

**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:28 and 12:12)

|   |  |  |   |  |                                  |                          |        |                                     |         |
|---|--|--|---|--|----------------------------------|--------------------------|--------|-------------------------------------|---------|
| <b>Date of Notification (1)</b><br>4-30-2012  |  | <b>Name of Building Owner/Operator (2)</b><br>RFL ELECTRONICS  |   |  |                                  |                          |        |                                     |         |
| <b>Agencies Notified</b><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | <b>Type Notification</b><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   |  |                                  |                          |        |                                     |         |
| <b>Street Address</b><br>353 POWERVILLE ROAD  |  | <b>City, State, Zip Code</b><br>BOONTON, NJ 07005  |   |  |                                  |                          |        |                                     |         |
| <b>Name of Contact</b><br>A. PFEIL  |  | <b>Telephone Number</b><br>_____   |   |  |                                  |                          |        |                                     |         |
| <b>FACILITY INFORMATION</b>   |  |  |   |  |                                  |                          |        |                                     |         |
| <b>Name of Facility Where Abatement is Taking Place (3)</b><br>RFL ELECTRONICS  |  | <b>Type of Facility (4)</b><br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |  |                                  |                          |        |                                     |         |
| <b>Street Address</b><br>353 POWERVILLE ROAD  |  | <b>Square Feet</b><br>8822   | <b># of Floors</b><br>2                                     |  |                                  |                          |        |                                     |         |
| <b>City (5)</b><br>BOONTON  |  | <b>Big. Age</b><br>89 YEARS  |   |  |                                  |                          |        |                                     |         |
| <b>County (6)</b><br>MORRIS   | <b>County Code (7)<br/>(STATE USE ONLY)</b>                                  | <b>Current Use (Prior if being demolished)</b><br>PLANT/OFFICE   |   |  |                                  |                          |        |                                     |         |
| <b>Name of Monitoring Firm Hired by Building Owner (8)</b>  |  | <b>ASCM No.</b>  | <b>Name of Abatement Contractor (9)</b><br>Best Removal Inc |  |                                  |                          |        |                                     |         |
| <b>Street Address</b>   |  | <b>Street Address</b><br>450 South River St  |   |  |                                  |                          |        |                                     |         |
| <b>City, State, Zip Code</b>  |  | <b>City, State, Zip Code</b><br>Hackensack, N.J. 07601   |   |  |                                  |                          |        |                                     |         |
| <b>Project Manager for Monitoring Firm</b>  |  | <b>Telephone No.</b><br>201-329-7444   | <b>License No.</b><br>00388                                 |  |                                  |                          |        |                                     |         |
| <b>Start Date (10)</b><br>5-15-2012   | <b>Scheduled Completion Date (11)</b><br>5-23-2012                           | <b>Name of OSHA Monitor</b><br>Omega Environmental Services  |   |  |                                  |                          |        |                                     |         |
| <b>Occupancy Status During Abatement (Check Only One)</b><br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM   |  | <b>Street Address</b><br>280 Huyler St.  |   |  |                                  |                          |        |                                     |         |
|   |  | <b>City, State, Zip Code</b><br>South Hackensack, N.J. 07606   |   |  |                                  |                          |        |                                     |         |
| <b>Scope of Work (Check All That Apply)</b><br><input type="checkbox"/> 25 sf or 25 ft<br><input type="checkbox"/> 250 sf or 250 ft<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure |  |  |   |  |                                  |                          |        |                                     |         |
| <b>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</b>   | <b>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</b> |  |   | <b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</b> | <b>Amount (Specify SF or LF)</b> | <b>Abatement Type</b>    |        |                                     |         |
|   | Yes  | No   | N/A   |  |                                  | Removal                  | Repair | Encapsulate                         | Enclose |
| CRAWL SPACE BLDG 102  | <input checked="" type="checkbox"/>  |  |   | THERMAL INSULATION   | 550 LF                           |                          |        | <input checked="" type="checkbox"/> |         |
|   |  |  |   |  |                                  |                          |        |                                     |         |
|   |  |  |   |  |                                  |                          |        |                                     |         |
|   |  |  |   |  |                                  |                          |        |                                     |         |
| <b>Name of Registered Waste Hauler</b><br>Best Removal Inc.   |  | <b>NJDEP Waste Hauler ID No.</b><br>17109  | <b>Cubic Yards of Waste</b><br>1/8 yd                       | <b>Name of Registered Landfill</b><br>Minerva Enterprises Inc  |                                  |                          |        |                                     |         |
| <b>City, State</b><br>Hackensack, NJ  |  | <b>Disposal Date</b><br>5-23-2012  |   | <b>City, State</b><br>Waynesburg, OH.  |                                  |                          |        |                                     |         |
| <b>Consultant or</b><br>R. Veldran  |  | <b>Title</b><br>Estimator  |   | <b>Signature</b><br>R. Veldran   |                                  | <b>Date</b><br>4-30-2012 |        |                                     |         |



CHECK #  
2297

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

|  |  |   |  |   |        |               |           |
|--|--|---|--|---|--------|---------------|-----------|
| Date of Notification (1)<br><b>4/30/12</b>   |  | Name of Building Owner/Operator (2)<br><b>FAITH TECH CONTRACTING</b>  |  |   |        |               |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> OCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>155 RT. 50</b>   | City, State, Zip Code<br><b>GREENFIELD, N.J. 08230</b> |   |        |               |           |
|  |  | Name of Contact<br><b>BRUCE BREUNIG</b>   | Telephone Number                                       |   |        |               |           |
| FACILITY INFORMATION   |  |   |  |   |        |               |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>RESIDENCE</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)        |  |   |        |               |           |
| Street Address<br><b>3901 WEST AVE</b>   |  | Square Feet<br><b>1000</b>  | # of Floors<br><b>2</b>                                |   |        |               |           |
| City (5)<br><b>OCEAN CITY</b>  |  | Elev. Above<br><b>40 FT</b>   |  |   |        |               |           |
| County (6)<br><b>Cape May</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior to being demolished)<br><b>VACANT</b>  |  |   |        |               |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  | ASCM No.   | Name of Abatement Contractor (9)<br><b>KLEMCO INC.</b>  |  |   |        |               |           |
| Street Address   |  | Street Address<br><b>369 S. SPRUCE AVE.</b>   |  |   |        |               |           |
| City, State, Zip Code  |  | City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</b>   |  |   |        |               |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><b>856-779-0422</b>  | License No.<br><b>00444</b>                            |   |        |               |           |
| Start Date (10)<br><b>5/14/12</b>  | Scheduled Completion Date (11)<br><b>5/21/12</b>   | Name of OSHA Monitor<br><b>JOSEPH KLEMM</b>   |  |   |        |               |           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | Street Address<br><b>369 S. SPRUCE AVE.</b>   |  |   |        |               |           |
|  |  | City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</b>   |  |   |        |               |           |
| Scope of Work (Check all that apply)   |  |   |  |   |        |               |           |
| <input type="checkbox"/> < 3 sf or < 3 ft<br><input type="checkbox"/> > 160 sf or > 260 ft   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |  |   |        |               |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |        |               |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br><b>SIDING</b>  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)<br><b>2500 SF</b>            | Abatement Type                                      |        |               |           |
|  |  |   |  | Removal   | Repair | Encapsulation | Enclosure |
|  |  | <b>TRANSITE</b>   |  | <b>X</b>  |        |               |           |
| Name of Registered Waste Hauler<br><b>KLEMCO INC.</b>  |  | NJDEP Waste Hauler ID No.<br><b>17904</b>   | Cubic Yards of Waste<br><b>5</b>                       | Name of Registered Landfill<br><b>C.M.C. M.U.A.</b> |        |               |           |
| City, State<br><b>MAPLE SHADE, N.J. 08052</b>  |  | Disposal Date   | City, State<br><b>WOODBINE, N.J.</b>                   |   |        |               |           |
| Completed By<br><b>JOSEPH KLEMM</b>  | Title<br><b>OWNER</b>  | Signature<br><b>Joseph Klemm</b>  | Date<br><b>4/30/12</b>                                 |   |        |               |           |



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

Check # 1382

Amended Notification

Date of Notification (1)

Name of Building Owner/Operator (2)

