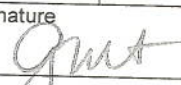


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">12 / 21 / 15</div>		Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #151:4975 Check #7829							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Robert Wood Johnson Place							
		City, State, Zip Code New Brunswick, NJ 08901							
		Name of Contact Kristen Bell	Telephone Number 908-741-0741						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital		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 One Robert Wood Johnson Place		Square Feet	# of Floors						
City (5) New Brunswick		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo	Telephone No. 201-489-8700	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <div style="text-align: center;">1 / 11 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">1 / 15 / 16</div>	Name of OSHA Monitor EMSL Analytical							
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 Time of Abatement: _____AM-_____PM/ 5 PM-1:30 AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
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 checked="" 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
Middlesex Building 4th Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & mastic	760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middlesex Building 4th Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet Goods	200 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 1/15/16		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 12/21/15			

B & G proj. #: 2016-01

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

Check # 7614

Date of Notification (1) <u>11/21/15</u>		Name of Building Owner/Operator (2) Chris Stanaback		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2015 DEC 24 PM 2 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address 1209 Ringwood Avenue		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Haskell, NJ 07420		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Chris Stanaback		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 908-743-5899		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Chris Stanaback			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 1209 Ringwood Avenue			Square Feet # of Floors Bldg. Age		
City (5) Haskell, NJ	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) 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) 01/04/2016		Sched. Completion Date (11) 01/05/2016		License Number 00378	
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 checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			X	pipe insulation	85 lf	X			
basement			X	boiler insulation	30 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 01/05/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/21/2015

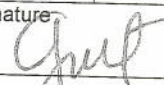
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-02

Check # 7615

Date of Notification (1) <u>11/21/2016</u>		Name of Building Owner/Operator (2) Robin Kahn		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2016 DEC 24 PM 12:26 ASBESTOS CONTROL & L BING </div>			
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 5 River Lane	
		City, State, Zip Code Millburn, NJ 07041				Name of Contact Robin Kahn	
						Telephone Number	
FACILITY INFORMATION							
Name of facility where abatement is taking place (3) Robin Kahn				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 5 River Lane				Square Feet			
City (5) Millburn, NJ 07041		County (6) Essex		County Code (7) (State use only)			
Name of Monitoring Firm Hired by Bldg. Owner (8)				ASCM No.			
Street Address				Name of Abatement Contractor (9) B & G Restoration, Inc.			
City, State, Zip Code				Street Address 105 Ryerson Road			
Project Manager for Monitoring Firm		Phone Number		City, State, Zip Code Lincoln Park, NJ 07035			
Scheduled Start Date (10) 01/08/2016		Sched. Completion Date (11) 01/09/2016		Telephone Number (973)696-6869			
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: _____				License Number 00378			
Name of OSHA Monitor B & G Restoration, Inc.				Name of Abatement Contractor (9) B & G Restoration, Inc.			
Street Address 105 Ryerson Road				Street Address 105 Ryerson Road			
City, State, Zip Code Lincoln Park, NJ 07035				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 checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <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)			
		Yes No N/A		Amount (Specify SF or LF)			
boiler/laundry room				pipe insulation 45 lf			
electric closet				pipe insulation 10 lf			
small closet				pipe insulaton 2 lf			
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 1			
City, State Lincoln Park, NJ		Disposal Date 01/11/2016		Name of Registered Landfill Tullytown Resource & Recovery Center			
City, State Tullytown, PA							
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>			
				Date 12/21/2015			

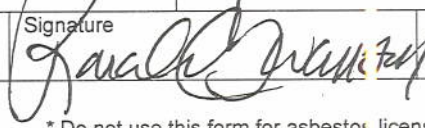
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 12 / 22 / 15		Name of Building Owner/Operator (2) Cooper Hospital / Job #1512-4978 Check #7858							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 1 Cooper Plaza City, State, Zip Code Camden, NJ 08103 Name of Contact Wally Copestick							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cooper Hospital		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 1 Cooper Plaza		Square Feet	# of Floors						
City (5) Camden		Bldg. Age							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	Licens. No. 00599						
Start Date (10) 1 / 4 / 16	Scheduled Completion Date (11) 1 / 6 / 16	Name of OSHA Monitor EMSL Analytical							
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 Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
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
Exterior Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic on Ductwork	900 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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 1/6/16		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 12/22/15			

