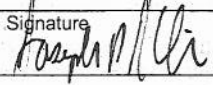


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 04/11/13 CK#:2571 \$200		Name of Building Owner/Operator (2) Gannet Fleming Project Development Corp.							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	One Cragwood Road, Suite 205							
		City, State, Zip Code South Plainfield, New Jersey							
		Name of Contact Greg Maron	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ingredion Incorporated		Type of Facility (4)							
Street Address 10 FINDERNE AVENUE		<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) Bridgewater, New Jersey 08807		Square Feet 25,000	# of Floors 2						
		Bldg. Age 55+							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing Company							
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Labs		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 2333 Route 22 West		Street Address 606 McBride Avenue							
City, State, Zip Code Union, New Jersey 07083		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Sherril		Telephone No. 908-206-0073	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 04/22/13	Scheduled Completion Date (11) 04/26/13	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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: 4 PM Start		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure									
<input type="checkbox"/> Mini-Enclosure									
<input type="checkbox"/> Glovebag Procedure									
<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Chemical Storage Room	X			Ceiling Transite Panels	3,200 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 04/29/13		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 04/11/13			

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

Date of Notification (1) APRIL 17, 2013		Name of Building Owner/Operator (2) BERNARD RAPAPORT							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 445 4TH STREET #2B		City, State, Zip Code LAKEWOOD, NJ 08701							
Name of Contact DAVID GINSBERG		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RAPPAPORT PROPERTY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 445 4TH STREET		Square Feet 3500 sf	# of Floors 1						
City (5) LAKEWOOD		Bldg. Age 55+YRS							
County (6) OCEAN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address _____		Street Address 17 Thompson Street							
City, State, Zip Code _____		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm N/A		Telephone No. _____	License No. 00040						
Start Date (10) MAY 6, 2013	Scheduled Completion Date (11) MAY 7, 2013	Name of OSHA Monitor N/A							
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 _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	TSI	60 LF	x			
BASEMENT			X	TSI on Expansion Tank	8 SQ. FT.	x			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 1 cy	Name of Registered Landfill GROWS NORTH LANDFILL					
City, State Oceanport, NJ			Disposal Date 5/7/13	City, State Morrisville, PA					
Completed by Joseph P. Miller		Title President	Signature 			Date 4/17/13			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

CK# 0098

Date of Notification (1) 4-16-2013		Name of Building Owner/Operator (2) J. Gareri Construction LLC		APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> Date: 4/16/13 Time: 1:10 PM	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 228 Lackawanna Ave. City, State, Zip Code Woodland Park, NJ 07424 Name of Contact Joe Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) House for Demo				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 59 Twin Brooks Road				Square Feet	
City (5) Saddle River, NJ				# of Floors	
County (6) Bergen				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) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation	
Street Address n/a		Street Address 22 Troy Lane			
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950	
Start Date (10) 4-18-2013		Scheduled Completion Date (11) 4-20-2013		License No. 01193	
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 Loznica Management Corporation	
				Street Address 22 Troy Lane	
				City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 ft ²		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260 ft ²		<input checked="" type="checkbox"/> Demolition		<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 N/A		Amount (Specify SF or LF)	
Basement				1000 SF	
Basement				25 SF	
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 33137		Cubic Yards of Waste TBD	
City, State Lincoln Park, NJ		Disposal Date TBD		Name of Registered Landfill GROWS Landfill	
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>	
				Date 4-16-2013	

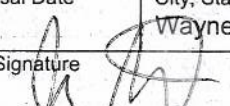
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CL 4395

Date of Notification (1) 4/16/13		Name of Building Owner/Operator (2) MS. DEB DEFFAA	
Agency 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 1096 GOFFLE RD	
		City, State, Zip Code HAWTHORNE NJ. 07506	
		Name of Contact BOB BRENNAN	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SAUE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1096 GOFFLE RD		Square Feet 12000	# of Floors 2
City (5) HAWTHORNE		Bldg. Age 1950	
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) WAREHOUSE	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 S. River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388
Start Date (10) 4/26/13	Scheduled Completion Date (11) 4/27/13	Name of OSHA Monitor Omega Environmental Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St	
		City, State, Zip Code South Hackensack, N.J. 07606	
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 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) 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	
MECHANICAL ROOM			7 THERMAL SURFACING.
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2
City, State Hackensack, N.J. 07601		Name of Registered Landfill Minerva Enterprises	
		Disposal Date 4/27/13	City, State Waynesburg, Oh
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 4/16/13

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

CHECK # 19311

Date of Notification (1) 04-15-13		Name of Building Owner/Operator (2) Englewood Hospital & Medical Center							
Agencies Notified	Type Notification	Street Address 350 Eagle Street							
<input type="checkbox"/> EPA <input 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 Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood							
		Name of Contact Garfield McFarlane	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Englewood Hospital & Medical Center		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 350 Eagle Street		Square Feet	# of Floors 13						
City (5) Englewood		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1600 Route 22 East, Suite 107		Street Address 200 Broad Street							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Michael Nehlsen		Telephone No. 908-688-7800	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 04-24-13	Scheduled Completion Date (11) 07-31-13	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Floor will be vacated during entire period of abatement		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
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 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	Encapsulate	Enclosure
Lower Level: Staffing Office			x	Pipe Insulation	225LF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Joseph Patrick		Title Project Manager	Signature 	Date 04-15-13					