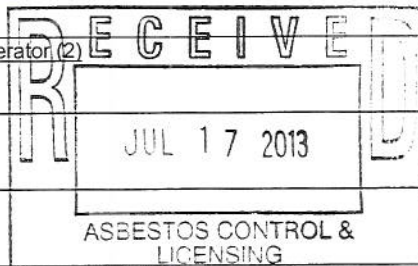


NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

520544



<u>Date of Notification (1)</u> 07/16/2013		<u>Name of Building Owner/Operator (2)</u> Eaton Cooper	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification () Cancelled	<u>Street Address</u> 600 Travis, Suite 5600	
		<u>City, State, Zip Code</u> Houston, TX 77002-1001	
		<u>Name of Contact</u> Nelson Olavarria	<u>Tel. Number</u> -

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> Cooper Notification Facility			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)
<u>Street Address</u> 273 Branchport Avenue			Sq. Feet <u>12000</u> # of Floors <u>1</u>
<u>City (5)</u> Long Branch	<u>County (6)</u> Monmouth	<u>County Code (7)</u> (State Use Only)	Bldg. Age 50+/- Current Use (prior if being demolished) <u>Former Factory</u>

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Precision Environmental, Inc.	<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
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<u>Street Address</u> 36-15 23 rd Street	<u>Street Address</u> 395 Turner Industrial Way
<u>City, State, Zip Code</u> Long Island City, NY 11106	<u>City, State, Zip Code</u> Aston, PA 19014

<u>Project Manager for Monitoring Firm</u> Michael Parpounas	<u>Telephone Number</u> 718-383-2626	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01006
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<u>Scheduled Start Date (10)</u> 07/12/13	<u>Scheduled Completion Date (11)</u> 07/18/13	<u>Name of OSHA Monitor</u> Testor Technology, Inc.
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<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe_Occupants moved to adjacent area _____ Other - Describe _____	<u>Street Address</u> 10-59 Jackson Avenue <u>City, State, Zip Code</u> Long Island City, NY 11101
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Source of Work (Check all that apply)

() Demolition (X) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) () M Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
() Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

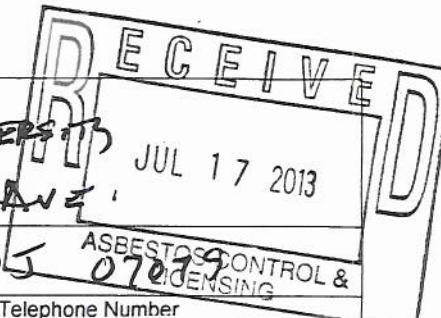
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
				Rem.	Rep.	Encap	Enclose
1 st Floor Crawl Space	X	Pipe Insulation	350 LF	X			

<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> 20990	<u>Cubic Yards of Waste</u> 120	<u>Name of Reg. Landfill</u> Minerva
<u>City, State</u> New Castle, DE	<u>Disp. Date</u> 07/22/13	<u>City, State</u> Waynesboro, OH	

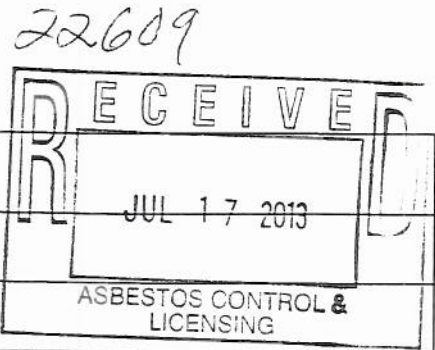
<u>Completed by (Print or Type)</u> Russell King	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 07/16/2013
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>7 / 16 / 13</u>		Name of Building Owner/Operator (2) <u>SETON HALL UNIVERSITY</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	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 <u>400 SOUTH ORANGE AVE.</u>	
		City, State, Zip Code <u>SOUTH ORANGE NJ 07079</u>	
		Name of Contact <u>LEON VANDEMEULEBROEK</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>IMMACULATE CONCEPTION SEMINARY CHAPEL</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <u>400 SOUTH ORANGE AVE.</u>			
City (5) <u>So. ORANGE NJ 07079</u>	Square Feet <u>50000</u>	# of Floors <u>3</u>	Bldg. Age <u>50+</u>
County (6) <u>ESSEX</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>chapel</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MCCABE ENVIRO. SERVICES, LLC</u>		ASCN No. <u>00118</u>	
Street Address <u>464 VALLEY BROOK AVE.</u>		Name of Abatement Contractor (9) <u>UNIPRO, INC.</u>	
City, State, Zip Code <u>LYNDHURST NJ 07071</u>		Street Address <u>173 KARKUS AVE.</u>	
Project Manager for Monitoring Firm <u>JOHN CHIAVIOLO</u>		Telephone No. <u>201-438-4839</u>	License No. <u>00615</u>
Start Date (10) <u>7 / 23 / 13</u>	Scheduled Completion Date (11) <u>8 / 2 / 13</u>	Name of OSHA Monitor <u>MCCABE ENVIRO. SERVICES, LLC</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7 AM-4:30 PM</u> / <u>PM</u> - <u>AM</u>		Street Address <u>464 VALLEY BROOK AVE.</u>	
		City, State, Zip Code <u>LYNDHURST, NJ 07071</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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>CHAPEL - 2nd FL</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>VAT/MASTIC/PLYWOOD 2 LAYERS</u>	Amount (Specify SF or LF) <u>2300 SF</u>
			Abatement Type Remove <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"/>
Name of Registered Waste Hauler <u>NEWARK CARTING, INC</u>	NJDEP Waste Hauler ID No. <u>4509</u>	Cubic Yards of Waste <u>40</u>	Name of Registered Landfill <u>G.R.O.W.S.</u>
City, State <u>NEWARK NJ.</u>	Disposal Date <u>8.5.13</u>	City, State <u>MORRISVILLE, PA.</u>	
Completed By (Print or Type) <u>DAVID T. TOLD</u>	Title <u>Pres.</u>	Signature <u>David T. Told</u>	Date <u>7.16.13</u>



