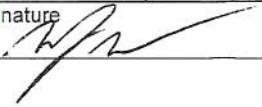


NO CK

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

Date of Notification (1) 9-15-14		Name of Building Owner/Operator (2) Dupont Nemours Company					
Agencies Notified	Notification Type	Street Address Rt 130 South					
<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 <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Deepwater, NJ 08023					
		Name of Contact Bryan Mumink	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Chamber Works Plant		Type of Facility (4)					
Street Address Rt 130 South		<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) Deepwater		Square Feet	# of Floors				
County (6) Salem		County Code (7) (STATE USE ONLY)	Bldg. Age				
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental		ASCM No.	Name of Contractor (9) County Environmental				
Street Address 761 Pulaski Hwy		Street Address 461 New Churchmans Rd.					
City, State, Zip Code Bear, De		City State, Zip Code New Castle, DE 19720					
Project Manager for Monitoring Firm Wesly Morrison		Telephone No. 302-326-2333	License Number 00578				
Scheduled Start Date (10) 1-2-14	Scheduled Completion Date (11) 12-31-14	Name of OSHA Monitor County Environmental (14-003A)					
Occupancy Status During Abatement (Check only one)		Street Address 461 New Churchmans Road					
<input checked="" 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: Unoccupied area.		City, State, Zip Code New Castle, DE 19720					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) <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
Thermal Systems		x		Thermal coverings throughout area	12,000LF	X	X
Roofing/Siding		x		Roof and siding throughout area	6,100SF	X	
Floor Tile /Mastic		x		Floor tile and mastic throughout area	3,415SF	X	
Name of Reg. Waste Hauler S&J Transport.	NJDEP Waste Hauler ID No. 03217		Cubic Yards of Waste >30	Name of Reg. Landfill Constoga			
City, State Woodstown, NJ			Disposal Date TBD	City, State Morgantown, PA			
Completed by Evelyn Walsh	Title Office Manager		Signature 		Date 9-15-14		

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

CK 006364

Date of Notification (1) 10/19/14		Name of Building Owner/Operator (2) Cora Cherry	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 931 Flora Street City, State, Zip Code Elizabeth, NJ 07201	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Cora Cherry	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence			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 931 Flora Street			Square Feet		
City (5) Elizabeth			County (6) Union		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 9/24/14		Sched. Completion Date (11) 9/26/14	License Number 01169	
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: NORMAL HOURS		Name of OSHA Monitor D & S Restoration, Inc.		
		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input checked="" type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Glovebag procedure			
<input checked="" type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input type="checkbox"/> Demolition							

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)	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		X		Pipe Insulation	62 LF	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/01/14		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 9/12/14

OK 006360

D&S Proj. #: 14-363

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

2014 SEP 17 AM 3:23

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/19/14		Name of Building Owner/Operator (2) Michael Mascott	
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 22 Kinderkamack Road		City, State, Zip Code Westwood, NJ, 07675	
Name of Contact Micheal Mascott		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Commercial 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 22 Kinderkamack Road			Square Feet		
City (5) Westwood			County (6) Bergen		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 9/22/14		Sched. Completion Date (11) 9/24/14	License Number 01169	
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: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) 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						
Attic		<input checked="" type="checkbox"/>		Chimney Pipe Insulation	18 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 D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 9/30/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 9/11/14

CK 006363

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

D&S Proj. #: 14-367

Date of Notification (1) 10/19/11/12/14		Name of Building Owner/Operator (2) Kelly Clark	
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 36 West Franklin Street		City, State, Zip Code Bound Brook, NJ 08805	
Name of Contact Kelly Clark		Telephone Number	

2014 SEP 17 AM 3:22

ASBESTOS CO. TOOL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence			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 36 West Franklin Street			Square Feet		
City (5) Bound Brook			County (6) Somerset		County Code (7) (State use only)
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 9/23/14		Sched. Completion Date (11) 9/26/14		
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: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply)					<input type="checkbox"/> Full Containment w/negative pressure				
<input checked="" type="checkbox"/> >3 sf or >3 lf					<input type="checkbox"/> Mini-enclosure				
<input type="checkbox"/> ≥160 sf or ≥260 lf					<input checked="" type="checkbox"/> Glovebag procedure				
<input checked="" type="checkbox"/> Renovation					<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure				
<input type="checkbox"/> Demolition									