04/30/2012

Irina Ashkenazi

|   |  |                       |  |
|---|--|-----------------------|--|
| Agency Notified                         | Type Notification  | Street Address        | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED<br/> MAY 2 2012 </div> |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial                             | 734 Humboldt Street   |  |
| <input type="checkbox"/> DEP            | <input checked="" type="checkbox"/> Amended                  | City, State, Zip Code |  |
| <input checked="" type="checkbox"/> DOL | Amendment # 4  | Secaucus, NJ 07094    |  |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | Name of Contact       | Telephone Number   |
| <input type="checkbox"/> DCA            | <input type="checkbox"/> Cancellation                        | Irina Ashkenazi       |  |

**FACILITY INFORMATION**

|  |  |
|--|--|
| Name of Facility Where Abatement is Taking Place (3) | Type of Facility (4)   |
| Private home   | <input type="checkbox"/> School (K-12)   |
| Street Address                                       | <input type="checkbox"/> Subchapter 8 (Other than K-12)                                      |
| 734 Humboldt Street                                  | <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |
| City (5)   | Square Feet    # of Floors    Bldg. Age  |

Secaucus, NJ 07094

County (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Hudson

|   |                                |                                  |
|---|--------------------------------|----------------------------------|
| Name of Monitoring Firm Hired by Building Owner(8)  | ASCM No.                       | Name of Abatement Contractor (9) |
|   |                                | Gr Tech LLC                      |
| Street Address  |                                | Street Address                   |
|   |                                | 576 Valley Rd #283               |
| City, State, Zip Code   |                                | City, State, Zip Code            |
|   |                                | Wayne, NJ 07470                  |
| Project Manager for Monitoring Firm   | Telephone No.                  | Telephone No.    License No.     |
|   |                                | 973-638-1777    01127            |
| Start Date (10)   | Scheduled Completion Date (11) | Name of OSHA Monitor             |
| 04/30/2012  | 05/04/2012                     | Envirovision Consultants, Inc    |
| Occupancy Status During Abatement (Check only one)  |                                | Street Address                   |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement |                                | 20-21 Wagaraw Road, Bldg. # 34A  |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours                 |                                | City, State, Zip Code            |
| <input type="checkbox"/> Other - Describe:  |                                | Fair Lawn, NJ 07410              |

Scope of Work (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> >3 sf or >3 lf                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input checked="" 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)<br>TO BE ABATED<br>IN Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |           |
|---|---|----|-----|---|---------------------------|----------------|--------|-----------|
|   | Yes   | No | N/A |   |                           | Removal        | Repair | Enclosure |
| Outside siding  |   |    | X   | Transite Siding   | 1,150 SF                  | X              |        |           |
|   |   |    |     |   |                           |                |        |           |
|   |   |    |     |   |                           |                |        |           |

|                                 |                           |                      |                             |
|---------------------------------|---------------------------|----------------------|-----------------------------|
| Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill |
| Gr Tech LLC                     | 0033785                   |                      | T.R.R.F. Inc                |
| City, State                     |                           | Disposal Date        | City, State                 |
| Wayne, NJ 07470                 |                           |                      | Tullytown, PA               |
| Completed by                    | Title                     | Signature            | Date                        |
| N. Jevtic                       | Owner                     | <i>N. Jevtic</i>     | 04/30/2012                  |

ASB-41

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



CHECK #  
2298

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

|  |  |  |  |   |                        |        |               |           |
|--|--|--|--|---|------------------------|--------|---------------|-----------|
| Date of Notification (1)<br><b>4/30/12</b>   |  | Name of Building Owner/Operator (2)<br><b>EARTHTECH CONTRACTING</b>  |  |   |                        |        |               |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>155 RT. 50</b><br>City, State, Zip Code<br><b>ORANGEFIELD, N.J. 08230</b><br>Name of Contact<br><b>BRUCE BREUNIG</b><br>Telephone Number  |  |   |                        |        |               |           |
| FACILITY INFORMATION   |  |  |  |   |                        |        |               |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>RESIDENCE</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)   |  |   |                        |        |               |           |
| Street Address<br><b>308 ATLANTIC AVE.</b>   |  | Square Feet<br><b>1000</b>   | # of Floors<br><b>2</b>  |   |                        |        |               |           |
| City (5)<br><b>WEST CAPE MAY</b>   |  | Bldg Age<br><b>40+</b>   |  |   |                        |        |               |           |
| County (6)<br><b>CAPE MAY</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior to being demolished)<br><b>VACANT</b>   |  |   |                        |        |               |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  | ASCM No.   | Name of Abatement Contractor (9)<br><b>KLEMMCO INC.</b>  |  |   |                        |        |               |           |
| Street Address   |  | Street Address<br><b>369 S. SPRUCE AVE.</b>  |  |   |                        |        |               |           |
| City, State, Zip Code  |  | City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</b>  |  |   |                        |        |               |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><b>856-779-0422</b>   | License No.<br><b>00444</b>  |   |                        |        |               |           |
| Start Date (10)<br><b>5/14/12</b>  | Scheduled Completion Date (11)<br><b>5/21/12</b>   | Name of OSHA Monitor<br><b>JOSEPH KLEMM</b>  |  |   |                        |        |               |           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | Street Address<br><b>369 S. SPRUCE AVE.</b>  |  |   |                        |        |               |           |
|  |  | City, State, Zip Code<br><b>MAPLE SHADE, N.J. 08052</b>  |  |   |                        |        |               |           |
| Scope of Work (Check all that apply)   |  |  |  |   |                        |        |               |           |
| <input type="checkbox"/> 23 SF or 23 LL<br><input type="checkbox"/> 2160 SF or 2260 LL   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                        |        |               |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br><b>SIDING</b>  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)<br><b>500#</b>            | Abatement Type         |        |               |           |
|  |  |  |  |   | Removal                | Repair | Encapsulation | Enclosure |
|  |  |  | <b>TRANSITE</b>  |   | <b>X</b>               |        |               |           |
| Name of Registered Waste Hauler<br><b>KLEMMCO INC.</b>   |  | HAZOP Waste Hauler ID No.<br><b>12907</b>  | Cubic Yards of Waste<br><b>5</b>   | Name of Registered Landfill<br><b>C.M.C. M.U.A.</b> |                        |        |               |           |
| City, State<br><b>MAPLE SHADE, N.J. 08052</b>  |  | Disposal Date  |  | City, State<br><b>WOODBINE, N.J.</b>                |                        |        |               |           |
| Completed By<br><b>JOSEPH KLEMM</b>  |  | Title<br><b>OWNER</b>  | Signature<br><i>Joseph Klemm</i>   |   | Date<br><b>4/30/12</b> |        |               |           |

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



Check # 8188

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

|   |   |   |  |
|---|---|---|--|
| Date of Notification (1)<br><b>4-30-12</b>  |   | Name of Building Owner/Operator (2)<br><b>Design Construction</b> |  |
| Agency Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>18 Second Ave</b>                            | City, State, Zip Code<br><b>Ortley Beach, NJ 08751</b> |
|   |   | Name of Contact<br><b>George Polizzano</b>                        |  |

**RECEIVED**  
 MAY 2 2012

| FACILITY INFORMATION  |   |   |                             |
|---|---|---|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Single family Property</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                             |
| Street Address<br><b>2 River Drive</b>  |   |   |                             |
| City (5)<br><b>Toms River NJ 08753</b>  | Square Feet   | # of Floors<br><b>1</b>   | Bldg. Age<br><b>60+-</b>    |
| County (6)<br><b>Ocean</b>  | County Code (7) (STATE USE ONLY)                      | Current Use (Prior if being demolished)<br><b>Garage</b>  |                             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>EPC Technologies</b>  |   | Name of Abatement Contractor (9)<br><b>EPC Technologies, Inc</b>  |                             |
| Street Address<br><b>P.O. Box 337</b>   |   | Street Address<br><b>P.O. Box 337</b>   |                             |
| City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |   | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |                             |
| Project Manager for Monitoring Firm<br><b>Steve Schenker</b>  |   | Telephone No.<br><b>609-758-3365</b>  | License No.<br><b>00394</b> |
| Start Date (10)<br><b>May 10 2012</b>   | Scheduled Completion Date (11)<br><b>May 10, 2012</b> |   |                             |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:  |   | Name of OSHA Monitor<br><b>EPC Technologies, Inc</b>  |                             |
|   |   | Street Address<br><b>P.O. Box 337</b>   |                             |
|   |   | City, State, Zip Code<br><b>New Egypt NJ 08533</b>  |                             |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                             |

