


CK #25161

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

Date of Notification (1) 5/6/13		Name of Building Owner/Operator (2) Seabrook House						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 133 Polk Lane		City, State, Zip Code Seabrook, NJ 08302						
Name of Contact Shelia Levine		Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Carriage House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 133 Polk Lane		Square Feet 2,000	# of Floors 2					
City (5) Seabrook, NJ		Bldg. Age 90						
County (6) Cumberland	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office Building					
Name of Monitoring Firm Hired by Building Owner (8) MECS	ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 33004		Street Address PO Box 322						
City, State, Zip Code Trenton, NJ 08629		City, State, Zip Code Allentown, NJ 08501						
Project Manager for Monitoring Firm William Weisgarber Jr.		Telephone No. (609) 396-9208	License No. 00493					
Start Date (10) 5/15/13	Scheduled Completion Date (11) 5/31/13		Name of OSHA Monitor MECS					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 4pm		Street Address PO Box 33004						
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure	
	Basement Mech. Room			X				
	Tunnel Area							
Basement Mech Room		Breeching	120 SF	X				
Name of Registered Waste Hauler Stevens Environmental Services Inc.		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 8 CU	Name of Registered Landfill T.R.R.F., Inc. Landfill				
City, State Allentown, NJ		Disposal Date 5/31/13	City, State Tullytown, PA	Date 5/6/13				
Completed By Mahlon E. Stevens		Title Project Manager		Signature 				

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

Date of Notification (1) 5/6/2013		Name of Building Owner/Operator (2) P.S.E.&G							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
Name of Contact GEORGE VILARO		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E.&G - ADAMS SUBSTATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1499 LIVINGSTON AVE.		Square Feet APPX 300	# of Floors 1						
City (5) NORTH BRUNSWICK		Bldg. Age 46 YRS							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SUBSTATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA, INC.						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA, INC.							
Start Date (10) 5/16/13		Scheduled Completion Date (11) 5/16/13							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied by necessary operators only		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Control Room		X		Transite Floor Panels	48 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste appx. 2	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date 5/17/13		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo				Date 5/6/2013	

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

CR # 2428

Date of Notification (1) 5/6/13		Name of Building Owner/Operator (2) PENN COLOR, INC.																				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 OLD DUBLIN PIKE																				
		City, State, Zip Code DOYLESTOWN, PA 18901																				
		Name of Contact KEVIN PUTMAN	Telephone Number _____																			
FACILITY INFORMATION																						
Name of Facility Where Abatement is Taking Place (3) 101 WESTON ROAD		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)																				
Street Address 101 WESTON ROAD		Square Feet 15000	# of Floors 2																			
City (5) HILLSBOROUGH TOWNSHIP, NJ		Bldg. Age 70																				
County (6) SOMERSET	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied																				
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No. _____	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.																			
Street Address 411 SOUTH GATE COURT, SUITE E		Street Address 1123 BEAVER STREET																				
City, State, Zip Code MICKLETON, NJ 08056		City, State, Zip Code BRISTOL, PA 19007																				
Project Manager for Monitoring Firm JACK CARNEY		Telephone No. 856-224-0080	Telephone No. 215-788-6040																			
		License No. 00509																				
Start Date (10) 5/16/13	Scheduled Completion Date (11) 5/23/13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.																				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM - 4:00 PM		Street Address 1123 BEAVER STREET																				
		City, State, Zip Code BRISTOL, PA 19007																				
Scope of Work (Check All That Apply)																						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition																				
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure																				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) Warehouse Office, Office, Men's Rm Maintenance & Compressor Rm. Q.C. Lab Rm & Color Computer Rm. Attic	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td align="center">X</td> <td></td> </tr> <tr> <td></td> <td align="center">X</td> <td></td> </tr> <tr> <td></td> <td align="center">X</td> <td></td> </tr> <tr> <td></td> <td align="center">X</td> <td></td> </tr> </table>		Yes	No	N/A		X			X			X			X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) FLOOR TILE & MASTIC PIPE INSULATION FLOOR TILE Dispose of Boxes of Floor tiles				
	Yes	No	N/A																			
	X																					
	X																					
	X																					
	X																					
Amount (Specify SF or LF) 301 SF 22 LF 709 SF 5 SF	Abatement Type <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td align="center">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td align="center">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td align="center">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td align="center">X</td> <td></td> <td></td> <td></td> </tr> </table>		Removal	Repair	Encapsulate	Enclosure	X				X				X				X			
Removal	Repair	Encapsulate	Enclosure																			
X																						
X																						
X																						
X																						
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Name of Registered Landfill MINERVA LANDFILL																			
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688																			
Completed by PATRICK T. DeCARO	Title ESTIMATOR	Signature <i>Patrick T. DeCaro</i>	Date 5/6/13																			