RECEIVED
 2015 DEC 24 PM 12:27
 ASBESTOS CONTROL
 & REMEDIATION

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

Check # 1628

Date of Notification (1) 12/15/2015		Name of Building Owner/Operator (2) CALIFORNIA COMMERCIAL INVESTMENT CO.		<div style="transform: rotate(90deg);"> RECEIVED 2015 DEC 24 AM 9:41 ASBESTOS & LICENSE CONTROL </div>	
Agencies Notified	Type Notification	Street Address PO BOX 1021			
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOMIS CA 93066 Name of Contact STEVE ZIEGLER			
		Telephone Number 8C			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) TRENT CENTER WEST APARTMENTS				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 499 GREENWOOD AVE.				Square Feet 200,000	# of Floors 15
City (5) TRENTON				Bldg. Age 50+	
County (6) MERCER		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) APARTMENTS	
Name of Monitoring Firm Hired by Building Owner (8) CONNELL-GREENE		ASCM No. _____		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 904 KINGS ARM DRIVE		Street Address 570 CLEMS RUN			
City, State, Zip Code DOWNTOWN PA 19335		City, State, Zip Code MULLICA HILL NJ 08062			
Project Manager for Monitoring Firm RICK PELLISSIER		Telephone No. 484-432-9363		Telephone No. 610-304-4676	License No. C 1145
Start Date (10) 12/21/2015		Scheduled Completion Date (11) 03/28/2015		Name of OSHA Monitor EMSL	
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>ALL ROOMS TO BE ABATED WILL BE VACANT</u>				Street Address 200 RT. 130 NORTH	
				City, State, Zip Code CINNAMINSON NJ 08077	
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) <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)
	Yes	No	N/A		
105-106-201-205-206-209-305			X	SHEETROCK	3350 SF
306-309-405-406-409-505-605					
606-705-706-805-806-905-906					
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 60	Name of Registered Landfill MINERVA LANDFILL
City, State MULLICA HILL NJ		Disposal Date 03/31/2015		City, State WAYNESBURG, OH	
Completed by RON SWANSON		Title GENERAL MANAGER		Signature 	Date 12/15/2015

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

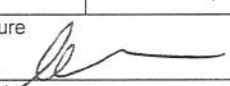
Chick
9524

Date of Notification (1) 12-18-15		Name of Building Owner/Operator (2) Mark Gregory						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1272 Springfield AVE						
		City, State, Zip Code New Providence NJ 07974						
		Name of Contact Mark Gregory						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Avenue Deli		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 1272 Springfield AVE		Square Feet	# of Floors					
City (5) New Providence NJ 07974		Bldg. Age 55+						
County (6) Union		Current Use (Prior if being demolished)						
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	License No. 00394					
Start Date (10) 1-11-16	Scheduled Completion Date (11) 2-14-16	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 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 Ion-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
Interior of Bldg		X	Ceiling Spray-on TSI	150 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 20	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date Various Dates		City, State Morrisville PA				
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 12-18-15			

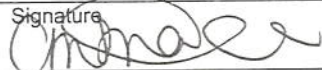
Open Window Time Frame

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

Check 14611

Date of Notification (1) 12/18/15		Name of Building Owner/Operator (2) CSG Carpentry							
Agencies Notified	Type Notification	Street Address 891 Cranbury South River 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 Monroe Township, NJ 08831							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Dave Saley	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		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 340 New Market Road		Square Feet 2100	# of Floors 2						
City (5) Dunellen		Bldg. Age 58							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) ABS Environmental Services LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	Lic. No. 703						
Start Date (10) 12/22/15	Scheduled Completion Date (11) 1/30/15	Name of OSHA Monitor							
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							
		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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L) (14)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement & first floor bathroom			x	duct insulation	15 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 12/18/15		

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

Date of Notification (1) December 18, 2015		Name of Building Owner/Operator (2) Christ the King Regional School		Check # 2638					
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 164 Hopkins Avenue City, State, Zip Code Haddonfield, NJ 08033 Name of Contact Anne Hartman					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Christ the King Regional School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 2) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 164 Hopkins Avenue				Square Feet 20,000	# of Floors 3				
City (5) Haddonfield				Bldg. Age 80					
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		ASCM No. _____		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 1000 Maplewood Drive, Suite 207		Street Address 623 Cutler Avenue							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Chris Macri		Telephone No. 856-755-9300		Telephone No. 856-755-0099	License No. C0842				
Start Date (10) December 29, 2015		Scheduled Completion Date (11) January 8, 2015		Name of OSHA Monitor Emsl Analytical, 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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gym, Cafeteria & Serving Room		X		Pipe Insulation	12 LF			X	
Maintenance Office		X		Ceiling Tile	475 SF		X		
1952 Section of Crawlspace		X		Pipe Insulation	200 LF		X		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County Landfill				
City, State Freehold, NJ				Disposal Date 1/8/2016	City, State Newburg, PA				
Completed by Christina Lynch		Title Operations Manager		Signature 			Date 12/18/2015		

