/17/12</u> | City, State <u>Tullytown, PA</u> |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature | Date <u>2/7/12</u> |

* 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)**

SERVICES INC
CHECK # 24663
RECEIVED
FEB - 9 2012

| | | | |
|--|--|---|---------------------------|
| Date of Notification (1) <u>2/7/12</u> | | Name of Building Owner/Operator (2) <u>Scott Ullrich</u> | |
| 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 <u>706 River Road</u> | |
| | | City, State, Zip Code <u>Piscataway, NJ 08854</u> | |
| | | Name of Contact <u>Scott Ullrich</u> | Telephone Number _____ |

FACILITY INFORMATION

| | | | |
|--|----------------------------------|--|-------------|
| Name of Facility Where Abatement is Taking Place (3) <u>Residence</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>427 Magnolia Street</u> | | Square Feet | # of Floors |
| City (5) <u>Highland Park</u> | | Bldg. Age | |
| County (6) <u>Middlesex</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) <u>residence</u> | |

| | | | | |
|--|--|---|---|--|
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | | ASCM No. | 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> | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> | |

| | | | | |
|--|--|--|--|--|
| Start Date (10) <u>2/17/12</u> | Scheduled Completion Date (11) <u>2/20/12</u> | Name of OSHA Monitor <u>MECS</u> | | |
| 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>8 AM-4:30 PM</u> | | Street Address <u>PO Box 341</u> | | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | |

Scope of Work (Check all that apply)

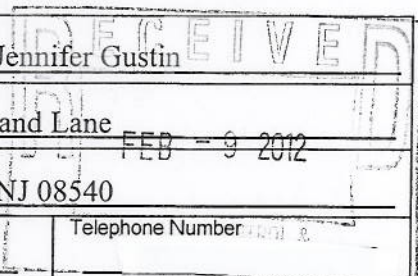
| | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input 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 |
| <u>basement/crawlspace</u> | | | <input checked="" type="checkbox"/> | <u>pipe insulation</u> | <u>80 LF</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>2 CU</u> | Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u> | |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>2/20/12</u> | City, State <u>Tullytown, PA</u> | | |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature  | Date <u>2/7/12</u> | | |

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

STEVENS ENVIRONMENTAL SERVICES INC.
CHECK # 24664



| | | | |
|--|--|--|---------------------------|
| Date of Notification (1) <u>2/7/12</u> | | Name of Building Owner/Operator (2) <u>Myron Bednar/Jennifer Gustin</u> | |
| 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 <u>80 Cleveland Lane</u> | |
| | | City, State, Zip Code <u>Princeton, NJ 08540</u> | |
| | | Name of Contact <u>Jennifer Gustin</u> | Telephone Number _____ |

FACILITY INFORMATION

| | | | |
|--|----------------------------------|--|---|
| Name of Facility Where Abatement is Taking Place (3) <u>Residence</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>80 Cleveland Lane</u> | | Square Feet <u>1500</u> | # of Floors <u>2</u> |
| City (5) <u>Princeton</u> | | Bldg. Age <u>60</u> | |
| County (6) <u>Mercer</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) <u>Residence</u> | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | | ASCM No. | 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>Crosswick, 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> | Telephone No. <u>(609) 259-9688</u> |
| Start Date (10) <u>2/20/12</u> | | Scheduled Completion Date (11) <u>2/24/12</u> | License No. <u>00493</u> |
| 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>8AM - 4:30PM</u> | | Name of OSHA Monitor <u>MECS</u> | |
| | | Street Address <u>PO Box 341</u> | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | |

Scope of Work (Check all that apply)

| | | |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <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 |
| <u>1st floor</u> | | | <input checked="" type="checkbox"/> | <u>floor tile/mastic</u> | <u>670 SF</u> | <input checked="" type="checkbox"/> | | | |
| <u>basement</u> | | | <input checked="" type="checkbox"/> | <u>pipe insulaton</u> | <u>80 LF</u> | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |

