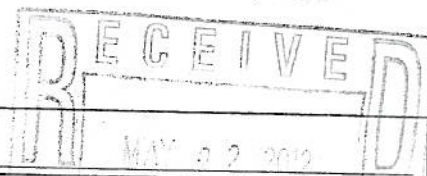


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>05/18/2012</b>		Name of Building Owner/Operator (2) <b>Vestal Development Co., LLC</b>							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>235 Birchwood Ave</b> City, State, Zip Code <b>Cranford, New Jersey 07016</b> Name of Contact <b>Mr. David Gibbons</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Commercial Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>101-141 North Ave. East</b>		Square Feet <b>8,000 SF</b>	# of Floors <b>1</b>						
City (5) <b>Elizabeth</b>		Bldg. Age <b>70+</b>							
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Vacant Commercial Space</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>J &amp; S Environmental Laboratories</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Valiant Associates, LLC</b>						
Street Address <b>2333 Rt 22 West</b>		Street Address <b>145 Mill Street</b>							
City, State, Zip Code <b>Union, NJ 07083</b>		City, State, Zip Code <b>Paterson, NJ 07501</b>							
Project Manager for Monitoring Firm <b>Sherry Gelsomino</b>		Telephone No. <b>908-206-0073</b>	Telephone No. <b>973-553-5374</b>						
Start Date (10) <b>06/01/2012</b>		Scheduled Completion Date (11) <b>06/8/2012</b>	License No. <b>01108</b>						
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 <b>Valiant Associates, LLC</b>							
		Street Address <b>145 Mill Street</b>							
		City, State, Zip Code <b>Paterson, NJ 07501</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Small guards building			X	9" X 9" tan floor tile	600 SF	X			
Small guards building - Exterior			X	Transite siding	1,500 SF	X			
Small guards building - Roof			X	Roofing/flashings	620 SF	X			
Name of Registered Waste Hauler <b>John Brothers leased to United Trucking</b>									
NJDEP Waste Hauler ID No. <b>22843</b>		Cubic Yards of Waste <b>20 CY</b>		Name of Registered Landfill <b>Republic Services Conestoga Landfill</b>					
City, State <b>Trenton, NJ 08620</b>		Disposal Date <b>06/08/2012</b>		City, State <b>Morgantown, PA</b>					
Completed By <b>Miodrag Stamenovic</b>		Title <b>President</b>		Signature <i>Miodrag Stamenovic</i>		Date <b>06/18/2012</b>			

ASB41

• 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)

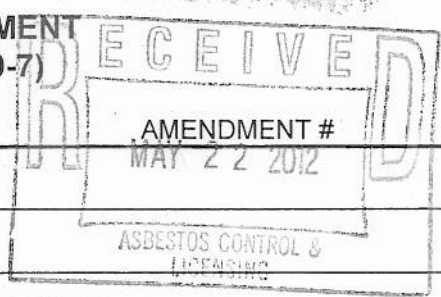
Date of Notification (1) <b>05/18/2012</b>		Name of Building Owner/Operator (2) <b>Vestal Development Co., LLC</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>235 Birchwood Ave</b> City, State, Zip Code <b>Cranford, New Jersey 07016</b> Name of Contact <b>Mr. David Gibbons</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Federal Express Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>720 North Ave. East</b>		Square Feet <b>172,000 SF</b>	# of Floors <b>1</b>						
City (5) <b>Elizabeth</b>		Bldg. Age <b>70+</b>							
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant Commercial Space</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>J &amp; S Environmental Laboratories</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Valiant Associates, LLC</b>						
Street Address <b>2333 Rt 22 West</b>		Street Address <b>145 Mill Street</b>							
City, State, Zip Code <b>Union, NJ 07083</b>		City, State, Zip Code <b>Paterson, NJ 07501</b>							
Project Manager for Monitoring Firm <b>Sherry Gelsomino</b>	Telephone No. <b>908-206-0073</b>	Telephone No. <b>973-553-5374</b>	License No. <b>01108</b>						
Start Date (10) <b>06/01/2012</b>	Scheduled Completion Date (11) <b>06/30/2012</b>	Name of OSHA Monitor <b>Valiant Associates, LLC</b>							
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 <b>145 Mill Street</b> City, State, Zip Code <b>Paterson, NJ 07501</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Window Caulking from old windows	2,800 LF	X			
Roof # 2			X	ACM mastic on metal roof deck and flashing	51,000 SF	X			
Roof # 1			X	Roof flashing and mastic	1,700 SF	X			
Roof # 3			X	Mastic on HVAC	200 SF	X			
Name of Registered Waste Hauler <b>John Brothers leased to United Trucking</b>		NJDEP Waste Hauler ID No. <b>22843</b>	Cubic Yards of Waste <b>600 CY</b>	Name of Registered Landfill <b>Republic Services Conestoga Landfill</b>					
City, State <b>Trenton, NJ 08620</b>		Disposal Date <b>06/30/2012</b>		City, State <b>Morgantown, PA</b>					
Completed By <b>Miodrag Stamenovic</b>		Title <b>President</b>		Signature <i>Miodrag Stamenovic</i>		Date <b>05/18/2012</b>			