OK # 25162

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

Date of Notification (1) <u>5/7/13</u>		Name of Building Owner/Operator (2) <u>Institute for Advanced Study</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>Einstein Drive</u> City, State, Zip Code <u>Princeton, NJ 08540</u> Name of Contact <u>Keith Sapp</u> Telephone Number <u> </u>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Members Housing</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>Einstein Drive</u>		Square Feet <u>3,000</u> # of Floors <u>2</u> Bldg. Age <u>50</u>						
City (5) <u>Princeton</u>		County (6) <u>Mercer</u> County Code (7) (STATE USE ONLY) <u> </u> Current Use (Prior if being demolished) <u>Staff housing</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarver Jr.</u>		Telephone No. <u>(609) 298-4070</u> Telephone No. <u>(609) 259-9688</u> License No. <u>00493</u>						
Start Date (10) <u>5/16/13</u>		Scheduled Completion Date (11) <u>5/17/13</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>4pm - 10pm</u>		Name of OSHA Monitor <u>MECS</u> Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
<u>Boiler room</u>			<u>Thermal Piping</u>	<u>6 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F. Inc.</u>				
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>5/17/13</u>		City, State <u>Tullytown, PA.</u>				
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature <u>[Signature]</u>		Date <u>5/7/13</u>		

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-89

Check # 5891

Date of Notification (1) <u>10/15/10 12/11/13</u>		Name of Building Owner/Operator (2) <u>Maureen & Peter Curry</u>	
Agencies Notified	Type Notification	Street Address <u>61 Old Army Road</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Bernardsville, NJ 07924</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Name of Contact <u>Maureen & Peter Curry</u>	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Maureen & Peter Curry</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address <u>61 Old Army Road</u>			Square Feet	# of Floors
City (5) <u>Bernardsville</u>			Bldg. Age	
County (6) <u>Somerset</u>		County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>	
Street Address		Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>	License Number <u>00378</u>
Scheduled Start Date (10) <u>5/13/2013</u>	Sched. Completion Date (11) <u>5/13/2013</u>			
Occupancy Status During Abatement (Check only one)				
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.				
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input type="checkbox"/> Other-Describe: _____				

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement main room			<input checked="" type="checkbox"/>	pipe insulation	24 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>05/14/2013</u>	City, State <u>Tullytown, PA</u>
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>05/02/2013</u>

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-91

Check # 5892

Date of Notification (1) <u>05/10/13</u>		Name of Building Owner/Operator (2) <u>2013 MAY -9 AM 12:00</u> Eric Scherzer	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 69 Essex Avenue	
		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Eric Scherzer	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Eric Scherzer			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 69 Essex Avenue			Square Feet # of Floors Bldg. Age		
City (5) Montclair	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 5/14/2013		Sched. Completion Date (11) 5/15/2013	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		


Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☒ Glovebag procedure
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	VAT	360 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe insulation	63 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 05/16/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/03/2013

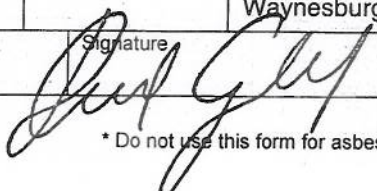
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 5 / 8 / 13		Name of Building Owner / Operator (2) The Evergreens					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation					
Street Address 309 Bridgeboro Road		City, State, Zip Code Moorestown, NJ 08057					
Name of Contact Roger W. Gibbs		Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) The Evergreens		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)					
Street Address 309 Bridgeboro Road		Building Age 50+					
City (5) Moorestown	County (6) Camden	County Code (7)	Square Feet N/A				
			# Of Floors 2				
			Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Bldg. Owner (8) BT Environmental health Safety Consultants		Name of Abatement Contractor (9) LVI Environmental Services Inc.					
Street Address 3984 Pen Avenue		Street Address 462 Getty Avenue					
City, State, Zip Code Sinking Springs, PA. 19608		City, State, Zip Code Clifton, NJ 07011					
Project Mngr. For Monitoring Firm leslie Thurman		Telephone Number 610-927.2720					
Sched. Start Date (10) 5 / 22 / 13		Sched. Completion Date (11) 5 / 31 / 13					
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ Other - Describe: MON-FRI. 3:30PM-12:00AM		Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011					
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Mech RM in the Dinning RM	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	60SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mech RM in the Day RM	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	40SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage RM in the Dinning RM	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	40SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom/Whirlpool area	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Joint Compound	400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE.		Disposal Date 5/15/2013	City, State Waynesburg, OH. 44688				
Completed by (Print or Type) Marc Heim		Title Project Manager	Signature 		Date 05/08/13		