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)	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	83 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/1/14		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature	
				Date 9/12/14	

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

Date of Notification (1) 2014 SEP 17 11:12:22		Name of Building Owner/Operator (2) METUCHEN PARKING AUTHORITY					
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 25 PEARL ST.		City, State, Zip Code METUCHEN NJ. 08840					
Name of Contact ERIC PLACKIS		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 52 INN PLACE		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) METUCHEN NJ. 08840		Square Feet 2500	# of Floors 2 FLOORS				
County (6) MIDDLESEX		Bldg. Age 50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOUSE					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) BRICK INDUSTRIES INC.					
Street Address		Street Address 145 NATICK TR.					
City, State, Zip Code		City, State, Zip Code BRICK NJ. 08724					
Project Manager for Monitoring Firm		Telephone No. 432-899-7499	License No. 01196				
Start Date (10) 9-25-14	Scheduled Completion Date (11) 10-1-14	Name of OSHA Monitor					
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:		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input 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 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) 2100 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SIDING		TRANSITE		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler BRICK INDUSTRIES INC.		NIDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 1/2	Name of Registered Landfill GROWS			
City, State BRICK. NJ.		Disposal Date 10-1-14	City, State PA				
Completed By ERIC PLACKIS		Title PRES.	Signature <i>[Signature]</i>	Date 9-12-14			

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

CK # 9065

Date of Notification (1) 2014 SEP 17 AM 9-25-14		Name of Building Owner/Operator (2) Summit Ventures							
Agencies Notified <input type="checkbox"/> AER <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 701 Cooper Road							
		City, State, Zip Code Voorhees NJ 08043							
		Name of Contact AKOS Nagy	Telephone Number ---						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old shed Type of Bldg.		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 Block 28 Lot 5		Square Feet	# of Floors 1						
City (5) Woolwich Twp., NJ 08085		Bldg. Age 60+							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Shed/House Type of Bldg							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies	ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker	Telephone No. 609 758-3365	Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 9-25-14	Scheduled Completion Date (11) 9-26-14	Name of OSHA Monitor EPC Technologies 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 P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" 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-Exempt 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	Transite Roof Shingles	400 SF	x			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 9-25-14		City, State Moansville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 9-15-14			

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

1099

Date of Notification (1) September 15, 2014		Name of Building Owner/Operator (2) Evonik Corp	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	299 Jefferson Road	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # 1	Parsippany, NJ 07054	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Engineering Manager	

RECORDED

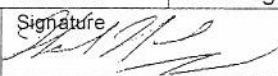
2014 SEP 17 AM 12:20

ASBESTOS CONTROL

ENGINEERING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Evonik Corp		Type of Facility (4)	
Street Address 2 Turner Place		<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) Piscataway, NJ		Square Feet	# of Floors
County (6) Middlesex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility	
Name of Monitoring Firm Hired by Building Owner (8) UniPro Inc		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 173 Karkus Avenue		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Woodbridge, NJ 07095		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm David Tolchin		Telephone No. 732-433-5246	License No. 00781
Start Date (10) 3/17/14	Scheduled Completion Date (11) 2/28/15		Name of OSHA Monitor The MACK Group, LLC.
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209	
<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 Cherry Hill, NJ 08034	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input 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
see attached		<input checked="" type="checkbox"/>		see attached	see attached	<input checked="" type="checkbox"/>			

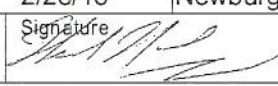
Name of Registered Waste Hauler Freehold / Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF	
City, State Freehold / Newark / Riverdale, NJ		Disposal Date 2/28/15		City, State Newburg / Imperial / Morrisville, PA	
Completed by Mike Cooper		Title President	Signature 	Date 9/15/14	

Evonik	Building 1	Building 2	Building 3	Building 4	Building 5	Building 6	R & D Building
Pipe Insulation LF	575	1230	352		1120	15	2
Vat/Mastic S/F	8000	20500	1030	3700		7600	
Carpet/Mastic S/F	18000			3500			
Window/Door w/ Caulk/Glazing each	90	213	3	5			
Transite S/F	3500	11450	2000	4000	10000	20700	1300
Roofing S/F	30000	23000		11000	10000	38400	2250
Roof Flashing S/F		2225				2200	1000
gaskets L/F	120	450					
Vessel / Duct Insulation S/F					2112		
Fire Doors					4	8	

