

State of New Jersey - Notification of Asbestos Abatement

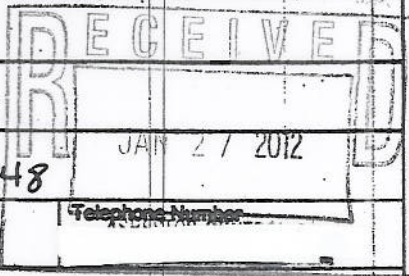
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) January 24, 2012		Name of Building Owner/Operator (2) New Jersey Turnpike Authority	
Agencies Notified X EPA DCA X DOL X DEP X DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address 581 Main Street, PO Box 5042 City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Mark Connors/ C/O AECOM	
<div style="text-align: right;"> </div>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NJTPK - Underside of the Sharon Road Bridge Mile Post 62.0 to 63.4		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.) Sq. Feet: NA # of Floors: NA Bldg. Age: 60 years	
Street Address NJTPK Sharon Road Bridge		Current Use (prior if being demolished):	
City (5) Township of Robbinsville	County (6) Mercer	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A - Visual Inspection By: AECOM Inc.		ASCM No.	
Street Address 30 Knightsbridge Road, Suite 520		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Piscataway, NJ 08854		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Mark Connors		Telephone Number 732-672-7519	License Number 00840
Scheduled Start Date (10) February 6, 2012		Scheduled Completion Date (11) March 9, 2012	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Work Hours: 6pm-Midnight During Lane Closures-Multiple shifts depending on weather and traffic conditions Other - Describe:		Name of OSHA Monitor EMSL inc.	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Underside of the Sharon Road Bridge NJTPK	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO <input checked="" type="checkbox"/> NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Transite Conduit	Amount (Specify SF or LF) 260 LF Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20	Name of Registered Landfill GROWS Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date March 9, 2012	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) MXI Express, Inc. Maumee Express, Inc. 297 Zimmerman Lane, Langhorne, PA			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date January 24, 2012

GAC # 2012-309

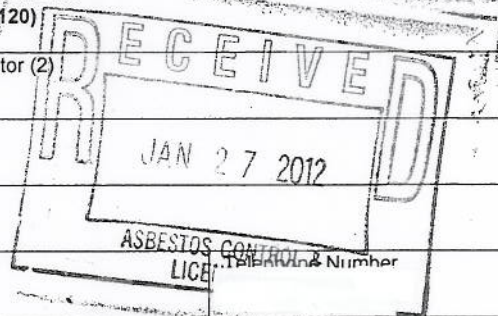
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

OK 3333



Date of Notification (1) 1-23-2012		Name of Building Owner/Operator (2) T. DOMERSKI							
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 146 SUMMIT STREET							
		City, State, Zip Code NORWOOD, N.J. 07648							
		Name of Contact T. DOMERSKI							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) T. DOMERSKI		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 146 SUMMIT STREET		Square Feet 2200	# of Floors 2						
City (5) NORWOOD		Bldg. Age 1920							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444						
Start Date (10) 2-6-2012		Scheduled Completion Date (11) 2-7-2012	License No. 00388						
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: 8 AM 5 PM		Name of OSHA Monitor Omega Environmental Services							
		Street Address 280 Huyler St							
		City, State, Zip Code South Hackensack, N.J. 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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	THERMAL INSULATION	55 LF			X	
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 116 yd	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 2-7-2012		City, State Newburgh PA, 17242					
Completed by R. VELDRAN		Title Estimator		Signature R. Veldran		Date 1-23-2012			

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



Date of Notification (1) 1/13/12		Name of Building Owner/Operator (2) Hudacko Pharmacy							
Agencies Notified	Type Notification	Street Address 876 Broadway							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne, NJ 07002							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Peter Halecky							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hudacko Pharmacy		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 876 Broadway		Square Feet N/A	# of Floors N/A						
City (5) Bayonne		Bldg. Age N/A							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Pharmacy							
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) 1/24/12	Scheduled Completion Date (11) 1/25/12	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"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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	150 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 1/13/12	

Paul C. Horner
(signature)

Date: 1/23/12 Time: 1:35PM

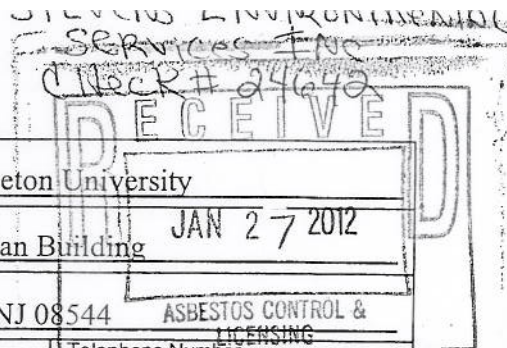
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:18)