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

Date of Notification (1) 5 / 8 / 13		Name of Building Owner/Operator (2) JC Penney Company Incorporated							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive							
		City, State, Zip Code Plano, Texas 75024							
		Name of Contact Soy Thomas	Telephone Number 714-211-1111						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JC Penney Quaker Bridge Mall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 500 Quaker Bridge Mall		Square Feet 150,000	# of Floors 2						
City (5) Trenton		Bldg. Age 75							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Tom Rubino		Telephone No. 908-956-1233	License No. 00774						
Start Date (10) 05 / 14 / 13	Scheduled Completion Date (11) 06 / 08 / 13	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 10PM-6:30AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Level Home Street Dept.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Global Waste Industries, Inc.		NJDEP Waste Hauler ID No. NJ-22147	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Hackettstown, NJ		Disposal Date 06/08/13		City, State Morrisville, PA					
Completed By (Print or Type) John Tardy		Title Senior Project Manager		Signature <i>John Tardy</i>			Date 5/8/13		

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

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC							
Agencies Notified	Type Notification	Street Address 1260 Stelton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 04 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Richard Fernicola	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 170 Tabor Road		Square Feet 2,000,000	# of Floors 4						
City (5) Morris Plains		Bldg. Age 75							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Laboratories LLC		ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 2333 Route 22 West		Street Address 163 Sargeant Avenue							
City, State, Zip Code Union, NJ 07081		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-206-0073	License No. 01099						
Start Date (10) 02/04/13	Scheduled Completion Date (11) 06/15/13	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roof Flashing	8,000 SF	X			
Roof		X		Roof Membrane	3,000 SF	X			
Underground		X		Undergrd Transite Electric Banks	500 SF	X			
Underground		X		Underground Piping	1,200 LF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill				
City, State New Castle, Delaware		Disposal Date		City, State Waynesburg, Ohio					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 05/06/13			

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2013 MAY -9

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

2013 MAY 9
CK # 2565

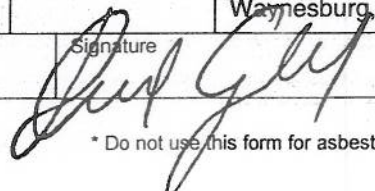
Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC							
Agencies Notified	Type Notification	Street Address 1260 Stelton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 03 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Richard Fernicola	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 170 Tabor Road		Square Feet 2,000,000	# of Floors 4						
City (5) Morris Plains		Bldg. Age 75							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Laboratories LLC		ASCN No. _____							
Street Address 2333 Route 22 West		Name of Abatement Contractor (9) Pyramid Contracting Corp.							
City, State, Zip Code Union, NJ 07081		Street Address 163 Sargeant Avenue							
City, State, Zip Code Clifton, NJ 07013		Telephone No. 973-689-6281	License No. 01099						
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-206-0073							
Start Date (10) 02/04/13	Scheduled Completion Date (11) 05/10/13	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roof Flashing	8,000 SF	X			
Roof		X		Roof Membrane	3,000 SF	X			
Underground		X		Undergrd Transite Electric Banks	500 SF	X			
Underground		X		Underground Piping	1,200 LF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, Delaware			Disposal Date	City, State Waynesburg, Ohio					
Completed by Dimo Golcev		Title General Manger	Signature			Date 04/15/13			

Page 2 of 2

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

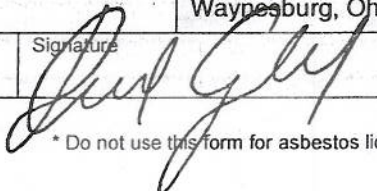
2013 MAY -9 11:00
 ASBESTOS LICENSING

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC							
Agencies Notified	Type Notification	Street Address 1260 Stelton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Richard Fernicola	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		Type of Facility (4)							
Street Address 170 Tabor Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morris Plains		Square Feet 2,000,000	# of Floors 4						
		Bldg. Age 75							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Laboratories LLC		ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 2333 Route 22 West		Street Address 163 Sargeant Avenue							
City, State, Zip Code Union, NJ 07081		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-206-0073	Telephone No. 973-689-6281						
		License No. 01099							
Start Date (10) 02/04/13	Scheduled Completion Date (11) 05/10/13	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roof Flashing	8,000 SF	X			
Roof		X		Roof Membrane	3,000 SF	X			
Underground		X		Undergrd Transite Electric Banks	500 SF	X			
Underground		X		Underground Piping	1,200 LF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, Delaware			Disposal Date	City, State Weynesburg, Ohio					
Completed by Dimo Golcev		Title General Manger	Signature 	Date 03/06/13					

