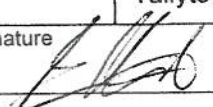


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/30/13		Name of Building Owner/Operator (2) Khubani Enterprises							
Agencies Notified	Type Notification	Street Address 2 Daniel Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fairfield, NJ, 07004							
		Name of Contact Martin Katz							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 81 Two Bridges		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 81 Two Bridges Rd		Square Feet 60,000	# of Floors 2						
City (5) Fairfield		Bldg. Age 30+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Indian Arrow Industries						
Street Address		Street Address 730 Broadway							
City, State, Zip Code		City, State, Zip Code Paterson, NJ, 07514							
Project Manager for Monitoring Firm		Telephone No. 973-653-9652	License No. 1183						
Start Date (10) 06/12/13	Scheduled Completion Date (11) 07/12/13	Name of OSHA Monitor Indian Arrow Industries							
Occupancy Status During Abatement (Check Only One)		Street Address 730 Broadway							
<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 Paterson, NJ, 07514							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input 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) <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
2nd Floor		X		Roofing ACM	100 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 40	Name of Registered Landfill Waste Management Inc					
City, State Wayne NJ		Disposal Date TBD		City, State Tullytown PA					
Completed by Goran Igev		Title Secretary		Signature 			Date 05/30/13		

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

Date of Notification (1) 05/13/13		Name of Building Owner/Operator (2) SUZANNE SHEA	
Agencies Notified	Type Notification	Street Address 5 WEST MAIN STREET	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code FARMINGDALE, NJ 07727	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact SUZANNE SHEA	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) SUZANNE SHEA			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 5 WEST MAIN STREET			Square Feet		
City (5) FARMINGDALE			County (6) MONMOUTH		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 06/13/13			License Number 01169		
Sched. Completion Date (11) 06/28/13			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:					
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply)


- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/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)	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	260 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 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/14/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/30/2013

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

<u>Date of Notification (1)</u> 06/04/2013		<u>Name of Building Owner/Operator (2)</u> Exxon-Mobil Technology Corp	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 600 Billingsport Road <u>City, State, Zip Code</u> Paulsboro, NJ 08066 <u>Name of Contact</u> Bill Nelson <u>Tel. Number</u>	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Exxon-Mobil Technology <u>Street Address</u> 600 Billingsport Road <u>City (5)</u> Paulsboro <u>County (6)</u> Gloucester <u>County Code (7)</u> (State Use Only)		<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>Sq. Feet</u> 8,660 <u># of Floors</u> 1 <u>Bldg. Age</u> 89 <u>Current Use (prior if being demolished)</u> R&D, Admin.	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Management International <u>Street Address</u> 34 East Germantown Pike <u>City, State, Zip Code</u> East Norriton, Pa 19401		<u>ASCM No.</u> <u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP <u>Street Address</u> 395 Turner Industrial Way <u>City, State, Zip Code</u> Aston, PA 19014	
<u>Project Manager for Monitoring Firm</u> Ray Giordano	<u>Telephone Number</u> 610-277-0405	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
<u>Scheduled Start Date (10)</u> 07/09/2013	<u>Scheduled Completion Date (11)</u> 07/11/2013	<u>Name of OSHA Monitor</u> EMSL Analytical	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours - Describe segregated area, no other trades Other - Describe - <u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation (X) Large Proj. >160 SF or >260 LF ACM () JM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure		<u>Street Address</u> 107 Haddon Ave <u>City, State, Zip Code</u> Westmont, NJ 08108	
<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>
Guard Shack Bldg. 30	X	VAT/Mastic	664 SF
<u>Name of Reg. Waste Hauler</u>		<u>NJDEP Waste Hauler ID #</u> 20990	<u>Cubic Yards of Waste</u> 1 cyds
<u>Service Transport Group</u> <u>City, State</u> New Castle, DE		<u>Disp. Date</u> 07/12/2013	<u>Name of Reg. Landfill</u> Imperial Landfill <u>City, State</u> Imperial, PA
<u>Completed by (Print or Type)</u> Russell King	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 06/04/2013

Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal and Disposal of 664 sf of VAT/Mastic from connecting rooms within Building 30 Guard Shack

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site: Regulate work area, negative pressure enclosure with decontamination unit, wet material, and double bag.