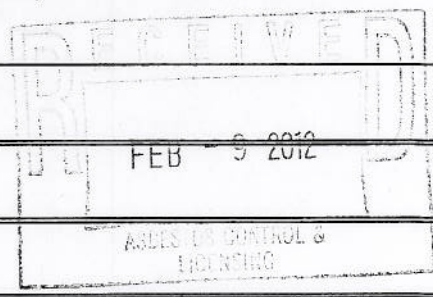
| | | | | | |
|---|---------------------------------|---|-------------------------------------|---|--|
| Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>3 CU</u> | Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u> | |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>2/24/12</u> | City, State <u>Tullytown, PA</u> | | |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature | Date <u>2/7/12</u> | | |

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

003404

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: MS 12-53



| | | | |
|---|--|---|------------------|
| Date of Notification (1) 10 11 13 14 12 | | Name of Building Owner/Operator (2) CATHERINE COPELAND | |
| 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 Amendment #: _____ | Street Address 295 ORCHARD PLACE | |
| | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code RIDGEWOOD, NJ | |
| | | Name of Contact CATHERINE COPELAND | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|--|----------------------|-------------------------------------|--|-------------|-----------|
| Name of facility where abatement is taking place (3) CATHERINE COPELAND | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 295 ORCHARD PLACE | | | Square Feet | # of Floors | Bldg. Age |
| City (5) RIDGEWOOD | County (6) BERGEN | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |

| | | | | | |
|--|---|---|---|--|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) D & S RESTORATION, INC. | | |
| Street Address | | Street Address 20 California Ave. | | | |
| City, State, Zip Code | | City, State, Zip Code Paterson, NJ 07503 | | | |
| Project Manager for Monitoring Firm | Phone Number | Telephone Number 973-345-8020 | License Number 00159 | | |
| Start Date (10) 03/01/12 | Sched. Completion Date (11) 03/09/12 | Name of OSHA Monitor D & S Restoration, Inc. | | | |
| 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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u> | | Street Address 20 California Avenue | | | |
| | | City, State, Zip Code Paterson, NJ 07503 | | | |

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 w/negative pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <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) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|-------------------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT TWO ROOMS | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 42 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT | | <input checked="" type="checkbox"/> | | BARE HEATING PIPES | 100 L FT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT | | <input checked="" type="checkbox"/> | | VERMICULITE | 5 SQ FT | <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"/> |

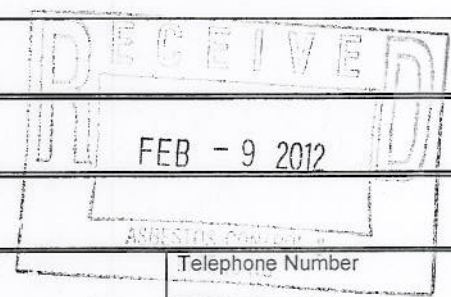
| | | | |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 2 YDS | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 03/02/12 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 01/31/12 |

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

003415

D&S Proj. #: MS 12-55

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60 and 12:120)



| | | | |
|---|--|--|------------------|
| Date of Notification (1) 02/10/12 | | Name of Building Owner/Operator (2) GENE KIRK | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Street Address 305 WEST CHESTNUT AVENUE | |
| Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | City, State, Zip Code METUCHEN, NJ 08840 | |
| | | Name of Contact GENE KIRK | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|---|-------------------------|-------------------------------------|--|-------------|-----------|
| Name of facility where abatement is taking place (3) GENE KIRK | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 305 WEST CHESTNUT AVENUE | | | Square Feet | # of Floors | Bldg. Age |
| City (5) METUCHEN | County (6) MIDDLESEX | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |

| | | | | | |
|---|---|---|---|--|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) D & S RESTORATION, INC. | | |
| Street Address | | Street Address 20 California Ave. | | | |
| City, State, Zip Code | | City, State, Zip Code Paterson, NJ 07503 | | | |
| Project Manager for Monitoring Firm | Phone Number | Telephone Number 973-345-8020 | License Number 00159 | | |
| Start Date (10) 02/16/12 | Sched. Completion Date (11) 02/24/12 | Name of OSHA Monitor D & S Restoration, Inc. | | | |
| 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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | Street Address 20 California Avenue | | | |
| | | City, State, Zip Code Paterson, NJ 07503 | | | |