ASB41

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



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



ETS JOB # 3806/12

CHECK # 22932

Date of Notification (1) <b>5/17/2012</b>		Name of Building Owner / Operator (2) <b>Anheuser Busch, Inc.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification	Street Address <b>200 Route 1 South</b>	
	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code <b>Newark, NJ 07114-2298</b>	
	<input type="checkbox"/> Amended Notification	Name of Contact <b>Mr. Jesse Gross</b>	
	<input type="checkbox"/> Cancellation	Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Anheuser Busch, Inc.</b>			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 <b>200 Route 1 South</b>			Square Feet <b>35,000</b>	# of Floors <b>3</b>	Bldg. Age <b>50+</b>
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Office</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc.</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>ETS Contracting, Inc.</b>		
Street Address <b>64 Broad Street</b>		Street Address <b>160 Clay Street</b>			
City, State & Zip Code <b>Matawan, NJ 07747</b>		City, State & Zip Code <b>Brooklyn, NY 11222</b>			
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>(732) 290-2217</b>	Telephone Number <b>718-706-6300</b>	License Number <b>00511</b>	
Scheduled Start Date (10) <b>05/28/2012</b>	Scheduled Completion Date (11) <b>5/29/2012</b>		Name of OSHA Monitor <b>Environmental Tactics, Inc.</b>		
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 - Describe: <input checked="" type="checkbox"/> Other - Describe: <b>Work Area Vacated - Working Hours from 12:00am-12:00 am (24 Hrs.)</b>			Street Address <b>64 Broad Street</b>		
			City, State & Zip Code <b>Matawan, NJ 0774</b>		

Scope of Work (Check all that apply)				
<input type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Large Project		<input checked="" type="checkbox"/> Mini-Enclosure		
<input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure		
<input type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		<input type="checkbox"/> Other:		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>BP &amp; S Basement</b>	<b>Yes</b>	<b>Pipe Insulation</b>	<b>6 LF</b>	<b>Removal</b>
<b>BP &amp; S Basement</b>	<b>Yes</b>	<b>Gaskets</b>	<b>10 SF</b>	<b>Removal</b>
Name of Registered Waste Hauler <b>Tri State Transfer</b>				
NJDEP Waste Hauler ID # <b>19551</b>		Cu. Yds. of Waste <b>3</b>	Name of Registered Landfill <b>Minerva Enterprises</b>	
City, State <b>Bronx, NY</b>		Disposal Date <b>TBD</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Richie Smith</b>	Title <b>Project Executive</b>	Signature 	Date <b>5/17/2012</b>	



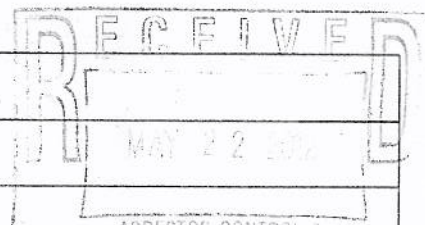
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

51315602-5

Date of Notification (1) May 16, 2012		Name of Building Owner/Operator (2) Klabin ECO		RECEIVED					
Agencies Notified		Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		71 Village Park Road							
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Cedar Grove, NJ 07009							
		Name of Contact Justin Balvin		Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Warehouse				Type of Facility (4)					
Street Address 9 Sand Park 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) Cedar Grove				Square Feet N/A	# of Floors N/A				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Bldg. Age N/A					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address				Street Address 11 Rosengren Avenue					
City, State, Zip Code				City, State, Zip Code Totowa, NJ 07512					
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-345-8685	License No. #00675				
Start Date (10) 5/30/12		Scheduled Completion Date (11) 6/01/12		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue					
<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: <u>Occupied</u>				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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	Enclosure	
Warehouse		X		floor tiles	1,930	X			
warehouse		X		pipe & pipe fitting insulation	30 LF			X	
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>			Date 5/16/12		