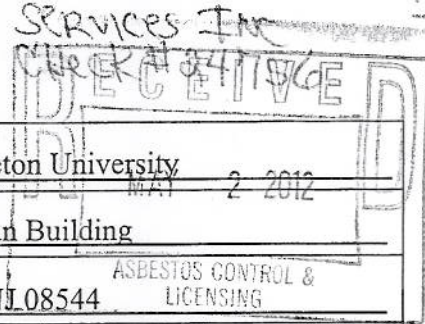
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |          | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |
|--|---|----|----------|--|---------------------------|----------------|--------|-------------|
|  | Yes   | No | N/A      |  |                           | Removal        | Repair | Encapsulate |
| <b>Detached Garage</b>   |   |    | <b>X</b> | <b>Siding Shingles</b>   | <b>900 SF</b>             | <b>X</b>       |        |             |
|  |   |    |          |  |                           |                |        |             |
|  |   |    |          |  |                           |                |        |             |
|  |   |    |          |  |                           |                |        |             |

|  |                           |   |                                       |  |  |
|--|---------------------------|---|---------------------------------------|--|--|
| Name of Registered Waste Hauler<br><b>EPC Technologies</b> |                           | NJDEP Waste Hauler ID No.<br><b>17000</b> | Cubic Yards of Waste<br><b>6</b>      | Name of Registered Landfill<br><b>Waste Management</b> |  |
| City, State<br><b>NE NJ</b>                                |                           | Disposal Date<br><b>5-11-12</b>           | City, State<br><b>Moaristville PA</b> |  |  |
| Completed by<br><b>Steve Schenker</b>                      | Title<br><b>President</b> | Signature<br><b>Steve Schenker</b>        | Date<br><b>4-30-12</b>                |  |  |



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

STEVENS ENVIRONMENTAL SERVICES INC.



|   |   |  |                             |
|---|---|--|-----------------------------|
| Date of Notification (1)<br><u>4/2/12</u>   |   | Name of Building Owner/Operator (2)<br><u>Trustees of Princeton University</u> |                             |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>E.A. MacMillan Building</u>                               |                             |
|   |   | City, State, Zip Code<br><u>Princeton, NJ 08544</u>                            |                             |
|   |   | Name of Contact<br><u>Robert Ortego</u>  | Telephone Number<br><u></u> |

**FACILITY INFORMATION**

|   |  |  |   |
|---|--|--|---|
| Name of Facility Where Abatement is Taking Place (3)<br><u>Firestone Library</u>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |   |
| Street Address<br><u>Nassau St. &amp; Washington Road</u>   |  |  |   |
| City (5)<br><u>Princeton, NJ</u>  |  | Square Feet<br><u>1000000</u>  | # of Floors<br><u>8</u>   |
|   |  | Bldg. Age<br><u>70</u>   |   |
| County (6)<br><u>Mercer</u>   | County Code (7) (STATE USE ONLY)<br><u></u>      | Current Use (Prior if being demolished)<br><u>Library</u>  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>ATC Associates Inc.</u>   |  | ASC No.<br><u>00098</u>  | Name of Abatement Contractor (9)<br><u>Stevens Environmental Services, Inc.</u> |
| Street Address<br><u>Three Terri Lane</u>   |  | Street Address<br><u>PO Box 322</u>  |   |
| City, State, Zip Code<br><u>Burlington, NJ 08016</u>  |  | City, State, Zip Code<br><u>Allentown, NJ 08501</u>  |   |
| Project Manager for Monitoring Firm<br><u>Mike Kechn</u>  | Telephone No.<br><u>(609) 386-8800</u>           | Telephone No.<br><u>(609) 259-9688</u>   | License No.<br><u>00493</u>   |
| Start Date (10)<br><u>4/16/12</u>   | Scheduled Completion Date (11)<br><u>5/18/12</u> | Name of OSHA Monitor<br><u>MECS</u>  |   |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>6AM - 12 Midnight</u> |  | Street Address<br><u>P.O. Box 341</u>  |   |
|   |  | City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>   |   |

Scope of Work (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> >3 sf or >3 lf                | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> >160 sf or >260 lf | <input type="checkbox"/> Demolition            | <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)<br><u>TO BE ABATED</u><br>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>South Fan Room</u>   |   |    | <input checked="" type="checkbox"/> | <u>pipe insulation</u>   | <u>600 LF</u>             | <input checked="" type="checkbox"/> |        |             |           |
| <u>South Fan Room</u>   |   |    | <input checked="" type="checkbox"/> | <u>mastic</u>  | <u>540 SF</u>             | <input checked="" type="checkbox"/> |        |             |           |
|   |   |    |                                     |  |                           |                                     |        |             |           |
|   |   |    |                                     |  |                           |                                     |        |             |           |

|  |   |                                      |  |
|--|---|--------------------------------------|--|
| Name of Registered Waste Hauler<br><u>Carnevale Disposal</u> | NJDEP Waste Hauler ID No.<br><u>17297</u> | Cubic Yards of Waste<br><u>40 CU</u> | Name of Registered Landfill<br><u>T.R.R.F., Inc.</u> |
| City, State<br><u>Allentown, NJ</u>                          |   | Disposal Date<br><u>5/18/12</u>      | City, State<br><u>Tullytown, PA</u>                  |
| Completed By<br><u>Mahlon E. Stevens</u>                     | Title<br><u>Project Manager</u>           | Signature<br>                        | Date<br><u>4/30/12</u>                               |



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


STEVENS ENVIRONMENTAL  
SERVICES INC  
CHECK #24729

|   |  |   |                                      |  |                           |                                     |        |             |           |
|---|--|---|--------------------------------------|--|---------------------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><u>4/2/12</u>   |  | Name of Building Owner/Operator (2)<br><u>Trustees of Princeton University</u>  |                                      |  |                           |                                     |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>E.A. MacMillan Building 2 2012</u><br>City, State, Zip Code<br><u>Princeton, NJ 08544</u><br>Name of Contact<br><u>Robert Ortego</u><br>Telephone Number   |                                      |  |                           |                                     |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |                                      |  |                           |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><u>Firestone Library</u>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)  |                                      |  |                           |                                     |        |             |           |
| Street Address<br><u>Nassau St. &amp; Washington Road</u>   |  | Square Feet<br><u>1000000</u>   | # of Floors<br><u>8</u>              |  |                           |                                     |        |             |           |
| City (5)<br><u>Princeton, NJ</u>  |  | Bldg. Age<br><u>70</u>  |                                      |  |                           |                                     |        |             |           |
| County (6)<br><u>Mercer</u>   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><u>Library</u>   |                                      |  |                           |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>ATC Associates Inc.</u>   | ASCM No.<br><u>00098</u>   | Name of Abatement Contractor (9)<br><u>Stevens Environmental Services, Inc.</u>   |                                      |  |                           |                                     |        |             |           |
| Street Address<br><u>Three Terri Lane</u>   |  | Street Address<br><u>PO Box 322</u>   |                                      |  |                           |                                     |        |             |           |
| City, State, Zip Code<br><u>Burlington, NJ 08016</u>  |  | City, State, Zip Code<br><u>Allentown, NJ 08501</u>   |                                      |  |                           |                                     |        |             |           |
| Project Manager for Monitoring Firm<br><u>Mike Keehn</u>  | Telephone No.<br><u>(609) 386-8800</u>   | Telephone No.<br><u>(609) 259-9688</u>  | License No.<br><u>00493</u>          |  |                           |                                     |        |             |           |
| Start Date (10)<br><u>4/16/12</u>   | Scheduled Completion Date (11)<br><u>5/18/12</u>   | Name of OSHA Monitor<br><u>MECS</u>   |                                      |  |                           |                                     |        |             |           |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>6AM - 12 Midnight</u> |  | Street Address<br><u>P.O. Box 341</u><br>City, State, Zip Code<br><u>Crosswicks, NJ 08515</u>   |                                      |  |                           |                                     |        |             |           |
| Scope of Work (Check all that apply)  |  |   |                                      |  |                           |                                     |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| <u>South Fan Room</u>   |  |   | <input checked="" type="checkbox"/>  | <u>pipe insulation</u>   | <u>600 LF</u>             | <input checked="" type="checkbox"/> |        |             |           |
|   |  |   |                                      |  |                           |                                     |        |             |           |
|   |  |   |                                      |  |                           |                                     |        |             |           |
| Name of Registered Waste Hauler<br><u>Carnevale Disposal</u>  |  | NJDEP Waste Hauler ID No.<br><u>17297</u>   | Cubic Yards of Waste<br><u>40 CU</u> | Name of Registered Landfill<br><u>T.R.R.F., Inc.</u>   |                           |                                     |        |             |           |
| City, State<br><u>Allentown, NJ</u>   |  | Disposal Date<br><u>5/18/12</u>   | City, State<br><u>Tullytown, PA</u>  |  |                           |                                     |        |             |           |
| Completed By<br><u>Mahlon E. Stevens</u>  | Title<br><u>Project Manager</u>  | Signature<br>   | Date<br><u>4/2/12</u>                |  |                           |                                     |        |             |           |



