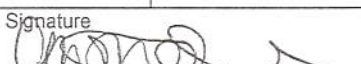


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) June 22, 2015		Name of Building Owner/Operator (2) Michael St. Amour		Check # 2194					
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 733 Columbia Road					
		City, State, Zip Code Egg Harbor City, NJ 08215		Name of Contact Michael St. Amour					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St. Amour 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 & commercial buildings, homes, etc.)						
Street Address 733 Columbia Road			Square Feet 1,500	# of Floors 2	Bldg. Age 100				
City (5) Egg Harbor City		County (6) Atlantic		County Code (7) <i>(STATE USE ONLY)</i> _____					
				Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue		City, State, Zip Code Maple Shade, NJ 08052					
City, State, Zip Code Chesterfield, NJ 08515		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Project Manager for Monitoring Firm Bill Weisgarber		Start Date (10) July 10, 2015		Scheduled Completion Date (11) July 13, 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
Basement		XXX		Boiler Insulation	60 SF	X			
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 2	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 7/13/2015		City, State Newburg, PA					
Completed by Christina Lynch		Title Operations Manager	Signature 		Date 6/22/2015				

ATTN: CHRIS TREVOURS *OK 3143*

EMERGENCY

JUSTIFICATION TO FOLLOW BY FAX

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

Date of Notification (1) <b>6-20-15</b>		Name of Building Owner/Operator (2) <b>MARGATE CITY BLDG. DEPT</b>	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>9001 WINCHESTER AVE</b>	
		City, State, Zip Code <b>MARGATE, NJ 08042</b>	
		Name of Contact	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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 <b>7 S. WASHINGTON AVE</b>		Square Feet <b>1000</b>	# of Floors
City (5) <b>MARGATE</b>		Bldg. Age	
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMCO INC</b>	
Street Address		Street Address <b>369 S. SPRUCE AVE</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE, N.J 08052</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>856-779-0172</b>	License No. <b>00444</b>
Start Date (10) <b>6-23-15</b>	Scheduled Completion Date (11) <b>6-30-15</b>	Name of OSHA Monitor <b>JOSEPH KLEMM</b>	
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 <b>369 S. SPRUCE AVE</b>	
		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<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) 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
<b>SIDING</b>			<b>X</b>	<b>TRANSITE</b>	<b>1500 SF</b>	<b>X</b>			

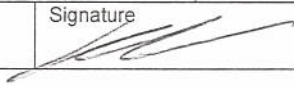
Name of Registered Waste Hauler <b>KLEMCO INC</b>	NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste	Name of Registered Landfill <b>CMC MVA</b>
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date	City, State <b>WOODBINE, N.J.</b>
Completed By <b>MICHAEL KLEMM</b>	Title <b>V/P</b>	Signature <i>Michael Klemm</i>	Date <b>6-20-15</b>

\* Do not use this form for asbestos licensure exempted activities.



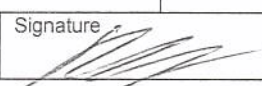
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**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) 6/22/15		Name of Building Owner/Operator (2) Hamilton Township Board of Education		JUN 23 2015					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 90 Park Ave City, State, Zip Code Hamilton, NJ 08690 Name of Contact John Miranda Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) University Heights Elementary School			Type of Facility (4) <input checked="" 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 645 Paxson Ave			Square Feet 50,000	# of Floors 1	Bldg. Age 50				
City (5) Hamilton		County (6) Mercer		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc		ASCM No. 00102		Name of Abatement Contractor (9) Plymouth Environmental Company, Inc.					
Street Address 515 Grove Street			Street Address 923 Haws Avenue						
City, State, Zip Code Haddon Heights, NJ 08035			City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Tom Adams		Telephone No. 856-547-0505		Telephone No. 610-239-990					
License No. 00398		Name of OSHA Monitor Plymouth Environmental Company, Inc							
Start Date (10) 6/22/15		Scheduled Completion Date (11) 7/7/15		Current Use (Prior if being demolished) school					
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 - 5pm			Street Address 923 Haws Ave City, State, Zip Code Norristown, PA 19401						
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 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
interior boiler insulation	X			290	SF	X			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 30		Name of Registered Landfill GROWS Landfill			
City, State Voorhees, NJ 08043				Disposal Date 7/7/15		City, State Moorisville, PA			
Completed by James M. Kelly		Title Vice President		Signature 		Date 6/22/15			