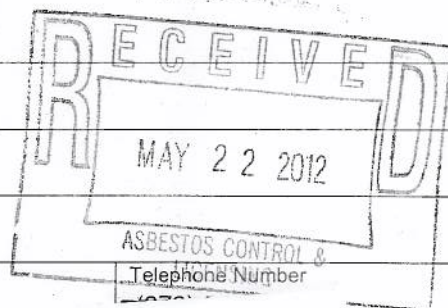
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/14/2012		Name of Building Owner/Operator (2) Borough of Ridgefield							
Agencies Notified	Type Notification	Street Address 604 Broad Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgefield, NJ 07657							
		Name of Contact Erik Lenander							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Borough of Ridgefield		Type of Facility (4)							
Street Address 604 Broad Street		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Ridgefield		Square Feet 39,000	# of Floors 2+ Bldg. Age 50+						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) City Hall							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 00045	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 64 Broad Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. 732-290-2217	Telephone No. 973-345-8685 License No. 00675						
Start Date (10) 06-01-12	Scheduled Completion Date (11) 06-03-12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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:		City, State, Zip Code Totowa, NJ 07512							
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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe & pipe fitting insulation	300 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Susan Brkusanin		Title PM	Signature			Date 05/14/2012			



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



Date of Notification (1) 5/18/2012		Name of Building Owner/Operator (2) Cardolite Corporation							
Agencies Notified	Type Notification	Street Address 500 Doremus Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07105							
		Name of Contact Ramsis Barsoum							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cardolite Corporation		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 500 Doremus Avenue		Square Feet 20000	# of Floors 2						
City (5) Newark		Bldg. Age 60							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Factory							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 20-21 Wagaraw Road, Building #34A		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Willie Morales		Telephone No. (973) 636-9145	Telephone No. (973) 450-9500						
License No. 01036									
Start Date (10) 5/30/2012	Scheduled Completion Date (11) 6/6/2012	Name of OSHA Monitor Incinia Contracting, 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: <u>Floor Vacated During Entire Period of Abatement</u>		Street Address 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Building 1 - Caustic Line		X		Mudded Joint Fittings	10 LF	X			
Name of Registered Waste Hauler Atlantic Carting, LLC		NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Wayne, New Jersey		Disposal Date TBD		City, State Bethlehem, Pennsylvania					
Completed by Sean Zoric		Title President	Signature 			Date 5/18/2012			



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

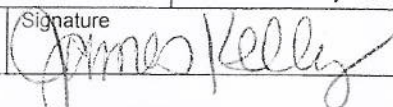
CH 3756

<b>Date of Notification (1)</b> 5-18-2012		<b>Name of Building Owner/Operator (2)</b> MS GALVIN						
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<b>Type Notification</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>Street Address</b> 62 CHESTNUT STREET						
		<b>City, State, Zip Code</b> ROCHELLE PARK, NJ 07662						
		<b>Name of Contact</b> MS. GALVIN						
		<b>Telephone Number</b>						
<b>FACILITY INFORMATION</b>								
<b>Name of Facility Where Abatement is Taking Place (3)</b> MS. GALVIN		<b>Type of Facility (4)</b>						
<b>Street Address</b> 62 CHESTNUT STREET		<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.)						
<b>City (5)</b> ROCHELLE PARK		<b>Square Feet</b> 2000	<b># of Floors</b> 2					
<b>County (6)</b> BERGEN		<b>County Code (7) (STATE USE ONLY)</b>	<b>Elig. Age</b> 72 YRS					
<b>Name of Monitoring Firm Hired by Building Owner (8)</b>		<b>Current Use (Prior if being demolished)</b> RESIDENCE						
<b>Street Address</b>		<b>Name of Abatement Contractor (9)</b> Best Removal Inc						
<b>City, State, Zip Code</b>		<b>Street Address</b> 450 South River St						
<b>Project Manager for Monitoring Firm</b>		<b>City, State, Zip Code</b> Hackensack, N.J. 07601						
<b>Telephone No.</b>		<b>Telephone No.</b> 201-329-7444	<b>License No.</b> 00388					
<b>Start Date (10)</b> 6-11-2012	<b>Scheduled Completion Date (11)</b> 6-12-2012	<b>Name of OSHA Monitor</b> Omega Environmental Services						
<b>Occupancy Status During Abatement (Check Only One)</b>		<b>Street Address</b> 280 Huyler St.						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM 5PM		<b>City, State, Zip Code</b> South Hackensack, N.J. 07606						
<b>Scope of Work (Check All That Apply)</b>								
<input checked="" type="checkbox"/> 25 sf or less <input type="checkbox"/> 2160 sf or less <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"/> Geysering Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flammable Procedure								
<b>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</b>	<b>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</b>		<b>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b>			
					Removal	Repair	Encapsulate	Enclose
BASMENT	Yes	No X	Thermal Insulation	95 LF X				
<b>Name of Registered Waste Hauler</b> Best Removal Inc.		<b>NJDEP Waste Hauler ID No.</b> 17109	<b>Cubic Yards of Waste</b> 1 1/2 yds	<b>Name of Registered Landfill</b> Minerva Enterprises Inc				
<b>City, State</b> Hackensack, NJ		<b>Disposal Date</b> 6-12-2012	<b>City, State</b> Waynesburg, OH.					
<b>Consent of</b> R. Veldran		<b>Title</b> Estimator	<b>Signature</b> R. Veldran		<b>Date</b> 5-18-2012			