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

138

| Date of Notification (1)<br><b>April 30, 2012</b>  |  | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |   |   |                           |                                     |        |             |           |
|--|--|---|---|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br><b>1000 / 1001 Route 202, PO Box 300</b>  |   |   |                           |                                     |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>7</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Raritan, NJ 08869</b>   |   |   |                           |                                     |        |             |           |
|  |  | Name of Contact<br><b>Project Manager</b>   |   |   |                           |                                     |        |             |           |
| FACILITY INFORMATION   |  |   |   |   |                           |                                     |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |   |                           |                                     |        |             |           |
| Street Address<br><b>1000 / 1001 Route 202</b>   |  | Square Feet   | # of Floors<br><b>3</b>   |   |                           |                                     |        |             |           |
| City (5)<br><b>Raritan, NJ</b>   |  | Bldg. Age   |   |   |                           |                                     |        |             |           |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Facility</b>  |   |   |                           |                                     |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |  | ASCM No.  |   |   |                           |                                     |        |             |           |
| Street Address<br><b>12 Kilmer Drive</b>   |  | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |   |   |                           |                                     |        |             |           |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |   |   |                           |                                     |        |             |           |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   |  | Telephone No.<br><b>908-874-6207</b>  | Telephone No.<br><b>(973) 759 - 5000</b>  |   |                           |                                     |        |             |           |
| Start Date (10)<br><b>2/2/12</b>   |  | License No.<br><b>00781</b>   |   |   |                           |                                     |        |             |           |
| Scheduled Completion Date (11)<br><b>12/31/12</b>  |  | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>   |   |   |                           |                                     |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |   |   |                           |                                     |        |             |           |
|  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |   |                           |                                     |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |   |                           |                                     |        |             |           |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |   |                           |                                     |        |             |           |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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 |
| OCD Boiler Room  | <input checked="" type="checkbox"/>  |   |   | pipe  | 45 lf                     | <input checked="" type="checkbox"/> |        |             |           |
| "-"  | <input checked="" type="checkbox"/>  |   |   | Tank  | 350 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| F Building Basement  | <input checked="" type="checkbox"/>  |   |   | fittings  | 51                        | <input checked="" type="checkbox"/> |        |             |           |
| Tenant House   |  | <input checked="" type="checkbox"/>   |   | Vat/Mastic  | 150 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>   |  | NJ DEP Waste Hauler ID No.<br><b>22253</b>  | Cubic Yards of Waste<br><b>6</b>  | Name of Registered Landfill<br><b>BFI Imperial Landfill</b>   |                           |                                     |        |             |           |
| City, State<br><b>Freehold, NJ</b>   |  | Disposal Date<br><b>12/31/12</b>  |   | City, State<br><b>Imperial, PA 15126</b>  |                           |                                     |        |             |           |
| Completed by<br><b>Michael Cooper</b>  |  | Title<br><b>President</b>   | Signature<br> |   |                           | Date<br><b>4/30/12</b>              |        |             |           |








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

822062

|  |  |  |  |   |                        |                                     |        |             |
|--|--|--|--|---|------------------------|-------------------------------------|--------|-------------|
| Date of Notification (1)<br><b>March 12, 2012</b>  |  | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>   |  |   |                        |                                     |        |             |
| Agencies Notified  | Type Notification  | Street Address   |  |   |                        |                                     |        |             |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                            | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>3</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <b>1000 / 1001 Route 202, PO Box 300</b><br>City, State, Zip Code<br><b>Raritan, NJ 08869</b><br>Name of Contact<br><b>Project Manager</b>   |  |   |                        |                                     |        |             |
|  |  | <div style="text-align: right; border: 1px solid black; padding: 5px; float: right;"> <b>RECEIVED</b><br/> <b>MAY 2 2012</b><br/>         Telephone Number       </div>  |  |   |                        |                                     |        |             |
| <b>FACILITY INFORMATION</b>  |  |  |  |   |                        |                                     |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |  | Type of Facility (4) <b>ENDING</b>   |  |   |                        |                                     |        |             |
| Street Address<br><b>1000 / 1001 Route 202</b>   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |  |   |                        |                                     |        |             |
| City (5)<br><b>Raritan, NJ</b>   |  | Square Feet  | # of Floors<br><b>3</b>  |   |                        |                                     |        |             |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Facility</b>   |  |   |                        |                                     |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |  | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>  |  |   |                        |                                     |        |             |
| Street Address<br><b>12 Kilmer Drive</b>   |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>   |  |   |                        |                                     |        |             |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>  |  |   |                        |                                     |        |             |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   |  | Telephone No.<br><b>908-874-6207</b>   | License No.<br><b>00781</b>  |   |                        |                                     |        |             |
| Start Date (10)<br><b>2/2/12</b>   | Scheduled Completion Date (11)<br><b>12/31/12</b>  | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>  |  |   |                        |                                     |        |             |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>   |  |   |                        |                                     |        |             |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>  |  |   |                        |                                     |        |             |
| Scope of Work (Check All That Apply)   |  |  |  |   |                        |                                     |        |             |
| <input checked="" type="checkbox"/> >3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |                        |                                     |        |             |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                        |                                     |        |             |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                                   | Abatement Type         |                                     |        |             |
|  | Yes  | No   |  |   | N/A                    | Removal                             | Repair | Encapsulate |
| OCD Boiler Room  | <input checked="" type="checkbox"/>  |  |  | pipe  | 45 l/f                 | <input checked="" type="checkbox"/> |        |             |
| ---  | <input checked="" type="checkbox"/>  |  |  | Tank  | 350 s/f                | <input checked="" type="checkbox"/> |        |             |
| F Building Basement  | <input checked="" type="checkbox"/>  |  |  | fittings  | 51                     | <input checked="" type="checkbox"/> |        |             |
| Tenant House   |  | <input checked="" type="checkbox"/>  |  | Vat/Mastic  | 150 s/f                | <input checked="" type="checkbox"/> |        |             |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>   |  | NJ DEP Waste Hauler ID No.<br><b>22253</b>   | Cubic Yards of Waste<br><b>6</b>   | Name of Registered Landfill<br><b>BFI Imperial Landfill</b> |                        |                                     |        |             |
| City, State<br><b>Freehold, NJ</b>   |  | Disposal Date<br><b>12/31/12</b>   |  | City, State<br><b>Imperial, PA 15126</b>                    |                        |                                     |        |             |
| Completed by<br><b>Michael Cooper</b>  |  | Title<br><b>President</b>  | Signature<br>                              |   | Date<br><b>3/12/12</b> |                                     |        |             |



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

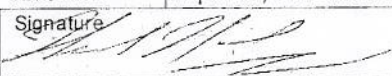
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|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><b>February 21, 2012</b>   |  | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b> |  |
| Agencies Notified  | Type Notification  | Street Address   |  |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>2</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <b>1000 / 1001 Route 202, PO Box 300</b>   |  |
|  |  | City, State, Zip Code<br><b>Raritan, NJ 08869</b>                                      |  |
|  |  | Name of Contact<br><b>Project Manager</b>  |  |
|  |  | Telephone Number   |  |

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|  |   |   |   |  |                             |
|--|---|---|---|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |   |   | Type of Facility (4)  |  |                             |
| Street Address<br><b>1000 / 1001 Route 202</b>   |   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |                             |
| City (5)<br><b>Raritan, NJ</b>   |   |   | Square Feet   | # of Floors<br><b>3</b>  | Bldg. Age                   |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)               | Current Use (Prior if being demolished)<br><b>Facility</b>                            |   |  |                             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |   | ASCN No.  |   | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>  |                             |
| Street Address<br><b>12 Kilmer Drive</b>   |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>                                    |   |  |                             |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>                                 |   |  |                             |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   |   | Telephone No.<br><b>908-874-6207</b>  |   | Telephone No.<br><b>(973) 759 - 5000</b>   | License No.<br><b>00781</b> |
| Start Date (10)<br><b>2/2/12</b>   | Scheduled Completion Date (11)<br><b>12/31/12</b> |   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>   |  |                             |
| Occupancy Status During Abatement (Check Only One)   |   |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |  |                             |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |  |                             |
| Scope of Work (Check All That Apply)   |   |   |   |  |                             |
| <input checked="" type="checkbox"/> ≥3 sf or >3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                             |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(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 |
| OCD Boiler Room   | <input checked="" type="checkbox"/>                                   |    |     | pipe   | 45 lf                     | <input checked="" type="checkbox"/> |        |             |           |
| "-"   | <input checked="" type="checkbox"/>                                   |    |     | Tank   | 350 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| F Building Basement   | <input checked="" type="checkbox"/>                                   |    |     | fittings   | 51                        | <input checked="" type="checkbox"/> |        |             |           |

|  |                           |   |                                    |   |  |
|--|---------------------------|---|------------------------------------|---|--|
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b> |                           | NJ DEP Waste Hauler ID No.<br><b>22253</b>  | Cubic Yards of Waste<br><b>4.5</b> | Name of Registered Landfill<br><b>BFI Imperial Landfill</b> |  |
| City, State<br><b>Freehold, NJ</b>                         |                           | Disposal Date<br><b>12/31/12</b>  |                                    | City, State<br><b>Imperial, PA 15126</b>                    |  |
| Completed by<br><b>Michael Cooper</b>                      | Title<br><b>President</b> | Signature<br> |                                    | Date<br><b>2/21/12</b>                                      |  |