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 w/negative pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-enclosure |
| | | <input checked="" type="checkbox"/> Glovebag procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |

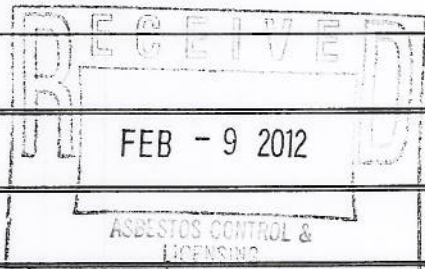
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 110 L FT | <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"/> |

| | | | | |
|--|---------------------------|-------------------------------|---|--|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 2 YDS | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | |
| City, State PATERSON, NJ 07503 | Disposal Date 02/17/12 | City, State TULLYTOWN, PA | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 02/06/12 | |

003403

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: MS 12-52



| | | | |
|---|---|--|--|
| Date of Notification (1) 10/11/13 11/12 | | Name of Building Owner/Operator (2) JANET PAPOUCHIS | |
| 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 Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 63 PROSPECT AVENUE | |
| | City, State, Zip Code MONTCLAIR, NJ 07042 | | |
| | Name of Contact JANET PAPOUCHIS | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|---------------------|-------------------------------------|--|-------------|-----------|
| Name of facility where abatement is taking place (3) JANET PAPOUCHIS | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 63 PROSPECT AVENUE | | | Square Feet | # of Floors | Bldg. Age |
| City (5) MONTCLAIR | County (6) ESSEX | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |

| | | | | | |
|---|---|---|---|--|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) D & S RESTORATION, INC. | | |
| Street Address | | Street Address 20 California Ave. | | | |
| City, State, Zip Code | | City, State, Zip Code Paterson, NJ 07503 | | | |
| Project Manager for Monitoring Firm | Phone Number | Telephone Number 973-345-8020 | License Number 00159 | | |
| Start Date (10) 03/03/12 | Sched. Completion Date (11) 03/19/12 | Name of OSHA Monitor D & S Restoration, Inc. | | | |
| 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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | Street Address 20 California Avenue | | | |
| | | City, State, Zip Code Paterson, NJ 07503 | | | |

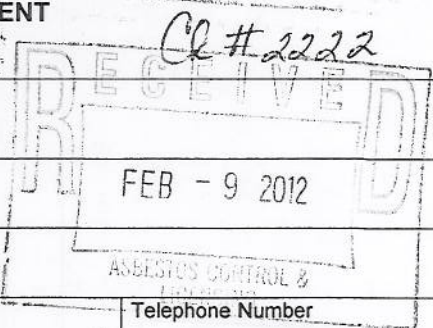
Scope of Work (check all that apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <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) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT 3 ROOMS | | X | | PIPE INSULATION | 60 L FT | X | | | |
| BASEMENT REC RM | | X | | PIPE INSULATION | 62 L FT | X | | | |
| BASEMENT ABOVE CEILING | | X | | PIPE INSULATION | 100 L FT | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 2 YDS | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 03/05/12 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 01/31/12 |