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

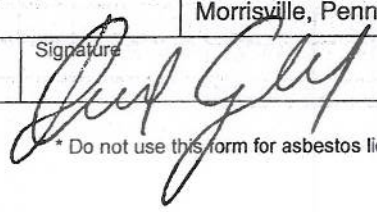
Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1260 Stelton Road							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Richard Fernicola							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 170 Tabor Road		Square Feet 2,000,000	# of Floors 4						
City (5) Morris Plains		Bldg. Age 75							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 64 Broad Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	Telephone No. 973-689-6281						
License No. 01099									
Start Date (10) 02/04/13	Scheduled Completion Date (11) 04/05/13	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roof Flashing	8,000 SF	X			
Roof		X		Roof Membrane	3,000 SF	X			
Underground		X		Undergrd Transite Electric Banks	500 SF	X			
Underground		X		Underground Piping	1,200 LF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill				
City, State New Castle, Delaware		Disposal Date		City, State Waynesburg, Ohio					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 02/18/13			

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

CK# 2391

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC							
Agencies Notified	Type Notification	Street Address 1260 Stelton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Richard Fernicola	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 170 Tabor Road		Square Feet 2,000,000	# of Floors 4						
City (5) Morris Plains		Bldg. Age 75							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 64 Broad Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	Telephone No. 973-689-6281						
License No. 01099									
Start Date (10) 02/04/13	Scheduled Completion Date (11) 04/05/13	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roof Flashing	8,000 SF	X			
Roof		X		Roof Membrane	3,000 SF	X			
Underground		X		Undergrd Transite Electric Banks	500 SF	X			
Underground		X		Underground Piping	1,200 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Clifton, New Jersey				Disposal Date	City, State Morrisville, Pennsylvania				
Completed by Dimo Golcev		Title General Manger		Signature 	Date 01/31/13				

2013 MAY -9

6114-20

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REMEMBER - MAIL IN HARD COPY
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC		DOI EIO #A2391					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1260 Stelton Road City, State, Zip Code Piscataway, NJ 08854 Name of Contact Richard Fernicola Telephone Number					
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility Street Address 170 Tabor Road City (4) Morris Plains County (5) Morris County Code (7) (STATE USE ONLY)									
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 2,000,000 # of Floors 4 Bldg. Age 75 Current Use (Prior to being demolished) Abandoned									
Name of Monitoring Firm Hired by Building Owner (6) Environmental Tactics, Inc.		ASCM No 0045		Name of Abatement Contractor (9) Pyramid Contracting Corp.					
Street Address 64 Broad Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-280-2217		Telephone No. 973-689-6281					
License No 01099									
Start Date (10) 02/04/13		Scheduled Completion Date (11) 04/05/13		Name of OSHA Monitor J&S Environmental Laboratories LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Roof		X		Roof Flashing	8,000 SF	X			
Roof		X		Roof Membrane	3,000 SF	X			
Underground		X		Undergrd Transite Electric Banks	500 SF	X			
Underground		X		Underground Piping	1,200 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No 32613		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S., Inc.			
City, State Clifton, New Jersey		Disposal Date		City, State Morgantown, Pennsylvania					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 01/31/13			

ASB-41 (R-06-08)

Do not use this form for asbestos licensure exempted activities

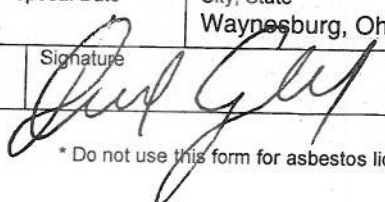
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:65 and 12:120)