STEVENS ENVIRONMENTAL
SERVICES INC.
CHECK # 24642

Date of Notification (1) <u>1/23/12</u>		Name of Building Owner/Operator (2) Trustees of Princeton University	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address E.A. MacMillan Building		City, State, Zip Code Princeton, NJ 08544	
Name of Contact Robert Macfarlan		Telephone Number A1	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Exterior Trench- Roper Lane		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address between Ivy Lane & Prospect Street		Square Feet NA	
City (5) Princeton		# of Floors Bldg. Age	
County (6) Middlesex		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08515	
Project Manager for Monitoring Firm William Weisgarber Jr.		Telephone No. (609) 298-4070	
Start Date (10) 1/24/12		Scheduled Completion Date (11) 1/27/12	
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>7AM - 3:30PM</u>		Name of OSHA Monitor MECS	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥280 lf		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) exterior trench		Amount (Specify SF or LF) 80 LF	
Abatement Type Removal Repair Encapsulate Enclose		Abatement Type Removal Repair Encapsulate Enclose	
Name of Registered Waste Hauler Stevens Environmental Services Inc.		NJDEP Waste Hauler ID No. 18292	
City, State Freehold, NJ		Cubic Yards of Waste 1 CU	
Disposal Date 1/27/12		Name of Registered Landfill T.R.R.F., Inc.	
City, State Tullytown, PA		Signature <i>[Signature]</i>	
Completed By Mahon E. Stevens		Title Project Manager	
Date 1/23/12		Date 1/23/12	

RECEIVED
JAN 27 2012

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



Date of Notification (1) <u>1/23/12</u>		Name of Building Owner/Operator (2) <u>Trustees of Princeton University</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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>E.A. MacMillan Building</u> City, State, Zip Code <u>Princeton, NJ 08544</u> Name of Contact <u>Robert Macfarlan</u>	

Name of Facility Where Abatement is Taking Place (3) <u>Exterior Trench- Roper Lane</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>between Ivy Lane & Prospect Street</u>		Square Feet <u>NA</u>	
City (5) <u>Princeton</u>		# of Floors _____	
County (6) <u>Middlesex</u>		Bldg. Age _____	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>exterior trench</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>Allentown, NJ 08515</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Telephone No. <u>(609) 298-4070</u>		License No. <u>00493</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 259-9688</u>		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Start Date (10) <u>1/24/12</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>7AM - 3:30PM</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 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) <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
<u>exterior trench</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>1 CU</u>		Name of Registered Landfill <u>T.R.R.F., Inc.</u>	
City, State <u>Freehold, 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>1/23/12</u>	

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

VIA U.S. MAIL

Date of Notification (1) <u>1/24/12</u>		Name of Building Owner/Operator (2) <u>Big Top c/o MR MICHAEL SANCILARDI</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DSP <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>31 ELLIOT ST</u> City, State, Zip Code <u>AVENEL, N.J. 07001</u> <u>IN 27</u> <u>2012</u>					
		Name of Contact <u>MR MICHAEL</u>	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)		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>59 CALDWELL PL</u>		Square Feet <u>21500</u> # of Floors <u>2</u> Bldg. Age <u>65</u>					
City (5) <u>SPRINGFIELD N.J.</u>		Current Use (Prior if being demolished) <u>RESIDENTIAL - CLOSED</u>					
County (6) <u>UNION</u>	County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <u>NOVATECH INC</u>					
Street Address		Street Address <u>P.O. Box 814</u>					
City, State, Zip Code		City, State, Zip Code <u>OLD BRIDGE N.J. 08857</u>					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>732 238x7500</u>	License No. <u>00806</u>				
Start Date (10) <u>2/2/12</u>	Scheduled Completion Date (11) <u>2/29/12</u>	Name of OSHA Monitor <u>NOVATECH INC</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>P.O. Box 814</u> City, State, Zip Code <u>OLD BRIDGE N.J. 08857</u>					
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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
<u>EXTERIOR</u>		<u>X SIDING</u>	<u>1,200 SF</u>	<u>X</u>			
<u>BASEMENT</u>		<u>X PIPE INSULATION</u>	<u>150 LF</u>	<u>X</u>			
<u>1ST FLOOR & 2ND FLOOR</u>		<u>X FLOOR TILE 9x9</u>	<u>1,000 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>NOVATECH INC</u>	NDEP Waste Hauler ID No. <u>18501</u>	Cubic Yards of Waste <u>20</u>	Name of Registered Landfill <u>G.R.O.W.S.</u>				
City, State <u>OLD BRIDGE N.J. 08857</u>		Disposal Date <u>3/1/12</u>	City, State <u>HARRISVILLE PA</u>				
Completed By <u>CARLOS ALMEIDA</u>	Title <u>PRESIDENT</u>	Signature <u>[Signature]</u>	Date <u>1/24/12</u>				

ASB-41

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