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



| | | | |
|---|--|---|------------------|
| Date of Notification (1) <u>2</u> / <u>6</u> / <u>12</u> | | Name of Building Owner/Operator (2) St Francis Medical Center | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input 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 601 Hamilton Ave | |
| | | City, State, Zip Code Trenton NJ 08629 | |
| | | Name of Contact Bob Field | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---------------------------------|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) St Francis Medical Center | | 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 601 Hamilton Ave | | Square Feet 70,000 | # of Floors 3 |
| City (5) Trenton | | Bldg. Age 60+ | |
| County (6) MERCER | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Hospital | |

| | | | | |
|--|--------------------------------------|---|--|--|
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | | |
| City, State, Zip Code Trenton, NJ 08010 | | City, State, Zip Code BRISTOL, PA 19007 | | |
| Project Manager for Monitoring Firm Brian Holbig | Telephone No. 609-392-4200 | Telephone No. 215-788-6040 | License No. 00509 | |

| | | | |
|--|--|--|--|
| Start Date (10) <u>2</u> / <u>16</u> / <u>12</u> | Scheduled Completion Date (11) <u>2</u> / <u>16</u> / <u>12</u> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | |
| 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 - Describe Time of Abatement: 8:00AM-8:00PM/ PM-1:30AM | | Street Address 1123 BEAVER STREET | |
| | | City, State, Zip Code BRISTOL, PA 19007 | |

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 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 |
| Basement Mechanical Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 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"/> |
| | <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 BRISTOL ENVIRONMENTAL, INC. | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste 1 Cu Yd | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | |
| City, State BRISTOL, PA 19007 | | Disposal Date 2/16/12 | City, State MORRISVILLE, PA 19067 | | |
| Completed By (Print or Type) Gino Pizzigoni | Title Estimator | Signature <i>Gino Pizzigoni</i> | | Date 2/6/12 | |

ASB-41
MAY 11
GI 12025

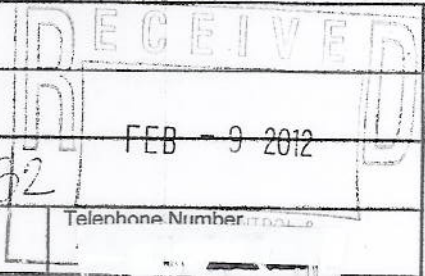
* Do not use this form for asbestos licensure exempted activities.

DOL

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

ch#: 7839

| | | | | |
|---|--|---|--|------------------|
| Date of Notification (1) 2-7-12 | | Name of Building Owner/Operator (2) Maria Sanz | | |
| 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 110 Tappan Street | | |
| | | City, State, Zip Code Kearney NJ 07032 | | FEB - 9 2012 |
| | | Name of Contact Maria | | Telephone Number |



| | | | | | |
|--|--|---|---|--|-----------------|
| Name of Facility Where Abatement is Taking Place (3) Sanz | | | 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 110 Tappan St | | | Square Feet 1600 | | |
| City (5) Kearney | | | # of Floors 2 | | Bldg. Age 46 |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residential | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) A. MAC Contracting Inc | |
| Street Address | | | Street Address 105 Lowell Road | | |
| City, State, Zip Code | | | City, State, Zip Code Glen Rock, NJ 07452 | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-262-5841 | |
| Start Date (10) 2-17-12 | | Scheduled Completion Date (11) 2-18-12 | | License No. 00156 | |
| Name of OSHA Monitor Omega Environmental Services Inc. | | | Street Address 280 Huyer Street | | |
| 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: _____ | | | City, State, Zip Code Hackensack, NJ 07606 | | |

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"/> 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 | Encapsulation | Enclosure |
| basement | | | X | pipe insulation | 25 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | | | |
|--|--|------------------------------------|--|---------------------------------|--|---|--|
| Name of Registered Waste Hauler Rovic Transport | | NJDEP Waste Hauler ID No. 20785 | | Cubic Yards of Waste .5 | | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | |
| City, State, Zip Code Riverdale, NJ 07457 | | | | Disposal Date 2-17-12 | | City, State, Zip Code Bethlehem, PA 18015 | |
| Completed by R. McDonald | | Title President | | Signature <i>[Signature]</i> | | Date 2-7-12 | |