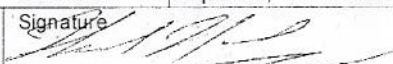
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br><b>February 10, 2012</b>  |   | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b> |  |
| Agencies Notified   | Type Notification   | Street Address   |  |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1</b> | <b>1000 / 1001 Route 202, PO Box 300</b>   |  |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation   | City, State, Zip Code<br><b>Raritan, NJ 08869</b>                                      |  |
|   |   | Name of Contact<br><b>Project Manager</b>  |  |
|   |   | Telephone Number   |  |

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ASBESTOS CONTROL

|  |  |   |   |  |           |
|--|--|---|---|--|-----------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |  |   | Type of Facility (4)  |  |           |
| Street Address<br><b>1000 / 1001 Route 202</b>   |  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |           |
| City (5)<br><b>Raritan, NJ</b>   |  |   | Square Feet   | # of Floors<br><b>3</b>  | Bldg. Age |
| County (6)<br><b>Somerset</b>  |  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br><b>Facility</b>  |  |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |  |           |
| Street Address<br><b>12 Kilmer Drive</b>   |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>                                    |   |  |           |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>                                 |   |  |           |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   |  | Telephone No.<br><b>908-874-6207</b>  | Telephone No.<br><b>(973) 759 - 5000</b>  | License No.<br><b>00781</b>  |           |
| Start Date (10)<br><b>2/2/12</b>   |  | Scheduled Completion Date (11)<br><b>12/31/12</b>                                     |   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>  |           |
| Occupancy Status During Abatement (Check Only One)   |  |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |  |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |  |           |
| Scope of Work (Check All That Apply)   |  |   |   |  |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |           |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(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 |
| OCD Boiler Room   | <input checked="" type="checkbox"/>                                   |    |     | pipe   | 45 l/f                    | <input checked="" type="checkbox"/> |        |             |           |
| "-"   | <input checked="" type="checkbox"/>                                   |    |     | Tank   | 350 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
|   |   |    |     |  |                           |                                     |        |             |           |
|   |   |    |     |  |                           |                                     |        |             |           |

|  |  |  |   |   |                        |
|--|--|--|---|---|------------------------|
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b> |  | NJ DEP Waste Hauler ID No.<br><b>22253</b> | Cubic Yards of Waste<br><b>4</b>  | Name of Registered Landfill<br><b>BFI Imperial Landfill</b> |                        |
| City, State<br><b>Freehold, NJ</b>                         |  | Disposal Date<br><b>12/31/12</b>           |   | City, State<br><b>Imperial, PA 15126</b>                    |                        |
| Completed by<br><b>Michael Cooper</b>                      |  | Title<br><b>President</b>                  | Signature<br> |   | Date<br><b>2/10/12</b> |



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

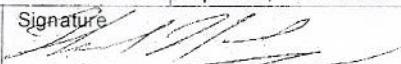
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|  |  |   |                  |
|--|--|---|------------------|
| Date of Notification (1)<br><b>February 01, 2012</b>   |  | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>        |                  |
| Agencies Notified  | Type Notification  | Street Address  |                  |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <b>1000 / 1001 Route 202, PO Box 300</b><br>City, State, Zip Code<br><b>Raritan, NJ 08869</b> |                  |
|  |  | Name of Contact<br><b>Project Manager</b>   | Telephone Number |

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ASBESTOS CONTROL & LICENSING

| FACILITY INFORMATION   |  |  |                             |
|--|--|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |  | Type of Facility (4)   |                             |
| Street Address<br><b>1000 / 1001 Route 202</b>   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                             |
| City (5)<br><b>Raritan, NJ</b>   |  | Square Feet  | # of Floors<br><b>3</b>     |
| County (6)<br><b>Somerset</b>  | County Code (7)<br><small>(STATE USE ONLY)</small> | Current Use (Prior if being demolished)<br><b>Facility</b>   |                             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |  | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>  |                             |
| Street Address<br><b>12 Kilmer Drive</b>   |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>   |                             |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>  |                             |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   |  | Telephone No.<br><b>908-874-6207</b>   | License No.<br><b>00781</b> |
| Start Date (10)<br><b>2/2/12</b>   | Scheduled Completion Date (11)<br><b>2/10/12</b>   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>  |                             |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address   |                             |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | <b>1500 Kings HWY N, STE 209</b>   |                             |
|  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>  |                             |
| Scope of Work (Check All That Apply)   |  |  |                             |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |                             |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                             |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(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 |
| OCD Boiler Room   | <input checked="" type="checkbox"/>                                   |    |     | pipe   | 45 l/f                    | <input checked="" type="checkbox"/> |        |             |           |
| " "   | <input checked="" type="checkbox"/>                                   |    |     | Tank   | 350 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
|   |   |    |     |  |                           |                                     |        |             |           |

|  |  |  |   |   |                       |
|--|--|--|---|---|-----------------------|
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b> |  | NJ DEP Waste Hauler ID No.<br><b>22253</b> | Cubic Yards of Waste<br><b>4</b>  | Name of Registered Landfill<br><b>BFI Imperial Landfill</b> |                       |
| City, State<br><b>Freehold, NJ</b>                         |  | Disposal Date<br><b>2/10/12</b>            |   | City, State<br><b>Imperial, PA 15126</b>                    |                       |
| Completed by<br><b>Michael Cooper</b>                      |  | Title<br><b>President</b>                  | Signature<br> |   | Date<br><b>2/1/12</b> |



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

127

|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br><b>March 28, 2012</b> |  | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b> |                  |
| Agencies Notified                                 | Type Notification  | Street Address   |                  |
| <input checked="" type="checkbox"/> EPA           | <input type="checkbox"/> Initial                             | <b>1000 / 1001 Route 202, PO Box 300</b>   |                  |
| <input checked="" type="checkbox"/> DEP           | <input checked="" type="checkbox"/> Amended                  | City, State, Zip Code  |                  |
| <input checked="" type="checkbox"/> DOL           | <input type="checkbox"/> Amendment #4                        | <b>Raritan, NJ 08869</b>   |                  |
| <input checked="" type="checkbox"/> DOH           | <input type="checkbox"/> Emergency (including justification) | Name of Contact  | Telephone Number |
| <input type="checkbox"/> DCA                      | <input type="checkbox"/> Cancellation                        | <b>Project Manager</b>   |                  |

**FACILITY INFORMATION**

|  |   |   |                         |
|--|---|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |   | Type of Facility (4)  |                         |
| Street Address   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                         |
| <b>1000 / 1001 Route 202</b>   |   | Square Feet   | # of Floors             |
| City (5)<br><b>Raritan, NJ</b>   |   |   | <b>3</b>                |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)               | Current Use (Prior if being demolished)<br><b>Facility</b>  |                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |   | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |                         |
| Street Address   |   | Street Address  |                         |
| <b>12 Kilmer Drive</b>   |   | <b>1500 Kings HWY N, STE 209</b>  |                         |
| City, State, Zip Code  |   | City, State, Zip Code   |                         |
| <b>Hillsborough, NJ 08844-3830</b>   |   | <b>Cherry Hill, NJ 08034</b>  |                         |
| Project Manager for Monitoring Firm  |   | Telephone No.   | License No.             |
| <b>Edward J. Bulava</b>  |   | <b>908-874-6207</b>   | <b>(973) 759 - 5000</b> |
| Start Date (10)<br><b>2/2/12</b>   | Scheduled Completion Date (11)<br><b>12/31/12</b> | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>   |                         |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address  |                         |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | <b>1500 Kings HWY N, STE 209</b>  |                         |
|  |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |                         |