RECEIVED
 2015 DEC 21 AM 9:31
 ASBESTOS CONTROL
 X 1111

CK 37344

RECEIVED
2015 DEC 24 AM 9:54
ASBESTOS CONTROL
& LICENSING

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

Date of Notification 1 2 2 1 1 5				Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)			
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial Notification Amended Cancellation		Street Address 7 WEST SEVENTH STREET			
				City, State, Zip Code CINCINNATI, OHIO 45202			
				Name of Contact ELENA PFARR		Telephone Number	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place MACY'S STORE - WILLOWBROOK MALL				Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)			
Street Address 100 ROUTE 46				SF of Bldg. 1 MILLION +SF		# Floor	
City WAYNE		County BERGEN		County Code State use Only		Age of Bldg. 50+	
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOCIATES INC.				ASCM No.			
Street Address 515 GROVE STREET SUITE 1B				Name of Abatment Contractor ACM CONSULTING CORP.			
City, State, Zip Code HADDON HEIGHTS, NJ 08035				Street Address 2150 STANLEY TERRACE			
Project Manager for Monitoring Firm TO BE DETERMINED				Telephone No. TO BE DETERMINED		License Number 0057	
Scheduled Start Date 1 12 2016		Scheduled Completion Date 1 16 2016		Name of OSHA Monitor EMSL ANALYTICAL			
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours X Describe: 9:30PM TO 7:00AM Other - Describe:				Street Address 307 WEST 38TH STREET			
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation				Abatement Method X Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Friable Procedure			
Location of ACM Facility		Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed VAT		Amount to be Removed (Specify SF/LF) 3990SF	
INTIMATE SELLING FLOOR						Abatement Type Rem. Rep. Enc. Encl. X	
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896		Cubic Yds waste TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC.	
City, State BRONX, NY		Disposal Date TBD		City, State of Registered Landfill WAYNESBURG, OHIO			
Completed By (Print or Type) ANITA SMOLAR		Title GENERAL MANAGER		Signature <i>Anita Smolar</i>		Date 12/21/2015	

OK 37345

RECEIVED
2015 DEC 24 AM 9:34
ASBESTOS CONTROL
& LICENSING

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

Date of Notification 1 2 2 1 1 5			Name of Building Owner/Operator ATLANTIC HEALTHCARE SYSTEMS		
Agencies Notified X USEPA X DEP X DOL X DOH X DCA		Type of Notification X Initial Amended Amendment # Emergency Cancellation		Street Address 99 BEAUVIOR AVENUE	
				City, State, Zip Code SUMMIT, NJ 07901	
				Name of Contact MARTIN MANFREDO	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place OVERLOOK HOSPITAL			Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial buildings, homes, etc.)		
Street Address 99 BEAUVIOR AVENUE			SF of Bldg. 10000		# Floor 3
City SUMMIT, NJ			County UNION		Age of Bldg. 50+
County Code State use Only			Current Use (prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner HILLMAN CONSULTING, LLC			ASCM No.		
Street Address 1600 ROUTE 22 EAST			Name of Abatement Contractor ACM CONSULTING CORP.		
City, State, Zip Code UNION, NJ 07083			Street Address 2150 STANLEY TERRACE		
Project Manager for Monitoring Firm TO BE DETERMINED			Telephone No. TO BE DETERMINED		License Number 0057
Scheduled Start Date 1 18 2016		Scheduled Completion Date 1 24 2016		Name of OSHA Monitor EMSL ANALYTICAL	
Month Day Year		Month Day Year		Street Address 307 WEST 38TH STREET	
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Outside Normal Facility Hours X Describe: 6:00PM - 6:30AM Other - Describe:			City, State, Zip Code NEW YORK, NY 10118		
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method Full Containment with Negative Pressure X Mini-Enclosure X Glovebag Procedure Non-Friable Procedure		
Location of ACM Facility			Is Location Normally Used by Custodial Staff Yes NO N/A	Description of ACM to be Removed	Amount to be Removed (Specify SF/LF)
11TH FLOOR MER				DUCT INSULATION	720SF
				PIPE FITTING INSULATION	14
				PIPE INSULATION PAPER	110LF
				PIPE INSULATION AIRCEL	20LF
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.			NJDEP Waste ID No. SW1896	Cubic Yds waste TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC
City, State BRONX, NY			Disposal Date TBD	City, State of Registered Landfill WAYNESBURG, OHIO	
Completed By (Print or Type) ANIA SMOLAR			Title GENERAL MANAGER	Signature <i>Ania Smolar</i>	Date 12/21/2015