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pyles Lane

City: New Castle

County: New Castle

State: DE

Zip: 19720

Contact: Randy Bridges

Telephone: 302-778-5930

Waste Transporter#2 Same as #1

Address

City: Imperial

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site Imperial Landfill

EPA Certification Number: PAD987285624

Address: 11 Boggs Road

City: Imperial

County: Allegheny

State: PA

Zip: 15126

Contact: Brent Bowker

Telephone: 724-695-0900

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fibrous Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet materials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).


(Signature of Owner/Operator)

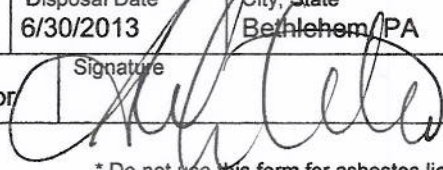
(Date) 06/04/13

XVIII. I Certify that the Above Information is Correct


(Signature of Owner/Operator)

(Date) 06/04/13

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

Date of Notification (1) 6/4/2013		Name of Building Owner/Operator (2) IMTT - Bayonne							
Agencies Notified	Type Notification	Street Address 250 East 22nd Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #007 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne, New Jersey 07002							
		Name of Contact Aubrey Hotard	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) IMTT - Bayonne		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 250 East 22nd Street		Square Feet	# of Floors Bldg. Age 30+						
City (5) Bayonne, New Jersey 07002									
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Insulations, Inc.						
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 1101 Edwards Avenue							
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code Harahan							
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 504-733-5033 License No. 01120						
Start Date (10) 6/7/2013	Scheduled Completion Date (11) 6/7/2013	Name of OSHA Monitor Envirovision Consultants, 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: Area unoccupied		Street Address 20-21 Wagaraw Road, Bldg. 34A City, State, Zip Code Fair Lawn, New Jersey 07410							
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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Tank 4001		X		Surface Mastic	150 sf	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. S-2265	Cubic Yards of Waste <25 cy	Name of Registered Landfill IESI					
City, State Dunmore, PA		Disposal Date 6/30/2013		City, State Bethlehem, PA					
Completed by Aubrey Hotard		Title Corporate Safety Director	Signature 	Date 6/4/2013					

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

<u>Date of Notification (1)</u> 06/01/2013		<u>Name of Building Owner/Operator (2)</u> AT&T	
<u>Agencies Notified</u> () EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 200 Laurel Avenue Room A2-8A09 <u>City, State, Zip Code</u> Middletown, NJ 07748 <u>Name of Contact</u> Jeff Onori <u>Tel. Number</u>	

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> AT&T <u>Street Address</u> 1300 Whitehorse Road <u>City (5)</u> Hamilton <u>County (6)</u> Atlantic <u>County Code (7)</u> (State Use Only)		<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>Sq. Feet</u> 300,000 <u># of Floors</u> 4 <u>Bldg. Age</u> 50+ <u>Current Use (prior if being demolished)</u> phone co.
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<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC Associates <u>Street Address</u> 3 Terri Lane <u>City, State, Zip Code</u> Burlington, NJ <u>Project Manager for Monitoring Firm</u> John Lutz	<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP <u>Street Address</u> 404 N. Berry Street <u>City State, Zip Code</u> Brea, CA 92821 <u>Telephone Number</u> 484-480-8931 <u>License Number</u> 01066
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<u>Scheduled Start Date (10)</u> 06/18/2013	<u>Scheduled Completion Date (11)</u> 06/18/2013	<u>Name of OSHA Monitor</u> EMSL Analytical <u>Street Address</u> 107 Haddon Ave <u>City, State, Zip Code</u> Westmont, NJ 08108
<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 - <u>Describe in segregated area</u> Other - Describe -		

Source of Work (Check all that apply)

() Demolition (X) Renovation
() Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure () Mini-Enclosure () 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>			<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>			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
2 nd Floor Turbine Room	X			Soundproofing Panels	80 SF	X			

<u>Name of Reg. Waste Hauler</u> Service Transport Group, Inc. <u>City, State</u> New Castle, DE	<u>NJDEP Waste Hauler ID #</u> 20990	<u>Cubic Yards of Waste</u> 1	<u>Name of Reg. Landfill</u> Minerva Landfill <u>City, State</u> Waynesburg, OH
<u>Completed by (Print or Type)</u> Russell King		<u>Title</u> Project Manager	<u>Signature</u> 
		<u>Date</u> 06/01/2013	