


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

RECEIVED

Date of Notification (1) 09/27/2012		Name of Building Owner/Operator (2) Mr. Andrew J. Strus	
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 9 Chelsea Road		City, State, Zip Code Old Bridge, NJ 08857	
Name of Contact Mr. Andrew J. Strus		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		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 106 Ross St.		Square Feet 1,500 SF	
City (5) Clark		# of Floors 2	
County (6) Union		Bldg. Age 80+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant Residence.	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) DIA General Construction, Inc.	
City, State, Zip Code		Street Address 1360 Clifton, Avenue, PMB Suite 218	
Project Manager for Monitoring Firm		City, State, Zip Code Clifton, NJ 07012	
Telephone No.		Telephone No. 973-389-0089	
Start Date (10) 10/07/2012		License No. 00693	
Scheduled Completion Date (11) 10/08/2012		Name of OSHA Monitor DIA General Construction, 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 1360 Clifton, Avenue, PMB Suite 218	
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		City, State, Zip Code Clifton, NJ 07012	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag 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)
	Yes	No	
Basement of the Bldg.		X	Pipe/Elbow Insulation
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3
City, State New Castle DE		Name of Registered Landfill Minerva Landfill	
Disposal Date 10/08/2012		City, State Waynesburgh OH	
Completed By Krutarth Jagad	Title President	Signature 	Date 09/27/2012

ASB41

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

OK
208 2633

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

RECEIVED

2012 OCT -3 AM 11:46

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 09/28/2012		Name of Building Owner/Operator (2) North Brunswick TOD Associates	
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 2300 US Route 1 North		City, State, Zip Code North Brunswick, NJ 08902	
Name of Contact Nimish Patel		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Space		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 2300 US Route 1 North		Square Feet 200,000	
City (5) North Brunswick		# of Floors 2	
County (6) Middlesex		Bldg. Age 60+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant Commercial Space	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) Nick Restoration	
City, State, Zip Code _____		Street Address 72 Brookside Road	
Project Manager for Monitoring Firm _____		City, State, Zip Code Randolph, NJ 07869	
Telephone No. _____		Telephone No. 973-933-2550	
Start Date (10) 10/07/2012		License No. 01133	
Scheduled Completion Date (11) 11/30/2012		Name of OSHA Monitor Nick Restoration	
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 72 Brookside Road	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 If <input checked="" type="checkbox"/> >160 sf or >260 If <input 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		City, State, Zip Code Randolph, NJ 07869	
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)	
Building 4 - Office Area		Elbow Insulation 15 LF	
Building 5 - Mezzanine Area		Transite on walls 480 SF	
Building 11 - Men's Room		9" X 9" floor tile 225 SF	
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	
Cubic Yards of Waste 10		Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 11/30/2012	
City, State Waynesburg, OH 44688		Signature Nick Mrda	
Completed By Nick Mrda		Title Project Manager	
Date 09/28/2012		Date 09/28/2012	

ASB41

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

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

B & G proj. #: 2012-177

RECEIVED Check # 5516

Date of Notification (1) <u>10/11/2012</u>		Name of Building Owner/Operator (2) 2012 OCT -3 AM 11:44 Estate of Mary Stanchak	
Agencies Notified	Type Notification	Street Address 262 East 4th Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	ASBESTOS CONTROL & LICENSING	
<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		City, State, Zip Code Clifton, NJ 07011	
		Name of Contact Frank DiGiacomo	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Estate of Mary Stanchak			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 262 East 4th Street			Square Feet # of Floors Bldg. Age		
City (5) Clifton, NJ 07011	County (6) Passaic	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 0378
Scheduled Start Date (10) 10/09/2012	Sched. Completion Date (11) 10/09/2012		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 Lincoln Park, NJ 07035		

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			<input checked="" type="checkbox"/>	pipe insulation	36 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"/>
						<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 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035		Disposal Date 10/10/2012		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>			Date 9/28/2012

