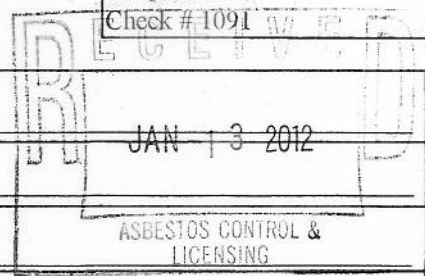


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/30/11		Name of Building Owner/Operator (2) BP US Pipelines & Logistics							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 350 Coastal St							
		City, State, Zip Code Port Newark, NJ 07114							
		Name of Contact Martin Warr	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BP US Pipelines & Logistics		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 350 Costal St		Square Feet 1965	# of Floors 1						
City (5) Port Newark, NJ		Bldg. Age							
County (6) Essex	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) Oil Storage Tank							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCN No. 00023	Name of Abatement Contractor (9) New States Contracting, LLC						
Street Address 1600 Route 22 East, Suite 107		Street Address 2400 Main Street Extension, Suite 10							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Sayreville, NJ 08872							
Project Manager for Monitoring Firm Craig Abrams		Telephone No. 908-477-3014	Telephone No. 732-525-0100						
License No. 00749		Name of OSHA Monitor New States Contracting / Jeremiah Farmer							
Start Date (10) 1/25/12	Scheduled Completion Date (11) 05/31/12	Show Desktop.scf Street Address 2400 Main St. Extension, Suite 10							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Unoccupied tank farm		City, State, Zip Code Sayreville, NJ 08872							
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	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
Oil Storage Tank Roof T104/2004	X			Roof Mastic	3930 SF	X			
And T105/2005 at first then 2 more	X								
Tank roofs T102/2002 and T103/2003	x			Roof Mastic	14525 SF				
Name of Registered Waste Hauler AUCHTER INDUSTRIAL VAC SERVICE INC		NJDEP Waste Hauler ID No. 980772768	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S North					
City, State 4801 SOUTH WOOD AVENUE, LINDEN, NJ 07036		Disposal Date		City, State Morrisville, PA 19067					
Completed by Michael Migliore		Title Account Manager	Signature <i>Michael Migliore</i>			Date 1/10/12			

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

Notations:
 Paid \$ 200.00
 Check # 1091



Date of Notification (1) 01/11/2012		Name of Building Owner/operator (2) Passaic County Community College	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" 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 One College Boulevard	
		City, State, Zip Code Paterson, NJ 07505	
		Name of Contact C/O Jose Puno	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Furniture Store		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 225 Market St		Square Feet # of Floors Bldg. Age 30,000 3 60 +	
City (5) Paterson		Current Use (Prior If being demolished) Former Furniture Store	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) GZA GeoEnvironmental Inc.	
Name of Monitoring Firm Hired by Building Owner (8) GZA GeoEnvironmental Inc.		ASCM No. 00125	Name of Abatement Contractor (9) Genesis Contracting Corp
Street Address 55 Lane Rd, Ste 407		Street Address 106 Gold St	
City, State, Zip Code Fairfield, NJ 07004		City, State, Zip Code Green Brook, NJ 08812	
Project Manager for Monitoring Firm Benjamin Sallemi	Telephone No. 973-774-3300	Telephone No. 908-809-0315	License No. 01090
Start Date (10) 01/24/2012	Scheduled Completion Date (11) 02/03/2012	Name of OSHA Monitor Genesis Contracting Corp	
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 checked="" type="checkbox"/> Other - Describe: unoccupied		Street Address 106 Gold St	
		City, State, Zip Code Green Brook, NJ 08812	

Scope of Work (Check all that apply)

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

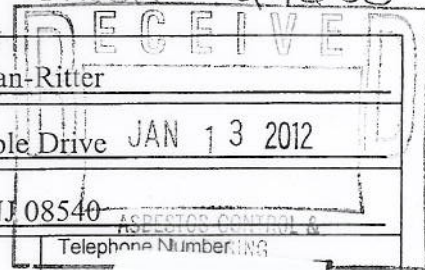
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement -			X	pipe insulation & fittings	400 LF	X			
Basement -			X	Exhaust Breaching	40 SF	X			

Name of Registered Waste Hauler Genesis Contracting Corp		NJDEP Waste Hauler ID No. 32980	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Green Brook, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By Victoria Burga	Title President	Signature 	Date 01/10/2012		

* 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)**

STEVENS ENVIRONMENTAL
SERVICES INC
CHECK # 24633



Date of Notification (1) <u>1/11/12</u>		Name of Building Owner/Operator (2) <u>Amy Meehan-Ritter</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>13 Broadripple Drive</u>	
		City, State, Zip Code <u>Princeton, NJ 08540</u>	
		Name of Contact <u>Amy Meehan-Ritter</u>	Telephone Number (NG) <u></u>

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>13 Broadripple Drive</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>1/23/12</u>	Scheduled Completion Date (11) <u>1/27/12</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 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
<u>basement</u>			<input checked="" type="checkbox"/>	<u>floor tile</u>	<u>390 SF</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>1/27/12</u>	City, State <u>Tullytown, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>1/11/12</u>