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



Date of Notification (1) <div style="text-align: center;">7 / 15 / 13</div>		Name of Building Owner/Operator (2) Sovereign Bank, N.A.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1130 Berkshire Boulevard	
		City, State, Zip Code Wyomissing, PA	
		Name of Contact Susan Peck	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Sovereign Bank		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 332 High Street			
City (5) Burlington NJ		Square Feet 2000	# of Floors 1
		Bldg. Age 75	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc
Street Address 1600 Route 22 East		Street Address 47 Foster Road	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island NY 10309	
Project Manager for Monitoring Firm Brian Nemetz		Telephone No. 732-616-4092	License No. 00774
Start Date (10) <div style="text-align: center;">07 / 27 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">07 / 31 / 13</div>	Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 10 59 Jackson Avenue	
		City, State, Zip Code LIC NY 11101	

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 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			
						Removal	Repair	Encapsulate	Enclosure
Coupon Room	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	VAT/Mastic	50SF	<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 Global Waste Industries, Inc.		NJDEP Waste Hauler ID No. NJ-22147		Cubic Yards of Waste 5		Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Hackettstown, NJ		Disposal Date 7/31/13		City, State Morrisville, PA			
Completed By (Print or Type) John Tardy	Title Senior Project Manager			Signature <i>[Signature]</i>		Date 7/15/13	

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

no check

Date of Notification (1) 06 / 24 / 13		Name of Building Owner / Operator (2) Macy's Inc		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 17 2013 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Name of Contact			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	1120 Avenue of the Americas New York, NY 10036 Daniela Sango		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Macy's			Type of Facility (4)		
Street Address 1400 Willowbrook Mall			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) Wayne	County (6) Passiac	County Code (7) 7470	Square Feet 30,000	# Of Floors 2	Building Age 25 +
			Current Use (Prior if being demolished) Retail		
Name of Monitoring Firm Hired by Bldg. Owner (8) Pennoni Associate Inc.			ASCM NO		
Street Address 515 Grove Street			Name of Abatement Contractor (9) LVI Demolition Services Inc.		
City, State, Zip Code Haddon Heights, New Jersey			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm UDAY SINGH			City, State, Zip Code East Hanover, NJ 07936		
Telephone Number 973-509-3320			Telephone Number 973-884-8682		
Sched. Completion Date (11) 07 / 31 / 13			License Number 00860		
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor LVI Demolition Services Inc.		
<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: MON-FRI 10:00 pm to 6:00 am			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> >3sf or >3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <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			R E M O V A L	R E P A I R
Escalators	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Tar Coating	300 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"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHAM, PA		
Completed by (Print or Type) Ralph Barnhardt		Title Operations Manager	Signature <i>Ralph Barnhardt</i>		Date 07/11/13

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

Date of Notification (1) 06 / 24 / 13		Name of Building Owner / Operator (2) Macy's Inc		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 17 2013 LICENSING </div>			
Agencies Notified		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		1120 Avenue of the Americas City, State, Zip Code New York, NY 10036					
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact Daniela Sango					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Macy's			Type of Facility (4)				
Street Address 1400 Willowbrook Mall			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)				
City (5) Wayne	County (6) Passiac	County Code (7) 7470	Square Feet 30,000	# Of Floors 2	Building Age 25 +		
			Current Use (Prior if being demolished) Retail				
Name of Monitoring Firm Hired by Bldg. Owner (8) Pennoni Associate Inc.		ASCM NO	Name of Abatement Contractor (9) LVI Demolition Services Inc.				
Street Address 515 Grove Street			Street Address 32 Williams Parkway				
City, State, Zip Code Haddon Heights, New Jersey			City, State, Zip Code East Hanover, NJ 07936				
Project Mngr. For Monitoring Firm UDAY SINGH		Telephone Number 973-509-3320	Telephone Number 973-884-8682				
Sched. Completion Date (11) 07 / 31 / 13		License Number 00860					
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor LVI Demolition Services Inc.				
<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: MON-FRI 10:00 pm to 6:00 am			Street Address 32 Williams Parkway				
			City, State, Zip Code East Hanover, NJ 07936				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Escalators	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Tar Coating	300 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHAM, PA				
Completed by (Print or Type) Ralph Barnhardt		Title Operations Manager	Signature <i>Ralph Barnhardt</i>		Date 06/24/13		