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

B & G proj. #: 2012-188

NON-Sub 8

Check # 5523

RECEIVED

Date of Notification (1) <u>10/19/12</u> <u>18</u> <u>1/12</u>		Name of Building Owner/Operator (2) <u>Springfield Board of Education</u>	
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 <u>139 Mountain Avenue</u>		City, State, Zip Code <u>Springfield, NJ 07081</u>	
Name of Contact <u>Bill Knorr</u>		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Jonathan Dayton High School (non sub 8)</u>			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>139 Mountain Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Springfield High School</u>	County (6) <u>Union</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>school (non sub 8)</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>	
Scheduled Start Date (10) <u>10/8/2012</u>		Sched. Completion Date (11) <u>10/09/2012</u>	License Number <u>0378</u>	
Name of OSHA Monitor <u>B & G Restoration, Inc.</u>				
Street Address <u>105 Ryerson Road</u>				
City, State, Zip Code <u>Lincoln Park, NJ 07035</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						
1st floor hallway			<input checked="" type="checkbox"/>	pipe insulation	8 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1/2 yard</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>10/10/2012</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>09/28/2012</u>

B & G proj. #: 2012-186

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

Emergency

Check # 5517

Date of Notification (1) 10/19/12 18/11/12		Name of Building Owner/Operator (2) Michael McDonnell	
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 29 Ridgewood Avenue City, State, Zip Code Glen Ridge, NJ 07028	
		Name of Contact Michael McDonnell	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Michael McDonnell			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 29 Ridgewood Avenue			Square Feet # of Floors Bldg. Age		
City (5) Glen Ridge, NJ 07028	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 0378
Scheduled Start Date (10) 10/01/2012		Sched. Completion Date (11) 10/01/2012	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 Lincoln Park, 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"/>	pipe insulation	40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
finished basement			<input checked="" type="checkbox"/>	pipe insulation	42 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
closet area			<input checked="" type="checkbox"/>	pipe insulation	6 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 10/02/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 9/28/2012

Fax:

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

B & G proj. #: 2012-186

Check # 5517

Emergency
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Date of Notification (1) 10/19/12 18/11/12		Name of Building Owner/Operator (2) Michael McDonnell		APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> 7/28/12 1:35 PM Time:
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		
Street Address 29 Ridgewood Avenue		City, State, Zip Code Glen Ridge, NJ 07028		
Name of Contact Michael McDonnell		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Michael McDonnell			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 29 Ridgewood Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Glen Ridge, NJ 07028	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		
Scheduled Start Date (10) 10/01/2012		Sched. Completion Date (11) 10/01/2012	License Number 0378		
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:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

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"/> Glovabag procedure
<input checked="" type="checkbox"/> >3 sf or >2 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			<input checked="" type="checkbox"/>	pipe insulation	40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
finished basement			<input checked="" type="checkbox"/>	pipe insulation	42 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
closet area			<input checked="" type="checkbox"/>	pipe insulation	6 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 10/02/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 9/28/2012

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

RECEIVED

Date of Notification (1) September 28/2012		Name of Building Owner/Operator (2) Carlwood Land Development 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 # 03 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 144 Rt.94		City, State, Zip Code Lafayette, NJ 07848							
Name of Contact Frank Weidner		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Merck Sharp & Dohme Corp.		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 144 Rt.94		Square Feet 40 500	# of Floors 01						
City (5) Lafayette		Bldg. Age 52							
County (6) Sussex		County Code (7) (STATE USE ONLY)							
Current Use (Prior if being demolished) Laboratory									
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting LLC		ASCM No. 54105							
Street Address 7007 60th. Street		Name of Abatement Contractor (9) Maktigar LLC							
City, State, Zip Code Ridgewood, NY 11385		Street Address 140 Ray str. Apt. 6							
Project Manager for Monitoring Firm Aleksandar Zivanov		City, State, Zip Code Garfield, NJ 07026							
Telephone No.		Telephone No. 973 262 2120	License No. 01177						
Start Date (10) 09/21/2012		Scheduled Completion Date (11) Completion							
Name of OSHA Monitor AZ Solution Consulting 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 7007 60th. Street							
		City, State, Zip Code Ridgewood, NY 11385							
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 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
Main Corridors and Main Office	x			Floor Tiles and Mastik	2 900	x			
Lower Laboratory	x			Transite Board	600 sq.ft.	x			
See attachment	x			Laboratory Bench Tops	1 600 sq.ft.	x			
Name of Registered Waste Hauler Maktigar LLC		NJDEP Waste Hauler ID No. 32 909		Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill				
City, State Garfield, NJ 07026		Disposal Date 09/28/2012		City, State Lafayette, NJ					
Completed by Veselin Petrovski		Title President		Signature <i>Veselin Petrovski</i>		Date 09/28/2012			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:26 and 12:120)

