

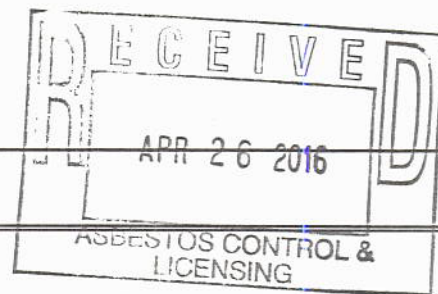
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 04 / 22 / 16		Name of Building Owner/Operator (2) Sun Cap Trenton, LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 26 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6101 Carnegie Blvd, #180							
City, State, Zip Code Charlotte, NC 28209		Name of Contact Joe Zambardi							
<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> FACILITY INFORMATION </div>									
Name of Facility Where Abatement is Taking Place (3) Former Warehouse/Offices				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 584 Route 130				<div style="display: flex; justify-content: space-between;"> <div>Square Feet 250,000</div> <div># of Floors 1</div> <div>Bldg. Age 45 +</div> </div>					
City (5) Hamilton Township		County (6) Mercer		County Code (7) (STATE USE ONLY) Warehouse/Offices					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Environmental Solutions		ASCM No.		Name of Abatement Contractor (9) Red Roc Materials, LLC					
Street Address P.O. Box 1224		City, State, Zip Code Union, NJ 07083		Street Address 20 Ramapo Valley Road					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 201-529-4700					
Start Date (10) 05 / 16 / 16		Scheduled Completion Date (11) 06 / 27 / 16		License No. 01248					
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 Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM				Name of OSHA Monitor Red Roc Materials, LLC					
Street Address 20 Ramapo Valley Road				City, State, Zip Code Mahwah, NJ 07430					
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
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 Warehouse/Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing/Mastic/Built-Up	12,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12X12/9X9 VAT/Mastic	6,350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offices/Front Warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermal System Pipe Insulation	3,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Offices/Front Warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite & Caulking Materials	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Weigle Trucking		NJDEP Waste Hauler ID No. 17634		Cubic Yards of Waste 400 CY	Name of Registered Landfill Minerva Landfill				
City, State Linden, PA		Disposal Date on/abt6/27/16		City, State Waynesburg, OH					
Completed By (Print or Type) Michael F. Keith		Title Project Manager		Signature <i>Michael Keith</i>			Date 7-22-16		

CK 6136

D&S Proj. #: 16-120

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



Date of Notification (1) 10/14/1916		Name of Building Owner/Operator (2) BERNIE SUNDELL	
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 [REDACTED]	
		City, State, Zip Code RIVER EDGE, NJ 07661	
		Name of Contact BERNIE SUNDELL	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BERNIE SUNDELL			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 [REDACTED]			Square Feet # of Floors Bldg. Age
City (5) RIVER EDGE	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]			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) 05/17/16	Sched. Completion Date (11) 05/27/16		Name of OSHA Monitor D & S Restoration, 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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			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 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						
BASEMENT		X		pipe insulation	100 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/18/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/19/2016

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

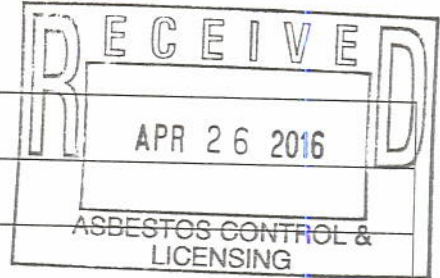
Original check # 10478 dated 3/3/16

Date of Notification (1) 4 / 25 / 16		Name of Building Owner/Operator (2) City of Camden		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 26 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120							
		City, State, Zip Code Camden, NJ 08101							
		Name of Contact John Bond							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CHESTNUT STREET 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 (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Camden		Square Feet varies	# of Floors varies	Bldg. Age 50+					
County (6) CAMDEN		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE					
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. C 609-839-2432	Telephone No. 215 542 7000	License No. 00847					
Start Date (10) 3 / 14 / 16		Scheduled Completion Date (11) 5 / 20 / 16		Name of OSHA Monitor CES					
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 Time of Abatement: 7:00AM-5:00PM/____PM-____AM		Street Address 1121 N Bethlehem Pike -Suite 60							
		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	200 YD per res	<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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS					
City, State Fairless Hills, PA		Disposal Date 5/20/16	City, State Tullytown PA						
Completed By (Print or Type) Patricia Visco		Title Office Manager	Signature <i>Patricia Visco</i>			Date 4/25/2016			

CK 4675

Print Form

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



Date of Notification (1) April 25, 2016		Name of Building Owner/Operator (2) Builders at Englewood, LLC							
Agencies Notified	Type Notification	Street Address 16 Microlab Road, Suite A							
<input checked="" 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	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact James Puleo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Englewood Fire House		Type of Facility (4)							
Street Address 13 Williams Street		<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) Englewood		Square Feet 1,800	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 28 N Pennell Road		Street Address 407 W Lincoln Highway, Suite 500							
City, State, Zip Code Lima, PA		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	License No. 01161						
Start Date (10) 5/9/16	Scheduled Completion Date (11) 5/27/16	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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: 7:00 am - 3:30 PM		City, State, Zip Code Cinnaminson, NJ							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached									
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 100	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>			Date 4/25/16		