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC		APPROVED NJ Dept. of Health & Senior Services (signature) <i>[Signature]</i> Date: 2/1/13 Time: 10:20 AM					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address 1260 Stetson Road City, State, Zip Code Piscataway, NJ 08854 Name of Contact Richard Femicola Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 170 Tabor Road			Square Feet 2,000,000						
City (5) Morris Plains			# of Floors 4		Bldg. Age 75				
County (6) Morris			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.			ASCM No. 0045		Name of Abatement Contractor (9) Pyramid Contracting Corp.				
Street Address 64 Broad Street			Street Address 163 Sargeant Avenue						
City, State, Zip Code Matawan, NJ 07747			City, State, Zip Code Clifton, NJ 07013						
Project Manager for Monitoring Firm Thomas P. Geiger			Telephone No. 732-290-2217		Telephone No. 973-689-6281				
Start Date (10) 02/04/13			Scheduled Completion Date (11) 04/05/13		License No. 01099				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor J&S Environmental Laboratories LLC						
			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, NJ 07081						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 lf <input type="checkbox"/> Renovation <input checked="" 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 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
Roof		X		Roof Flashing	8,000 SF	X			
Roof		X		Roof Membrane	3,000 SF	X			
Underground		X		Undergrd Transite Electric Banks	500 SF	X			
Underground		X		Underground Piping	1,200 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.			NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.			
City, State Clifton, New Jersey			Disposal Date		City, State Morrisville, Pennsylvania				
Completed by Dimo Golcev			Title General Manger		Signature <i>[Signature]</i>		Date 01/31/13		

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

No check

2013 MAY -9 11:17 AM
ASBESTOS LICENSING

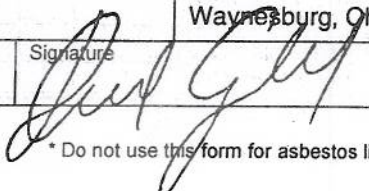
Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC							
Agencies Notified	Type Notification	Street Address 1260 Stelton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>04</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Richard Fernicola	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		Type of Facility (4)							
Street Address 182 Tabor Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morris Plains		Square Feet 400,000	# of Floors 2						
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories LLC		ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 2333 Route 22 West		Street Address 163 Sargeant Avenue							
City, State, Zip Code Union, NJ 07081		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-206-0073	Telephone No. 973-689-6281						
Start Date (10) 02/04/13		Scheduled Completion Date (11) 06/15/13	License No. 01099						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental Laboratories LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st and 2nd Floors		X		Window Caulk	2,600 LF	X			
1st and 2nd Floors		X		Lab Counter Tops	425 SF	X			
1st Floor		X		Pipe Insulation / Elbows	10 LF	X			
Roof		X		Exterior Roof Flashing	12,150 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill				
City, State New Castle, Delaware		Disposal Date		City, State Waynesburg, Ohio					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 05/06/13			

Page 2 of 2

Page 2 of 2

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

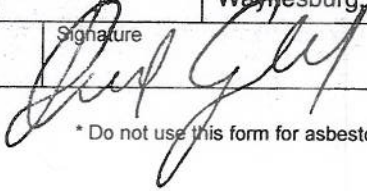
2013/11/25
C/C # 2561
-9
LIC # 1000000000

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC							
Agencies Notified	Type Notification	Street Address 1260 Stelton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 03	City, State, Zip Code Piscataway, NJ 08854							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Richard Fernicola	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 182 Tabor Road		Square Feet 400,000	# of Floors 2						
City (5) Morris Plains		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories LLC		ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 2333 Route 22 West		Street Address 163 Sargeant Avenue							
City, State, Zip Code Union, NJ 07081		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-206-0073	Telephone No. 973-689-6281						
Start Date (10) 02/04/13		Scheduled Completion Date (11) 05/10/13	License No. 01099						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor J&S Environmental Laboratories LLC							
Street Address 2333 Route 22 West		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st and 2nd Floors		X		Window Caulk	2,600 LF	X			
1st and 2nd Floors		X		Lab Counter Tops	425 SF	X			
1st Floor		X		Pipe Insulation / Elbows	10 LF	X			
Roof		X		Exterior Roof Flashing	12,150 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill				
City, State New Castle, Delaware				Disposal Date	City, State Waynesburg, Ohio				
Completed by Dimo Golcev		Title General Manger		Signature 	Date 04/12/13				