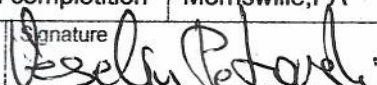
RECEIVED

Date of Notification (1) September 10/2012		Name of Building Owner/Operator (2) Carlwood Land Development LLC		2012 OCT -3 PM 1:41					
Agencies Notified		Type Notification		ASBESTOS CONTROL & LICENSING					
<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		Street Address 144 Rt.94 City, State, Zip Code Lafayette, NJ, 07848 Name of Contact Frank Weidner Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Merck Sharp & Dohme Corp.			Type of Facility (4)						
Street Address 144 Rt.94			<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) Lafayette			Square Feet 40 500	# of Floors 01	Bldg. Age 52				
County (6) Sussex			Current Use (Prior if being demolished) Laboratory						
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting LLC		ASCM No. 54 105	Name of Abatement Contractor (9) Maktigar LLC						
Street Address 7007 60th. Street		Street Address 140 Ray st Apt.6							
City, State, Zip Code Ridgewood, NY 11385		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Aleksandar Zivanov		Telephone No. 347 612 1572	Telephone No. 973 262 2120	License No. 01177					
Start Date (10) 09/21/2012	Scheduled Completion Date (11) 11/21/2012		Name of OSHA Monitor AZ Solution Consulting LLC						
Occupancy Status During Abatement (Check Only One)			Street Address 7007 60th. Street						
<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: Normal business hours			City, State, Zip Code Ridgewood, NY 11385						
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Main Corridors and Main Office	x			Floor Tiles and Mastik	2900 sq.ft.	x			
Lower Laboratory	x			Transite Board	600 sq.ft.	x			
See attachment	x			Laboratory Bench Tops	1600 sq.ft.	x			
Name of Registered Waste Handler Maktigar LLC		NJDEP Waste Handler ID No. 32 909	Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill					
City, State Garfield, NJ 07026		Disposal Date On completion	City, State Morrisville, PA						
Completed by Veselin Petrovski		Title President	Signature <i>Veselin Petrovski</i>			Date 09/25/2012			

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

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

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Date of Notification (1) September 10/2012		Name of Building Owner/Operator (2) Carlwood Land Development LLC		2012 OCT -3 PM 1:41 ASBESTOS CONTROL & LICENSING					
Agencies Notified	Type Notification	Street Address 144 Rt.94							
<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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lafayette, NJ 07848							
		Name of Contact Frank Weidner		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Carlwood Land Development LLC				Type of Facility (4)					
Street Address 144 Rt.94				<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) Lafayette		Square Feet 40 500	# of Floors 1	Bldg. Age 52					
County (6) Sussex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Laboratory					
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting LLC		ASCM No. 54105		Name of Abatement Contractor (9) Maktigar LLC					
Street Address 7007 60th. Street		Street Address 140 Ray Str. Apt.6							
City, State, Zip Code Ridgewood, NY 11385		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Aleksandar Zivanov		Telephone No. 347 612 1572		Telephone No. 973 262 2120	License No. 01177				
Start Date (10) 09/21/2012		Scheduled Completion Date (11) 11/21/2012		Name of OSHA Monitor AZ Solution Consulting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 7007 60th. Street					
<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>Normal business hours</u>				City, State, Zip Code Ridgewood, NY 11385					
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 checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <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
Main Corridors and Main office	x			Flor Tiles and Masik	2 900 sq.ft.	x			
Lover Laboratory	x			Transite Board	600 sq.ft.	x			
See attachment	x			Laboratory Bench Tops	1 600 sq.ft.	x			
See attachment	x			Pipe Fiting Insulation-Elbow	150 l.ft.	x			
Name of Registered Waste Hauler Maktigar LLC		NJDEP Waste Hauler ID No. 32 909		Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill				
City, State Garfield NJ 07026				Disposal Date On completion	City, State Morrisville, PA				
Completed by Veselin Petrovski		Title President		Signature 		Date 09/20/2012			