Scope of Work (Check All That Apply)

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf     | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition            | <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)<br><b>TO BE ABATED</b><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                     |     | Description of Asbestos Containing Material (ACM)<br>(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 |
| OCD Boiler Room   | <input checked="" type="checkbox"/>                                   |                                     |     | pipe   | 45 l/f                    | <input checked="" type="checkbox"/> |        |             |           |
| "-"   | <input checked="" type="checkbox"/>                                   |                                     |     | Tank   | 350 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| F Building Basement   | <input checked="" type="checkbox"/>                                   |                                     |     | fittings   | 51                        | <input checked="" type="checkbox"/> |        |             |           |
| Tenant House  |   | <input checked="" type="checkbox"/> |     | Vat/Mastic   | 150 s/f                   | <input checked="" type="checkbox"/> |        |             |           |


|  |  |  |                                  |   |  |
|--|--|--|----------------------------------|---|--|
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b> |  | NJ DEP Waste Hauler ID No.<br><b>22253</b> | Cubic Yards of Waste<br><b>6</b> | Name of Registered Landfill<br><b>BFI Imperial Landfill</b> |  |
| City, State<br><b>Freehold, NJ</b>                         |  | Disposal Date<br><b>12/31/12</b>           |                                  | City, State<br><b>Imperial, PA 15126</b>                    |  |
| Completed by<br><b>Michael Cooper</b>                      |  | Title<br><b>President</b>                  | Signature<br>                    | Date<br><b>3/28/12</b>                                      |  |



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

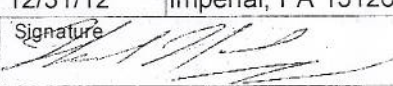
135

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br><b>March 30, 2012</b>   |   | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b> |  |
| Agencies Notified   | Type Notification   | Street Address   |  |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #5<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <b>1000 / 1001 Route 202, PO Box 300</b>   |  |
|   |   | City, State, Zip Code<br><b>Raritan, NJ 08869</b>                                      |  |
|   |   | Name of Contact<br><b>Project Manager</b>  |  |
|   |   | Telephone Number   |  |



| FACILITY INFORMATION   |                                     |   |  |
|--|-------------------------------------|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |                                     | Type of Facility (4)  |  |
| Street Address<br><b>1000 / 1001 Route 202</b>   |                                     | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |
| City (5)<br><b>Raritan, NJ</b>   |                                     | Square Feet   | # of Floors<br><b>3</b>                  |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)<br><b>Facility</b>  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |                                     | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |  |
| Street Address<br><b>12 Kilmer Drive</b>   |                                     | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |  |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |                                     | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |  |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   |                                     | Telephone No.<br><b>908-874-6207</b>  | Telephone No.<br><b>(973) 759 - 5000</b> |
| Start Date (10)<br><b>2/2/12</b>   |                                     | License No.<br><b>00781</b>   |  |
| Scheduled Completion Date (11)<br><b>12/31/12</b>  |                                     | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>   |  |
| Occupancy Status During Abatement (Check Only One)   |                                     | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |  |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:   |                                     | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |  |
| Scope of Work (Check All That Apply)   |                                     |   |  |
| <input checked="" 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 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)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                     |     | Description of Asbestos Containing Material (ACM)<br>(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 |
| OCD Boiler Room   | <input checked="" type="checkbox"/>                                   |                                     |     | pipe   | 45 l/f                    | <input checked="" type="checkbox"/> |        |             |           |
| "-"   | <input checked="" type="checkbox"/>                                   |                                     |     | Tank   | 350 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| F Building Basement   | <input checked="" type="checkbox"/>                                   |                                     |     | fittings   | 51                        | <input checked="" type="checkbox"/> |        |             |           |
| Tenant House  |   | <input checked="" type="checkbox"/> |     | Vat/Mastic   | 150 s/f                   | <input checked="" type="checkbox"/> |        |             |           |

|  |  |  |   |   |                        |
|--|--|--|---|---|------------------------|
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b> |  | NJ DEP Waste Hauler ID No.<br><b>22253</b> | Cubic Yards of Waste<br><b>6</b>  | Name of Registered Landfill<br><b>BFI Imperial Landfill</b> |                        |
| City, State<br><b>Freehold, NJ</b>                         |  | Disposal Date<br><b>12/31/12</b>           |   | City, State<br><b>Imperial, PA 15126</b>                    |                        |
| Completed by<br><b>Michael Cooper</b>                      |  | Title<br><b>President</b>                  | Signature<br> |   | Date<br><b>3/30/12</b> |







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

136

|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br><b>April 18, 2012</b> |  | Name of Building Owner/Operator (2)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b> |                  |
| Agencies Notified                                 | Type Notification  | Street Address   |                  |
| <input checked="" type="checkbox"/> EPA           | <input type="checkbox"/> Initial                             | <b>1000 / 1001 Route 202, PO Box 300</b>   |                  |
| <input checked="" type="checkbox"/> DEP           | <input checked="" type="checkbox"/> Amended                  | City, State, Zip Code  |                  |
| <input checked="" type="checkbox"/> DOL           | <input type="checkbox"/> Amendment #6                        | <b>Raritan, NJ 08869</b>   |                  |
| <input checked="" type="checkbox"/> DOH           | <input type="checkbox"/> Emergency (including justification) | Name of Contact  | Telephone Number |
| <input type="checkbox"/> DCA                      | <input type="checkbox"/> Cancellation                        | <b>Project Manager</b>   |                  |

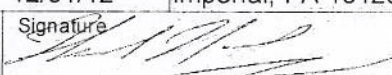
  

| FACILITY INFORMATION   |   |   |   |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Ortho Diagnostic / Johnson &amp; Johnson</b>  |   | Type of Facility (4)  |   |
| Street Address<br><b>1000 / 1001 Route 202</b>   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |
| City (5)<br><b>Raritan, NJ</b>   | Square Feet                                       | # of Floors<br><b>3</b>   | Bldg. Age   |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)               | Current Use (Prior if being demolished)<br><b>Facility</b>  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bulava Environmental, Inc.</b>   |   | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |   |
| Street Address<br><b>12 Kilmer Drive</b>   |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |   |
| City, State, Zip Code<br><b>Hillsborough, NJ 08844-3830</b>  |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |
| Project Manager for Monitoring Firm<br><b>Edward J. Bulava</b>   |   | Telephone No.<br><b>908-874-6207</b>  | License No.<br><b>00781</b>                         |
| Start Date (10)<br><b>2/2/12</b>   | Scheduled Completion Date (11)<br><b>12/31/12</b> |   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b> |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |   |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____   |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |   |
| Scope of Work (Check All That Apply)   |   |   |   |
| <input checked="" 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 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 |
| OCD Boiler Room  | <input checked="" type="checkbox"/>                                   |                                     |     | pipe  | 45 l/f                    | <input checked="" type="checkbox"/> |        |             |           |
| "-"  | <input checked="" type="checkbox"/>                                   |                                     |     | Tank  | 350 s/f                   | <input checked="" type="checkbox"/> |        |             |           |
| F Building Basement  | <input checked="" type="checkbox"/>                                   |                                     |     | fittings  | 51                        | <input checked="" type="checkbox"/> |        |             |           |
| Tenant House   |   | <input checked="" type="checkbox"/> |     | Vat/Mastic  | 150 s/f                   | <input checked="" type="checkbox"/> |        |             |           |

|  |  |  |   |   |                        |
|--|--|--|---|---|------------------------|
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b> |  | NJ DEP Waste Hauler ID No.<br><b>22253</b> | Cubic Yards of Waste<br><b>6</b>  | Name of Registered Landfill<br><b>BFI Imperial Landfill</b> |                        |
| City, State<br><b>Freehold, NJ</b>                         |  | Disposal Date<br><b>12/31/12</b>           |   | City, State<br><b>Imperial, PA 15126</b>                    |                        |
| Completed by<br><b>Michael Cooper</b>                      |  | Title<br><b>President</b>                  | Signature<br> |   | Date<br><b>4/18/12</b> |