Page 2 of 2

Page 2 of 2

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

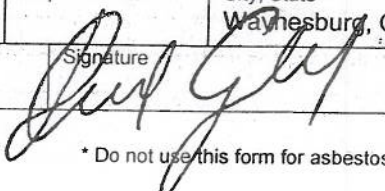
Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC							
Agencies Notified	Type Notification	Street Address 1260 Stelton Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Richard Fernicola	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		Type of Facility (4)							
Street Address 182 Tabor Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morris Plains		Square Feet 400,000	# of Floors 2						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories LLC		ASCM No. _____	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 2333 Route 22 West		Street Address 163 Sargeant Avenue							
City, State, Zip Code Union, NJ 07081		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-206-0073	Telephone No. 973-689-6281						
Start Date (10) 02/04/13		Scheduled Completion Date (11) 05/10/13	License No. 01099						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental Laboratories LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st and 2nd Floors		X		Window Caulk	2,600 LF	X			
1st and 2nd Floors		X		Lab Counter Tops	425 SF	X			
1st Floor		X		Pipe Insulation / Elbows	10 LF	X			
Roof		X		Exterior Roof Flashing	12,150 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill				
City, State New Castle, Delaware				Disposal Date	City, State Waynesburg, Ohio				
Completed by Dimo Golcev		Title General Manger		Signature 	Date 03/06/13				

Page 2 of 2

Page 2 of 2

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

2013 MAY -9 11:17:00
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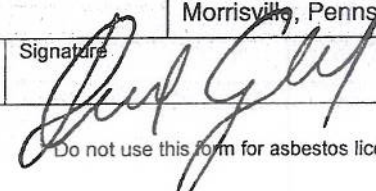
Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC							
Agencies Notified	Type Notification	Street Address 1260 Stelton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Richard Fernicola	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		Type of Facility (4)							
Street Address 182 Tabor Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morris Plains		Square Feet 400,000	# of Floors 2						
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 64 Broad Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	License No. 01099						
Start Date (10) 02/04/13	Scheduled Completion Date (11) 04/05/13	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st and 2nd Floors		X		Window Caulk	2,600 LF	X			
1st and 2nd Floors		X		Lab Counter Tops	425 SF	X			
1st Floor		X		Pipe Insulation / Elbows	10 LF	X			
Roof		X		Exterior Roof Flashing	12,150 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, Delaware		Disposal Date		City, State Waynesburg, Ohio					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 02/18/13			

Page 2 of 2

Page 2 of 2

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

2013 MAY 9 11:00 AM
CIC # 2392
& LICENSING DIV

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC							
Agencies Notified	Type Notification	Street Address 1260 Stelton Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Richard Fernicola	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 182 Tabor Road		Square Feet 400,000	# of Floors 2						
City (5) Morris Plains		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 64 Broad Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	Telephone No. 973-689-6281						
License No. 01099									
Start Date (10) 02/04/13	Scheduled Completion Date (11) 04/05/13	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st and 2nd Floors		X		Window Caulk	2,600 LF	X			
1st and 2nd Floors		X		Lab Counter Tops	425 SF	X			
1st Floor		X		Pipe Insulation / Elbows	10 LF	X			
Roof		X		Exterior Roof Flashing	12,150 SF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Clifton, New Jersey				Disposal Date	City, State Morrisville, Pennsylvania				
Completed by Dimo Golcev		Title General Manger		Signature 	Date 01/31/13				

Page 2 of 2

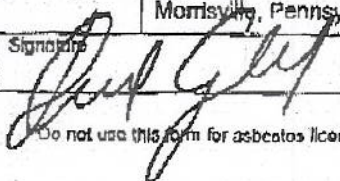
Page 2 of 2

REMEMBER - MAIL IN HARD COPY

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC							
Agencies Notified	Type Notification	Street Address 1260 Stelton Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #	City, State, Zip Code Piscataway, NJ 08854							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Richard Fernicola							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		Type of Facility (4)							
Street Address 182 Tabor Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morris Plains		Square Feet 400,000	# of Floors 2						
County (6) Morris		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 64 Broad Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	Telephone No. 973-689-6281						
License No. 01099		Name of OSHA Monitor J&S Environmental Laboratories LLC							
Start Date (10) 02/04/13		Scheduled Completion Date (11) 04/05/13							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≤ 3 sf or ≤ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fragile Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st and 2nd Floors		X		Window Caulk	2,600 LF	X			
1st and 2nd Floors		X		Lab Counter Tops	425 SF	X			
1st Floor		X		Pipe Insulation / Elbows	10 LF	X			
Roof		X		Exterior Roof Flashing	12,150 SF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey		Disposal Date		City, State Morrisville, Pennsylvania					
Completed by Dima Golcev		Title General Manager		Signature 		Date 01/31/13			

ASB-41 (R-06-09)

Do not use this form for asbestos licensure exempted activities.