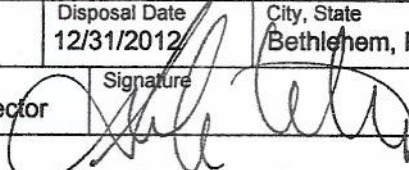
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) September 10/2012		Name of Building Owner/Operator (2) Merck Sharp & Dohme Corp.		2012 OCT -3 PM 1:41					
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 144 Rt. 94						
			City, State, Zip Code Lafayette, NJ, 07848						
		Name of Contact Frank Nicher		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Merck Sharp & Dohme Corp.			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 144 Rt. 94			Square Feet 40 500	# of Floors 1	Bldg. Age 52				
City (5) Lafayette			Current Use (Prior if being demolished) Laboratory						
County (6) Sussex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting LLC		ASCM No. 54 105		Name of Abatement Contractor (9) Maktigar LLC					
Street Address 7007 60th. Street		Street Address 140 Ray str. apt. 6							
City, State, Zip Code Ridgewood, NY, 11385		City, State, Zip Code Garfield, NJ, 07026							
Project Manager for Monitoring Firm Aleksandar Zivanov		Telephone No. 347 612 1572		Telephone No. 973 262 2120	License No. 01177				
Start Date (10) 09/21/2012		Scheduled Completion Date (11) 11/21/2012		Name of OSHA Monitor AZ Solution Consulting LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Normal business hours</u>			Street Address 7007 60th. Street						
			City, State, Zip Code Ridgewood, NY, 11385						
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 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
Main Corridors and main office	x			Flor tiles and mastik	2900 sq. ft.	x			
Lover Laboratory	x			Transite Board	600 sq. ft.	x			
See attachment	x			Laboratory Bench Tops	1600 sq. ft.	x			
See attachment	x			Pipe/Fitting Insulation-Elbos	150 l. ft.	x			
Name of Registered Waste Hauler Maktigar LLC		NJDEP Waste Hauler ID No. 32 909		Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill				
City, State Garfield, NJ		Disposal Date On completion		City, State Morrisville, PA					
Completed by Veselin Petrovski		Title President		Signature <i>Veselin Petrovski</i>		Date 09/10/2012			

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

RECEIVED

Date of Notification (1) 10/2/2012		Name of Building Owner/Operator (2) IMTT - Bayonne							
Agencies Notified	Type Notification	Street Address 250 East 22nd Street							
<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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne, New Jersey 07002							
		Name of Contact Aubrey Hotard	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) IMTT - Bayonne		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 250 East 22nd Street		Square Feet	# of Floors						
City (5) Bayonne, New Jersey 07002		Bldg. Age 30+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Insulations, Inc.						
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 1101 Edwards Avenue							
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code Harahan							
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 504-733-5033						
Start Date (10) 10/15/2012		Scheduled Completion Date (11) 10/29/2012	License No. 01120						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Area unoccupied</u>		Name of OSHA Monitor Envirovision Consultants, Inc.							
		Street Address 20-21 Wagaraw Road, Bldg. 34A							
		City, State, Zip Code Fair Lawn, New Jersey 07410							
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Tank 2152		X		Surface Mastic	6,534 sf	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. S-2265	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State Dunmore, PA		Disposal Date 12/31/2012		City, State Bethlehem, PA					
Completed by Aubrey Hotard		Title Corporate Safety Director	Signature 	Date 10/02/2012					

NO
check

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

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2012 OCT -3 PM 1:22

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10-2-12		Name of Building Owner/Operator (2) Veolia Energy Trenton, L.P.						
Agency 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 checked="" type="checkbox"/> Amended # 2 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 320 South Warren Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Scott Matthews Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) NJ Dept of Labor and Workforce Development-Pipe Tunnel		Type of Facility (4) <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.)						
Street Address 1 John Fitch Plaza		Square Feet 7500	# of Floors 3					
City (5) Trenton		Bldg. Age +/-100						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office bldg.						
Name of Monitoring Firm Hired by Building Owner (8) Pars Environmental	ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.						
Street Address 500 Horizon Drive, Suite 540		Street Address 2251 Fraley Street						
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Philadelphia, PA 19137						
Project Manager for Monitoring Firm Bernie Bryson	Telephone No. 215-755-2305	Telephone No. 215-533-5155	License No. 00848					
Start Date (10) 10-1-12	Scheduled Completion Date (11) 10-5-12	Name of OSHA Monitor Pars Environmental						
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:		Street Address 500 Horizon Drive, Suite 540 City, State, Zip Code Robbinsville, NJ 08691						
Scope of Work (Check all that apply) *patch and repair*								
<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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <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
Fan Room/Loop #2			X	ACPI & ACPF(patch and repair - o&M)	11 LF		X	
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage				
City, State Morrisville, PA			Disposal Date	City, State Libson, OH				
Completed by Jennifer Niven	Title Dir. of Operations			Signature 	Date 10-2-12			

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

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