

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

Date of Notification (1) 03/19/2012 CK# 1935 \$200		Name of Building Owner/Operator (2) American Properties Realty, Inc		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 21 2012 ASBESTOS CONTROL & LULISING </div>	
Agencies Notified	Type Notification	Street Address 140 Littleton Road, Suite 101			
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Parsippany, New Jersey 07504			
		Name of Contact Glen Rice		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Factory/Warehouse			Type of Facility (4)		
Street Address 578 Jefferson Street			<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) Carlstadt, New Jersey 07072			Square Feet 30,000	# of Floors 2	Bldg. Age 55+
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Factory/Warehouse		
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Laboratories, LLC		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 2133 Route 22 West		Street Address 606 McBride Avenue			
City, State, Zip Code Union, New Jersey 07083		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-206-0073	Telephone No. 933-225-8400	License No. 01104	
Start Date (10) 03/19/2012		Scheduled Completion Date (11) 03/21/2012		Name of OSHA Monitor J & S Environmental Labs	
Occupancy Status During Abatement (Check Only One)			Street Address 2233 Route 22 West		
<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 Union, New Jersey 07083		
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 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)	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	70 LF	X			
Basement	X			Water Tank Insulation	60 LF	X			
1st Floor & Above Rest Rooms		X		Pipe Insulation	70 LF/50 LF	X			
Rest Rooms		X		VAT/VAT&Mast DOHNonFriable	300 SF/30 SF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Woodland Park, New Jersey 07424		Disposal Date 03/26/2012		City, State	
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 03/19/2012	

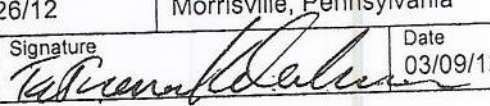
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/09/12 Ck:1913 \$200		Name of Building Owner/Operator (2) American Properties Realty, Inc.		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 21 2012 </div>	
Agencies Notified	Type Notification	Street Address 140 Littleton Road, Suite 101			
<input type="checkbox"/> EPA <input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Parsippany, New Jersey 07504			
		Name of Contact Glen Rice		Telephone Number _____	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Factory/Warehouse			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 508 Jefferson Street			Square Feet 30,000	# of Floors 2	Bldg. Age 55+
City (5) Carlstadt, New Jersey 07072			Current Use (Prior if being demolished) Factory/Warehouse		
County (6) Bergen		County Code (7) (STATE USE ONLY) _____			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address		Street Address 606 McBride Avenue			
City, State, Zip Code		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 03/19/12		Scheduled Completion Date (11) 03/21/12		Name of OSHA Monitor J&S Environmental Labs LLC	
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: 9AM			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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <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	70 LF	x			
Basement	x			Water Tank Insulation	60 SF	x			
1st floor		x		Pipe Insulation	70 LF	x			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424			Disposal Date 03/26/12	City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President	Signature 		Date 03/09/12

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

3415

Date of Notification (1) 3-19-2012		Name of Building Owner/Operator (2) W. POLLARD							
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 385 ELMWOOD AVENUE							
		City, State, Zip Code MAPLEWOOD, NJ 07040							
		Name of Contact W. POLLARD							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) W. POLLARD		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 385 ELMWOOD AVENUE		Square Feet 2300	# of Floors 2						
City (5) MAPLEWOOD		Bldg. Age 70YRS							
County (6) ESSEX		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. 201-329-7444	License No. 00388						
Start Date (10) 4-3-2012	Scheduled Completion Date (11) 4-4-2012	Name of OSHA Monitor Omega Environmental Services							
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: 8AM 5PM		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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <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	THERMAL INSULATION	80 LF	X			
Name of Registered Waste Hauler ATLANTIC WASTE SERVICES		NJDEP Waste Hauler ID No. 22592	Cubic Yards of Waste 1/2 YD	Name of Registered Landfill GROWS LANDFILL					
City, State ROCHELLE PARK, N.J.		Disposal Date 4-4-2012		City, State MORRISVILLE, PA					
Completed by R. VELDRAN		Title Estimator	Signature <i>R. Veldran</i>		Date 3/19/2012				

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

CK# 1010

Date of Notification (1) March 19, 2012		Name of Building Owner/Operator (2) American Properties LLC							
Agencies Notified	Type Notification	Street Address 517 Rt. 1 South Suite 2100							
<input type="checkbox"/> EPA <input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Iselin, NJ 08830							
		Name of Contact Joe							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building for Demolition		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 435 Van Houten Ave.		Square Feet 11,000 SF	# of Floors 4						
City (5) Clifton		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Building for Demo							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
Start Date (10) 3-28-2012		Scheduled Completion Date (11) 4-30-2012	License No. 01088						
Name of OSHA Monitor Jadar Contracting, 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 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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 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) <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
Roof			X	Asbestos Roofing Material	11,000 SF	X			
Name of Registered Waste Hauler DJM Transport		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste TBD	Name of Registered Landfill 110 Sand Co.					
City, State Keamy		Disposal Date TBD		City, State Melleville, NY 11704					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>			Date 3-19-2012			