Print Form

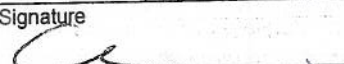
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC		<div style="border: 1px solid black; padding: 5px;"> APPROVED NJ Dept. of Health & Senior Services <i>Stacy C. Brown</i> (Signature) Date: 2/1/13 Time: 10:22 AM </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	1260 Stelton Road							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Richard Fernicola		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility			Type of Facility (4)						
Street Address 182 Tabor Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter s (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Morris Plains			Square Feet 400,000	# of Floors 2	Bldg. Age 50+				
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 64 Broad Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	Telephone No. 973-689-6281	License No. 01099					
Start Date (10) 02/04/13		Scheduled Completion Date (11) 04/05/13		Name of OSHA Monitor J&S Environmental Laboratories LLC					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			2333 Route 22 West						
			City, State, Zip Code Union, NJ 07081						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> < 23 sf or < 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st and 2nd Floors		X		Window Caulk	2,600 LF	X			
1st and 2nd Floors		X		Lab Counter Tops	425 SF	X			
1st Floor		X		Pipe Insulation / Elbows	10 LF	X			
Roof		X		Exterior Roof Flashing	12,150 SF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Clifton, New Jersey		Disposal Date		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manager		Signature <i>Dimo Golcev</i>		Date 01/31/13			

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

Date of Notification (1) 4 / 30 / 13		Name of Building Owner/Operator (2) JC Penney Corporation Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive City, State, Zip Code PLano, TX 75024 Name of Contact Soy Thomas Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodbridge Center-JC Penney		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 428 Woodbridge Center		Square Feet 150000							
City (5) Woodbridge NJ		# of Floors 2	Bldg. Age 75						
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Tom Rubino		Telephone No. 908-956-1233	Telephone No. 718-605-6256						
Start Date (10) 2 / 28 / 13		Scheduled Completion Date (11) 4 / 27 / 13	License No. 00774						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 10:00PM-6:00AM		Name of OSHA Monitor Testor Tech							
Street Address 10 59 Jackson Avenue		City, State, Zip Code LIC, NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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"/> 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
2nd Level Home Street Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	14,670 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Level Joe Fresh Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Global Waste Industries, Inc.		NJDEP Waste Hauler ID No. NJ-22147	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S., Inc					
City, State Hackettstown, NJ		Disposal Date 4/27/2013		City, State Morrisville, PA					
Completed By (Print or Type) John Tardy		Title Senior Project Manager		Signature <i>[Signature]</i>		Date 4/30/13			

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

Date of Notification (1) 5/6/13		Name of Building Owner/Operator (2) Mark Ligikis Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 East 48th Street							
		City, State, Zip Code Brant Beach NJ 08008							
		Name of Contact Mark	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mark Ligikis Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 8 East 48th Street		Square Feet 1000 +	# of Floors 2						
City (5) Brant Beach NJ 08008		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/20/13	Scheduled Completion Date (11) 5/24/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/24/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 5/6/13	

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

Date of Notification (1) 5/2/2013		Name of Building Owner/Operator (2) John Preuitt							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 58 Bellevue Ave City, State, Zip Code Summit NJ Name of Contact _____ Telephone Number _____						
	<p align="center">FACILITY INFORMATION</p> Name of Facility Where Abatement is Taking Place (3) Private property Street Address 58 Bellevue Ave City (5) Summit NJ County (6) Union County Code (7) (STATE USE ONLY) _____ Name of Facility Where Abatement is Taking Place (3) Private property Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1200SF # of Floors 1 Bldg. Age +50 Current Use (Prior if being demolished) _____								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) first Phase Group Inc						
Street Address N/A		Street Address 567-52nd Street Suite#16							
City, State, Zip Code N/A		City, State, Zip Code West New York NJ 07093							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-758-7158 License No. 001144						
Start Date (10) 5/10/2013	Scheduled Completion Date (11) 5/12/2013	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8 Hours		Street Address 2333 Route 22 West City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	pipe insulation	24LF	x			
Name of Registered Waste Hauler Asbestos Transportation Company		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises					
City, State Shirley NY 11967		Disposal Date		City, State Waynesburg OH 44688					
Completed by Edwin Precilla		Title Project Manager		Signature <i>Edwin Precilla</i>		Date 5/2/2013			