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

|  |   |   |                  |
|--|---|---|------------------|
| Date of Notification (1)<br>04/30/12<br>Month/Day/Year |   | Name of Building Owner/Operator (2)<br>Princeton University |                  |
| Agency Notified  | Type Notification                           | Street Address  |                  |
| EPA  | <input checked="" type="checkbox"/> Initial | P.O. box 2158   |                  |
| DEP  | <input type="checkbox"/> Notification       | City, State, Zip Code                                       |                  |
| DCA  | <input type="checkbox"/> Amended            | Princeton NJ 08543  |                  |
| DOH  | <input type="checkbox"/> Notification       | Name of Contact   | Telephone Number |
|  | <input type="checkbox"/> Cancellation       | Robert Otego  |                  |

|   |            |                                     |  |                  |                  |
|---|------------|-------------------------------------|--|------------------|------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Princeton University - 20 Washington Road |            |                                     | Type of Facility (4)   |                  |                  |
| Street Address<br>20 Washington Road  |            |                                     | <input type="checkbox"/> School (K12)  |                  |                  |
|   |            |                                     | <input checked="" type="checkbox"/> Subchapter 8 (Other than K12)                            |                  |                  |
|   |            |                                     | <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.) |                  |                  |
| City (5)<br>Princeton   | County (6) | County Code (7)<br>(STATE USE ONLY) | Square Feet<br>100000  | # of Floors<br>4 | Bldg. Age<br>50+ |
|   |            |                                     | Current Use (Prior if being demolished)<br>University  |                  |                  |

|  |                                  |          |  |                        |
|--|----------------------------------|----------|--|------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br>ATC Associates, Inc |                                  | ASCM No. | Name of Abatement Contractor (9)<br>Associated Specialty Contracting |                        |
| Street Address<br>3 Terri Lane   |                                  |          | Street Address<br>98 LaCruce Avenue                                  |                        |
| City, State, Zip Code<br>Burlington NJ 08016                               |                                  |          | City, State, Zip Code<br>Glen Mills, PA 19342                        |                        |
| Project Manager of Monitoring Firm<br>Mike Keehn                           | Telephone Number<br>609-386-8800 |          | Telephone Number<br>610-364-9622                                     | Licence Number<br>1103 |

|   |   |  |
|---|---|--|
| Scheduled Start Date (10)<br>05/10/12<br>Month/Day/Year   | Sched. Completion Date (11)<br>05/25/12<br>Month/Day/Year | Name of OSHA Monitor<br>Criterion Labs     |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement |   | Street Address<br>3370 Progressive Drive   |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility   |   | City, State, Zip Code<br>Bensalem PA 19020 |
| Hours - Describe: 7:00 AM - 3:30 PM   |   |  |
| Other - Describe:   |   |  |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| Scope of work (Check all that apply)               |  |  | Full Containment with Negative Pressure                   |  |  |
| <input type="checkbox"/> Demolition                |  |  | <input checked="" type="checkbox"/> Mini - Enclosure      |  |  |
| <input checked="" type="checkbox"/> >3 sf or >3 if |  |  | <input checked="" type="checkbox"/> Glovebag Procedure    |  |  |
| <input type="checkbox"/> >160 sf or >260 lf        |  |  | <input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                            |                                      |   |
|--|--|-------------------------------------|-----|--|---------------------------|-------------------------------------|----------------------------|--------------------------------------|---|
|  | Yes  | No                                  | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L     | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Ground Floor - exterior outside room 1   |  | <input checked="" type="checkbox"/> |     | window caulk   | 170 LF                    | <input checked="" type="checkbox"/> |                            |                                      |   |
| 1st Floor - exterior outside room 101 G  |  | <input checked="" type="checkbox"/> |     | window caulk   | 170 LF                    | <input checked="" type="checkbox"/> |                            |                                      |   |
| 2nd Floor - exterior outside room 201 G  |  | <input checked="" type="checkbox"/> |     | window caulk   | 170 LF                    | <input checked="" type="checkbox"/> |                            |                                      |   |

|   |                            |                                 |                                      |
|---|----------------------------|---------------------------------|--------------------------------------|
| Name of Registered Waste Hauler<br>Horizon Disposal | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste<br>3       | Name of Registered Landfill<br>GROWS |
| City, State<br>Trenton NJ                           | Disposal Date<br>As needed | City, State<br>Morrisville PA   |                                      |
| Completed By (Print or Type)<br>Mark Goshow         | Title<br>Project Manager   | Signature<br><i>Mark Goshow</i> | Date<br>8-30-12                      |

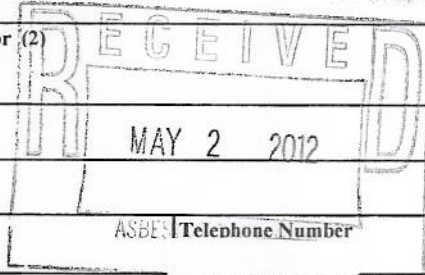
ABS-41  
JUN 95

G4667



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

|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br>04/30/12<br>Month/Day/Year |   | Name of Building Owner/Operator (2)<br>Polyone |  |
| Agency Notified<br>x EPA<br>x DEP<br>x DCA<br>x DOH    | Type Notification                           | Street Address                                 |  |
|  | <input checked="" type="checkbox"/> Initial | Rt 31 & Porcupine rd                           |  |
|  | <input type="checkbox"/> Notification       | City, State, Zip Code                          |  |
|  | <input type="checkbox"/> Amended            | Predickstown Nj 08067                          |  |
|  | <input type="checkbox"/> Notification       | Name of Contact                                |  |
|  | <input type="checkbox"/> Cancellation       | Daryl Mosley                                   |  |



FACILITY INFORMATION

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Polyone boiler house and bldg 523   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K12)<br><input type="checkbox"/> Subchapter 8 (Other than K12)<br><input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.) |  |  |
| Street Address<br>Rt 31 & Porcupine Rd  |  |  | Square Feet<br>5000  |  |  |
| City (5)<br>Predickstown  |  |  | County (6)   |  | County Code (7)<br>(STATE USE ONLY)                                  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Criterion labs   |  |  | ASCM No.   |  | Name of Abatement Contractor (9)<br>Associated Specialty Contracting |
| Street Address<br>3370 progress drive   |  |  | Street Address<br>98 LaCrue Ave  |  |  |
| City, State, Zip Code<br>bensalem pa 19020  |  |  | City, State, Zip Code<br>Glen Mills, PA 19342  |  |  |
| Project Manager of Monitoring Firm<br>mike panepress  |  |  | Telephone Number<br>215-244-1300   |  | Telephone Number<br>610-364-9622                                     |
| Scheduled Start Date (10)<br>05/10/12<br>Month/Day/Year   |  |  | Sched. Completion Date (11)<br>05/14/12<br>Month/Day/Year  |  | Licence Number<br>1103   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility<br>Hours - Describe: 7:00am to 3:30pm<br>Other - Describe: |  |  | Name of OSHA Monitor<br>criterion labs   |  |  |
|   |  |  | Street Address<br>3370 progress dr   |  |  |
|   |  |  | City, State, Zip Code<br>bensalem pa 19020   |  |  |

Scope of work (Check all that apply)

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Demolition                        | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> >3 sf or >3 if >160 sf or >260 lf |  | <input checked="" type="checkbox"/> Mini - Enclosure                        |
|   |  | <input checked="" type="checkbox"/> Glovebag Procedure                      |
|   |  | <input type="checkbox"/> Non-Friable Procedure                              |

| Location of Asbestos - Containing Material (ACM) TO BE ABATED<br>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<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |  |
| Bldg 523 hallway  | x  |    |     | thermal  | 3 LF                      | x                               |                            |                                      |   |  |
| Boiler room roof  | x  |    |     | thermal  | 5 LF                      | x                               |                            |                                      |   |  |
| Boiler room inside  | x  |    |     | thermal  | 15 LF                     | x                               |                            |                                      |   |  |

|   |  |                           |  |                                 |  |                 |
|---|--|---------------------------|--|---------------------------------|--|-----------------|
| Name of Registered Waste Hauler<br>three county carting |  | NJDEP Waste Hauler ID No. |  | Cubic Yards of Waste<br>2       | Name of Registered Landfill<br>salem county landfill |                 |
| City, State<br>deptford nj                              |  | Disposal Date<br>05/18/12 |  | City, State<br>salem nj         |  |                 |
| Completed By (Print or Type)<br>Mark Goshow             |  | Title<br>Project Manager  |  | Signature<br><i>Mark Goshow</i> |  | Date<br>4-30-12 |

