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

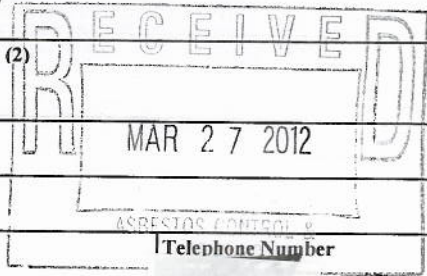
Date of Notification (1) 03/23/2012		Name of Building Owner/Operator (2) Golda Och Academy								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> 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 1418 Pleasant Valley Way								
		City, State, Zip Code West Orange, NJ								
		Name of Contact Mr. Idan Levin	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Golda Och Academy		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address 122 Gregory Avenue		Square Feet 25,000 SF	# of Floors 2							
City (5) West Orange, NJ		Bldg. Age 70+								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) Valiant Associates, LLC							
Street Address 907 Doolittle Drive		Street Address 145 Mill Street								
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Paterson, NJ 07501								
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	Telephone No. 973-553-5374							
		License No. 01108								
Start Date (10) 04/06/2012	Scheduled Completion Date (11) 04/16/2012	Name of OSHA Monitor Valiant Associates, 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 145 Mill Street								
		City, State, Zip Code Paterson, NJ 07501								
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or >3 If <input checked="" type="checkbox"/> >160 sf or >260 If		<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"/> Govebag 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	
1st and 2nd floors		X		Elbow Insulation	272 LF	X				
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Landfill						
City, State New Castle, DE		Disposal Date 04/16/2012		City, State Waynesburgh, OH						
Completed By Miodrag Stamenovic		Title Project Manager		Signature <i>Miodrag Stamenovic</i>			Date 03/23/2012			

ASB41

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

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:-120-7)



Date of Notification (1) 03/26/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification <input checked="" type="checkbox"/> Initial	Street Address P.O. box 2158	
	<input type="checkbox"/> Notification	City, State, Zip Code Princeton NJ 08543	
	<input type="checkbox"/> Amended	Name of Contact Robert Otego	
	<input type="checkbox"/> Notification <input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Guyot Hall room 304			Type of Facility (4) <input type="checkbox"/> School (K12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K12) <input type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Main Campus			Square Feet 60000		
City (5) Princeton			County (6)		Count Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.		Name of Abatement Contractor (9) Associated Specialty Contracting
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCruc Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505		Licence Number 1103	
Scheduled Start Date (10) 04/13/12 Month/Day/Year		Sched. Completion Date (11) 04/16/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM - 7:00 AM Other - Describe:			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

<input checked="" type="checkbox"/> Demolition x >3 sf or >3 if >160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini - Enclosure Glovebag Procedure Non-Friable Procedure
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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) (ie. 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	E N C A P S U L	E N C L O S U R E
room 304		x		floor tile -mastic- under carpet	275	x			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	

Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 3-26-12
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No check

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)**

ETS JOB # 3787/12

AMENDMENT # 1

Date of Notification (1) 03/23/2012		Name of Building Owner / Operator (2) Bed, Bath and Beyond		
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		Street Address	
	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		650 Liberty Avenue	
			City, State & Zip Code Union, NJ 07083	
			Name of Contact Mr. John Purcell	
		Telephone Number		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Bed, Bath and Beyond Property			Type of Facility (4)	
Street Address 650 Liberty Avenue			<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) Union	County (6) Union	County Code (7)	Square Feet 200,000	# of Floors 1
			Bldg. Age 50+	
			Current Use (Prior if being demolished) Commercial Office	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) ETS Contracting, Inc.	
Street Address 1090 King Georges Post Road, Suite 706			Street Address 160 Clay Street	
City, State & Zip Code Edison, NJ 08837			City, State & Zip Code Brooklyn, NY 11222	
Project Manager for Monitoring Firm Pat Sisk		Telephone Number (732) 771-0051	Telephone Number 718-706-6300	License Number 00511
Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11) 12/31/12		Name of OSHA Monitor Environmental Tactics, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 64 Broad Street	
<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: Work Area Vacated: - Working Hours from 7:00am - 3:30pm			City, State & Zip Code Matawan, NJ 0774	
Scope of Work (Check all that apply)				
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Other: Non Friable Electric Cable		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
1st Floor	No	VAT	100,000 SF	Removal
2nd Floor	No	VAT	60,000 SF	Removal
Name of Registered Waste Hauler Tri State Transfer		NJDEP Waste Hauler ID # 19551	Cu. Yds. of Waste 3	Name of Registered Landfill Minerva Enterprises, Inc.
City, State Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH	
Completed By (Print or Type) ROY JOHNSON	Title PROJECT EXECUTIVE	Signature 	Date 03/23/12	