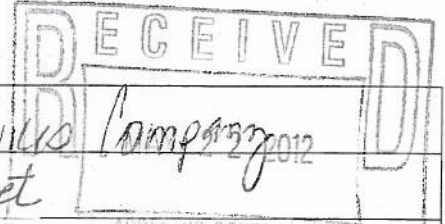
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 5333

Date of Notification (1) 5-18-12		Name of Building Owner/Operator (2) Pennrose Properties							
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 1301 N. 31st Street							
		City, State, Zip Code Philadelphia, PA 19121							
		Name of Contact Jacob Fisher							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodrow Wilson Apartments, Buildings 1-17		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 11 Wardell Place		Square Feet 40,000	# of Floors 2						
City (5) Long Branch, NJ		Bldg. Age 50yrs							
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant						
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	License No. 00398						
Start Date (10) 6-4-12	Scheduled Completion Date (11) 8-25-12	Name of OSHA Monitor EHS Environmental, 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 <input type="checkbox"/> Other - Describe: _____		Street Address 411 Southgate Court, Suite E							
		City, State, Zip Code Mickleton, NJ 08056							
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 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
crawl space	x			pipe insulation	20,000 LF	x			
boiler room	x			boiler insulation	400 SF	x			
underground pipe				pipe insulation	4,000 LF	x			
Maintenance Bldg. Basement	x			VAT & mastic	150 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 100	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Newark, NJ		Disposal Date 8-25-12		City, State Bethlehem, PA					
Completed by James Kelly		Title President		Signature 		Date 5-18-12			



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



Date of Notification (1) <b>5-18-12</b>		Name of Building Owner/Operator (2) <b>Exxon Mobil Global Services Company</b>							
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 <b>52 Beacham Street</b> City, State, Zip Code <b>Everett, MA 02149</b> Name of Contact <b>Eric W. Errico</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Bayonne Lubrication Manufacturing Plant</b>		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 <b>1 Avenue J</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>Bayonne</b>		Bldg. Age							
County (6) <b>Hudson</b>	County Code (7) <b>(STATE USE ONLY)</b>	Current Use (Prior if being demolished) <b>Abandoned</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No. <b>00120</b>	Name of Abatement Contractor (9) <b>Terra Abatement Services, LLC</b>						
Street Address <b>280 Myler St</b>		Street Address <b>5787 Stadium Drive</b>							
City, State, Zip Code <b>S. Hackensack, NJ 07606</b>		City, State, Zip Code <b>Kalamazoo, Michigan 49009</b>							
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		Telephone No. <b>201-489-8700</b>	Telephone No. <b>269-375-9595</b>						
Start Date (10) <b>6-4-12</b>		Scheduled Completion Date (11) <b>9-27-12</b>	License No. <b>01080</b>						
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 type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>Analytical Testing &amp; Consulting Services</b>							
		Street Address <b>14625 Foster Rd</b>							
		City, State, Zip Code <b>Plainville, MI 49080</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 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
<b>TANK FARM</b>		<input checked="" type="checkbox"/>			<b>13,730 LMF</b>	<input checked="" type="checkbox"/>			
<b>Pods 6, 7, 8, 12</b>		<input checked="" type="checkbox"/>							
Name of Registered Waste Hauler <b>HAZMAT Environmental Group</b>		NJDEP Waste Hauler ID No. <b>1665</b>	Cubic Yards of Waste <b>540</b>	Name of Registered Landfill <b>High Acres Landfill</b>					
City, State <b>Buffalo NY</b>		Disposal Date <b>4-4-9/27</b>		City, State <b>Fairport, NY</b>					
Completed by <b>Greg Mc</b>		Title <b>Manager</b>		Signature <b>Greg Mc</b>		Date <b>5-18-12</b>			