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

Date of Notification (1) <p style="text-align: center;">May 6, 2013</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">Two Rivers Water Reclamation Authority</p>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <p style="text-align: center;">1 Highland Avenue</p>	
		City, State, Zip Code <p style="text-align: center;">Monmouth Beach, NJ 07750</p>	
		Name of Contact <p style="text-align: center;">Rich DeGennaro</p>	Telephone Number <p style="text-align: center;">[Redacted]</p>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Two Rivers Water Reclamation Authority</p>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <p style="text-align: center;">1 Highland Avenue</p>					
City <p style="text-align: center;">Monmouth Beach</p>	County (6) <p style="text-align: center;">Monmouth</p>	County Code (7) (STATE USE ONLY)	Square feet <p style="text-align: center;">10,000 sf</p>	# of Floors <p style="text-align: center;">1</p>	Bldg. Age <p style="text-align: center;">50</p>
			Current Use (Prior if being demolished) <p style="text-align: center;">Administration Building</p>		
Name of Monitoring Firm hired by Building Owner (8) <p style="text-align: center;">Environmental Connection</p>		ASCM No.	Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>		
Street Address <p style="text-align: center;">120 N. Warren Street</p>		Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>			
City, State, Zip Code <p style="text-align: center;">Trenton, NJ 08608</p>		City, State, Zip Code <p style="text-align: center;">Toms River, New Jersey 08755-1271</p>			
Project Manager for Monitoring Firm <p style="text-align: center;">Richard J. Beach</p>	Telephone Number <p style="text-align: center;">609-392-4200</p>	Telephone Number <p style="text-align: center;">732-349-9932</p>		License Number <p style="text-align: center;">00624</p>	
Scheduled Start Date (10) <p style="text-align: center;">5/20/13</p>	Scheduled Completion Date (11) <p style="text-align: center;">5/31/13</p>	Name of OSHA Monitor <p style="text-align: center;">E.M.S.L. Analytical</p>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe _____		Street Address <p style="text-align: center;">1056 Stelton Road</p>			
		City, State, Zip Code <p style="text-align: center;">Piscataway, New Jersey 08854</p>			
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
			<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
12 locations		X		wrap & cut pipe fittings	24 fittings	X			
throughout		X		38 Transite window panels	300 sf				

Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>	NJDEP Waste Hauler ID No. <p style="text-align: center;">20223</p>	Cubic Yards of Waste <p style="text-align: center;">10</p>	Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>
City, State <p style="text-align: center;">Toms River, New Jersey</p>	Disposal Date <p style="text-align: center;">6/03/13</p>	City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>	
Completed by (Print or Type) <p style="text-align: center;">Nicholas Fernicola</p>	Title <p style="text-align: center;">Project Manager</p>	Signature 	Date <p style="text-align: center;">5/6/2013</p>

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

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

Date of Notification (1) <div style="text-align: center;">May 6, 2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">DnA Demolition a 2/6/17</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	2156 Camplain Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Hillsborough, NJ 08844</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Antonio Dimuzio</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">15 Simms Avenue</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k12)		
City <div style="text-align: center;">Manasquan</div>			Square feet <div style="text-align: center;">1500 sf</div>		
			# of Floors <div style="text-align: center;">1</div>		
County (6) <div style="text-align: center;">Monmouth</div>		County Code (7) (STATE USE ONLY)	Bldg. Age <div style="text-align: center;">60</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">05/07/13</div>		Scheduled Completion Date (11) <div style="text-align: center;">05/08/13</div>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
			Street Address <div style="text-align: center;">1056 Stelton Road</div>		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

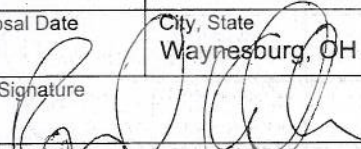
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) <div style="text-align: center;">YES NO N/A</div>			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1100 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">05/09/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">5/6/2013</div>

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

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

CHECK # 19376 / 19408

Date of Notification (1) 05-03-13		Name of Building Owner/Operator (2) Schlindler Elevator Corporation							
Agencies Notified	Type Notification	Street Address 20 Whippany Road							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1	City, State, Zip Code Morristown							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Bill Rafferty	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 20 Whippany Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morristown		Square Feet	# of Floors 3						
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age 20 yrs.						
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. 00012	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 300 Grand Avenue		Street Address 200 Broad Street							
City, State, Zip Code Englewood, NJ 07631-4355		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Stephen A. Jaraczewski		Telephone No. (201) 569-6708	License No. 00756						
Start Date (10) 05-06-13(1)05-09-13	Scheduled Completion Date (11) 05-20-13	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Area is vacant		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor: East Wing Elev. Lobby			x	Pipe Fittings	(1) 6LF	x			
1st Floor: East Wing			x	Pipe Fittings	(1)14LF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by John Tancredi		Title Project Manager		Signature 		Date 05-03-13			