ABS-41  
JUN 95

G4667



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

*1062*

**RECEIVED**  
MAY 2 2012  
ASBESTOS CONTROL & LICENSING

|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br>04/30/12<br>Month/Day/Year |   | Name of Building Owner/Operator (2)<br>Princeton University |  |
| Agency Notified  | Type Notification                           | Street Address  |  |
| EPA  | <input checked="" type="checkbox"/> Initial | P.O. box 2158   |  |
| DEP  | <input type="checkbox"/> Notification       | City, State, Zip Code                                       |  |
| DCA  | <input type="checkbox"/> Amended            | Princeton NJ 08543  |  |
| DOH  | <input type="checkbox"/> Notification       | Name of Contact   |  |
|  | <input type="checkbox"/> Cancellation       | Robert Otego  |  |
|  |   | Telephone Number  |  |

**FACILITY INFORMATION**

|  |  |   |   |  |                         |
|--|--|---|---|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Magie Apartments   |  |   | Type of Facility (4)<br>School (K12)<br>Subchapter 8 (Other than K12)<br><input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.) |  |                         |
| Street Address<br>Princeton University   |  |   | Square Feet<br>60000  |  |                         |
| City (5)<br>Princeton  |  |   | County (6)  | County Code (7)<br>(STATE USE ONLY)    | # of Floors<br>8        |
|  |  |   | Bldg. Age<br>50+  |  |                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ATC Associates, Inc   |  |   | Name of Abatement Contractor (9)<br>Associated Specialty Contracting Inc.   |  |                         |
| Street Address<br>3 Terri Lane   |  |   | Street Address<br>98 LaCrue Avenue  |  |                         |
| City, State, Zip Code<br>Burlington NJ 08016   |  |   | City, State, Zip Code<br>Glen Mills, PA 19342   |  |                         |
| Project Manager of Monitoring Firm<br>Mike Keehn   |  |   | Telephone Number<br>609-386-8800  |  | Licence Number<br>00705 |
| Scheduled Start Date (10)<br>05/10/12<br>Month/Day/Year  |  | Sched. Completion Date (11)<br>05/17/12<br>Month/Day/Year |   | Name of OSHA Monitor<br>Criterion Labs |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility<br>Hours - Describe: 7:00 AM - 3:30 PM<br>Other - Describe: |  |   | Street Address<br>3370 Progressive Drive  |  |                         |
|  |  |   | City, State, Zip Code<br>Bensalem PA 19020  |  |                         |

Scope of work (Check all that apply)

|  |  |   |
|--|--|---|
| Demolition   | <input checked="" type="checkbox"/> Renovation | Full Containment with Negative Pressure                   |
| <input checked="" type="checkbox"/> >3 sf or >3 lf |  | Mini - Enclosure  |
| >160 sf or >260 lf                                 |  | Glovebag Procedure  |
|  |  | <input checked="" type="checkbox"/> Non-Friable Procedure |

| Location of Asbestos - Containing Material (ACM)<br><u>TO BE ABATED</u><br>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<br>E<br>M<br>O<br>V<br>A<br>L     | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| 1st floor Apt 1 M living room   |  | <input checked="" type="checkbox"/> |     | VAT & mastic   | 2 SF                      | <input checked="" type="checkbox"/> |                            |                                      |   |
| 2nd floor Apt 1 M bedroom   |  | <input checked="" type="checkbox"/> |     | VAT & mastic   | 2 SF                      | <input checked="" type="checkbox"/> |                            |                                      |   |
| 3rd floor Apt 3 F living room   |  | <input checked="" type="checkbox"/> |     | VAT & mastic   | 2 SF                      | <input checked="" type="checkbox"/> |                            |                                      |   |
| 4th Floor Apt 3 F bedroom   |  | <input checked="" type="checkbox"/> |     | VAT & mastic   | 2 SF                      | <input checked="" type="checkbox"/> |                            |                                      |   |

|   |                            |                                 |                                      |
|---|----------------------------|---------------------------------|--------------------------------------|
| Name of Registered Waste Hauler<br>Horizon Disposal | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste<br>1       | Name of Registered Landfill<br>GROWS |
| City, State<br>Trenton NJ                           | Disposal Date<br>As needed | City, State<br>Morrisville PA   |                                      |
| Completed By (Print or Type)<br>Mark Goshow         | Title<br>Project Manager   | Signature<br><i>Mark Goshow</i> | Date<br>4-30-12                      |

ABS-41  
JUN 95

G4667



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

*PAGE 2 of 2*

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>04/30/12<br><u>Month/Day/Year</u> |  | Name of Building Owner/Operator (2)<br>Princeton University |  |
| Agency Notified<br>EPA<br>DEP<br>DCA<br>DOH                   | Type Notification<br><input checked="" type="checkbox"/> Initial               | Street Address<br>P.O. box 2158                             |  |
|   | <input type="checkbox"/> Notification  | City, State, Zip Code<br>Princeton NJ 08543                 |  |
|   | <input type="checkbox"/> Amended   | Name of Contact<br>Robert Otego                             |  |
|   | <input type="checkbox"/> Notification<br><input type="checkbox"/> Cancellation | Telephone Number  |  |

**FACILITY INFORMATION**

|  |            |  |   |  |                         |
|--|------------|--|---|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Magie Apartments   |            |  | Type of Facility (4)<br><input type="checkbox"/> School (K12)<br><input type="checkbox"/> Subchapter 8 (Other than K12)<br><input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.) |  |                         |
| Street Address<br>Princeton University   |            |  | Square Feet<br>60000  |  |                         |
| City (5)<br>Princeton  | County (6) | County Code (7)<br>(STATE USE ONLY)                              | # of Floors<br>8  | Bldg. Age<br>50+                       |                         |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ATC Associates, Inc   |            |  | Name of Abatement Contractor (9)<br>Associated Specialty Contracting Inc  |  |                         |
| Street Address<br>3 Terri Lane   |            |  | Street Address<br>98 LaCrue Avenue  |  |                         |
| City, State, Zip Code<br>Burlington NJ 08016   |            |  | City, State, Zip Code<br>Glen Mills, PA 19342   |  |                         |
| Project Manager of Monitoring Firm<br>Mike Kechn   |            | Telephone Number<br>609-386-8800                                 | Telephone Number<br>610-364-9622  |  | Licence Number<br>00705 |
| Scheduled Start Date (10)<br>05/10/12<br><u>Month/Day/Year</u>   |            | Sched. Completion Date (11)<br>05/17/12<br><u>Month/Day/Year</u> |   | Name of OSHA Monitor<br>Criterion Labs |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility<br>Hours - Describe: 7:00 AM - 3:30 PM<br>Other - Describe: |            |  | Street Address<br>3370 Progressive Drive<br>City, State, Zip Code<br>Bensalem PA 19020  |  |                         |

Scope of work (Check all that apply)

|  |  |   |
|--|--|---|
| Demolition   | <input checked="" type="checkbox"/> Renovation | Full Containment with Negative Pressure                   |
| <input checked="" type="checkbox"/> >3 sf or >3 lf |  | Mini - Enclosure  |
| >160 sf or >260 lf                                 |  | Glovebag Procedure  |
|  |  | <input checked="" type="checkbox"/> Non-Friable Procedure |

| Location of Asbestos - Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) |                                     |     | Description of Asbestos-Containing Material (ACM)<br>(ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                            |                                      |   |
|---|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------------------|---|
|   | Yes  | No                                  | N/A |   |                           | R<br>E<br>M<br>O<br>V<br>E<br>L     | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| 5th floor Apt 5P dining room  |  | <input checked="" type="checkbox"/> |     | VAT & mastic  | 2 SF                      | <input checked="" type="checkbox"/> |                            |                                      |   |
| 6th floor Apt 5 P bedroom   |  | <input checked="" type="checkbox"/> |     | VAT & mastic  | 2 SF                      | <input checked="" type="checkbox"/> |                            |                                      |   |
| 7th floor Apt 7W entrance area  |  | <input checked="" type="checkbox"/> |     | VAT & mastic  | 2 SF                      | <input checked="" type="checkbox"/> |                            |                                      |   |
| 8th floor Apt 8W bedroom  |  | <input checked="" type="checkbox"/> |     | VAT & mastic  | 2 SF                      | <input checked="" type="checkbox"/> |                            |                                      |   |

|   |                            |                                 |                                      |
|---|----------------------------|---------------------------------|--------------------------------------|
| Name of Registered Waste Hauler<br>Horizon Disposal | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste<br>1       | Name of Registered Landfill<br>GROWS |
| City, State<br>Trenton NJ                           | Disposal Date<br>As needed | City, State<br>Morrisville PA   |                                      |
| Completed By (Print or Type)<br>Mark Goshow         | Title<br>Project Manager   | Signature<br><i>Mark Goshow</i> | Date<br>4-30-12                      |