CK 37346

RECEIVED
2015 DEC 24 AM 9:33
ASBESTOS CONTROL
& LICENSING

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

Date of Notification 1 2 2 1 1 5				Name of Building Owner/Operator ATLANTIC HEALTHCARE SYSTEMS			
Agencies Notified X USEPA X DEP X DOL X DOH X DCA		Type of Notification X Initial Amended Amendment # Emergency Cancellation		Street Address 99 BEAUVIOR AVENUE			
				City, State, Zip Code SUMMIT, NJ 07901			
				Name of Contact MARTIN MANFREDO		Telephone Number	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place 229 MORRIS AVENUE Street Address 229 MORRIS AVENUE City SUMMIT, NJ				Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial buildings, homes, etc.) SF of Bldg. 10000 # Floor : Age of Bldg. 50+			
County UNION		County Code State use Only		Current Use (prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner HILLMAN CONSULTING, LLC Street Address 1600 ROUTE 22 EAST City, State, Zip Code UNION, NJ 07083				ASCM No. Name of Abatement Contractor ACM CONSULTING CORP. Street Address 2150 STANLEY TERRACE City, State, Zip Code UNION, NJ 07083			
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED		Telephone Number 908-687-1008		License Number 00571	
Scheduled Start Date 1 25 2016		Scheduled Completion Date 1 29 2016		Name of OSHA Monitor EMSL ANALYTICAL			
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Outside Normal Facility Hours X Describe: 6:00PM - 6:30AM Other - Describe: _____				Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NY 10118			
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation				Abatement Method Full Containment with Negative Pressure X Mini-Enclosure X Glovebag Procedure Non-Friable Procedure			
Location of ACM Facility BASEMENT		Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed PIPE INSULATION		Amount to be Removed (Specify SF/LF) 100LF	
						Abatement Type Rem. Rep. Enc. Encl. X	
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896		Cubic Yds waste TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC.	
City, State BRONX, NY		Disposal Date TBD		City, State of Registered Landfill WAYNESBURG, OHIO			
Completed By (Print or Type) ANIA SMOLAR		Title GENERAL MANAGER		Signature <i>Ania Smolar</i>		Date 12/21/2015	

OK 37347

RECEIVED
2015 DEC 24 AM 9: 53

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

Date of Notification 1 2 2 1 1 5			Name of Building Owner/Operator ATLANTIC HEALTHCARE SYSTEMS			
Agencies Notified X USEPA X DEP X DOL X DOH X DCA		Type of Notification X Initial Amended Amendment # Emergency Cancellation		Street Address 99 BEAUVIOR AVENUE		
				City, State, Zip Code SUMMIT, NJ 07901		
				Name of Contact MARTIN MANFREDO		
				Telephone Number		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place 231 MORRIS AVENUE Street Address 231 MORRIS AVENUE City SUMMIT, NJ			Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.) SF of Bldg. 10000 # Floor Age of Bldg. 50+			
County UNION			County Code State use Only			
Name of Monitoring Firm Hired by Building Owner HILLMAN CONSULTING, LLC Street Address 1600 ROUTE 22 EAST City, State, Zip Code UNION, NJ 07083			ASCM No. Name of Abatement Contractor ACM CONSULTING CORP. Street Address 2150 STANLEY TERRACE City, State, Zip Code UNION, NJ 07083			
Project Manager for Monitoring Firm TO BE DETERMINED			Telephone Number 908-687-1008			
Telephone No. TO BE DETERMINED			License Number 0057			
Scheduled Start Date 1 25 2016			Scheduled Completion Date 1 29 2016			
Month Day Year			Month Day Year			
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Outside Normal Facility Hours X Describe: 6:00PM - 6:30AM Other - Describe:			Name of OSHA Monitor EMSL ANALYTICAL Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NY 10118			
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method Full Containment with Negative Pressure X Mini-Enclosure X Glovebag Procedure Non-Friable Procedure			
Location of ACM Facility			Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed PIPE INSULATION	
BASEMENT					Amount to be Removed (Specify SF/LF) 100LF	
					Abatement Type Rem. Rep. Enc. Encl.	
					X	
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.			NJDEP Waste ID No. SW1896		Cubic Yds waste TBD	
City, State BRONX, NY			Disposal Date TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC.	
Completed By (Print or Type) ANIA SMOLAR			Title GENERAL MANAGER		Signature Date 12/21/2015	