RECEIVED
2014 SEP 17 AM 12:20
ASBESTOS CONTROL
& LICENSING

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

1071

Date of Notification (1) February 28, 2014		Name of Building Owner/Operator (2) Evonik Corp	
Agencies Notified	Type Notification	Street Address 299 Jefferson Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Parsippany, NJ 07054	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Engineering Manager	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Evonik Corp		Type of Facility (4)	
Street Address 2 Turner Place		<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) Piscataway, NJ		Square Feet	# of Floors
County (6) Middlesex		Bldg. Age	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Facility	
Name of Monitoring Firm Hired by Building Owner (8) UniPro Inc		ASCM No.	
Street Address 173 Karkus Avenue		Name of Abatement Contractor (9) The MACK Group, LLC.	
City, State, Zip Code Woodbridge, NJ 07095		Street Address 1500 Kings HWY N, STE 209	
Project Manager for Monitoring Firm David Tolchin		Telephone No. 732-433-5246	Telephone No. (973) 759 - 5000
Start Date (10) 3/17/14		Scheduled Completion Date (11) 2/28/15	License No. 00781
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 1500 Kings HWY N, STE 209	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Cherry Hill, NJ 08034	
<input type="checkbox"/> Other - Describe: _____			
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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)
	Yes	No	
see attached	<input checked="" type="checkbox"/>		see attached
Name of Registered Waste Hauler Freehold / Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD
City, State Freehold / Newark / Riverdale, NJ		Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF	
Disposal Date 2/28/15		City, State Newburg / Imperial / Morrisville, PA	
Completed by Mike Cooper	Title President	Signature 	Date 2/28/14

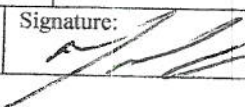
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

CK# 1273

RECEIVED

2014 SEP 16 AM 4:30

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 7/11/14		Name of Building Owner/Operator (2): SCHOOLS DEVELOPMENT AUTHORITY							
Agencies Notified () EPA (X) DEP (X) DOL (X) DOH () DCA	Type Notification () Initial Notification () Amendment Notification (X) Emergency () Cancellation	Street Address: 32 E. FRONT STREET							
		City, State, Zip Code: TRENTON, NJ 08625							
		Name of Contact: JOHN BENNETT		Telephone Number: 973-272-4035					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3): UNIVERSITY MIDDLE SCHOOL				Type of Facility (4): () School (K-12) () Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)					
Street Address: 255 MYRTLE AVE.									
City & State (5): IRVINGTON, NJ				Square Feet: NA	# of Floors: 2				
County (6): ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished): MIDDLE SCHOOL					
Name of Monitoring Firm Owner: (8)		Hired by Building	ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.					
Street Address:		Street Address: 339 North 6 th Street							
City, State, Zip Code:		City, State, Zip Code: Prospect Park, NJ 07508							
Project Manager for Monitoring Firm:		Telephone No.:	Telephone No.: (973) 595-6955	License No.: 00641					
Start Date (10): 7/12/14	Scheduled Completion Date (11): 7/15/14		Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.						
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe: occupied/unoccupied			Street Address: P.O. Box 8265						
			City, State, Zip Code: Haledon, NJ 07538						
Scope of Work (Check all that apply):									
() ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf		(X) Renovation () Demolition		() Full Containment with Negative Pressure () Wrap & Cut () Glovebag Procedure (X) 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	Encapsulat	Enclosure
OUTSIDE		X		WINDOW CAULKING	10 SF	X			
Name of Registered Waste Hauler: NEWARK CARTING, INC.		NJDEP Waste Hauler ID No.: 18693		Cubic Yards of Waste:	Name of Registered landfill: IESI				
City, State: PO BOX 5670, NEWARK NJ 07105		Disposal Date: 7/18/14		City, State: IMPERIAL, PA 15126					
Completed By: MIKE ALTADOUKA		Title: PRESIDENT		Signature: 		Date: 7/18/14			