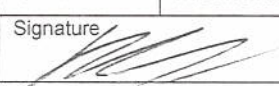
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/22/15		Name of Building Owner/Operator (2) Hamilton Township Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 90 Park Ave City, State, Zip Code Hamilton, NJ 08690 Name of Contact John Miranda						
				Telephone Number					
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Nottingham High School - North			Type of Facility (4) <input checked="" 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 1055 Klockner Road			Square Feet 50,000	# of Floors 1	Bldg. Age 50				
City (5) Hamilton		County (6) Mercer		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc			ASCM No. 00102	Name of Abatement Contractor (9) Plymouth Environmental Company, Inc.					
Street Address 515 Grove Street			Street Address 923 Haws Avenue						
City, State, Zip Code Haddon Heights, NJ 08035			City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Tom Adams		Telephone No. 856-547-0505	Telephone No. 610-239-990	License No. 00398					
Start Date (10) 6/22/15	Scheduled Completion Date (11) 7/7/15		Name of OSHA Monitor Plymouth Environmental Company, 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 - 12am			Street Address 923 Haws Ave City, State, Zip Code Norristown, PA 19401						
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
interior boiler insulation	X			912	SF	X			
boiler breeching insulation	X			160	SF	X			
boiler vibration dampers	X			50	LF	X			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 30	Name of Registered Landfill GROWS Landfill					
City, State Voorhees, NJ 08043		Disposal Date 7/7/15		City, State Moorisville, PA					
Completed by James M. Kelly		Title Vice President	Signature 		Date 6/22/15				

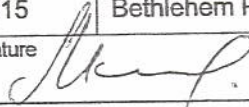
NO EK

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

Date of Notification (1) 6/22/15		Name of Building Owner/Operator (2) Hamilton Township Board of Education		JUN 25 2015					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 90 Park Ave		City, State, Zip Code Hamilton, NJ 08690					
		Name of Contact John Miranda		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Grice Middel School			Type of Facility (4) <input checked="" 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 901 Whitehorse-Hamilton Square Road			Square Feet 50,000	# of Floors 1	Bldg. Age 50				
City (5) Hamilton		County (6) Mercer		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc		ASCM No. 00102	Name of Abatement Contractor (9) Plymouth Environmental Company, Inc.						
Street Address 515 Grove Street		City, State, Zip Code Haddon Heights, NJ 08035		Street Address 923 Haws Avenue					
Project Manager for Monitoring Firm Tom Adams		Telephone No. 856-547-0505	Telephone No. 610-239-990	License No. 00398					
Start Date (10) 6/22/15	Scheduled Completion Date (11) 7/7/15		Name of OSHA Monitor Plymouth Environmental Company, Inc						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 12am			Street Address 923 Haws Ave						
			City, State, Zip Code Norristown, PA 19401						
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 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
interior/exterior boiler insulation	X			1600	SF	X			
boiler breeching insulation	X			700	SF	X			
Pipe insulation/pipe fittings	X			540	LF	X			
tank insulation	X			475	SF	X			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 30	Name of Registered Landfill GROWS Landfill					
City, State Voorhees, NJ 08043		Disposal Date 7/7/15	City, State Moorisville, PA						
Completed by James M. Kelly		Title Vice President	Signature 		Date 6/22/15				

CK 131

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

Date of Notification (1) 6-24-2015		Name of Building Owner/Operator (2) Jane Manniello		JUN 25 2015					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 81 Passaic Ave		City, State, Zip Code Summit NJ 07901					
		Name of Contact Jane Manniello		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private dwelling			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 81 Passaic Ave			Square Feet N/A	# of Floors 2	Bldg. Age N/A				
City (5) Summit		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Private dwelling					
County (6) Union		Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions		ASCM No.					
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions		Name of Abatement Contractor (9) Amax Contracting LLC		ASCM No.					
Street Address 1130 W Chestnut St		Street Address 24 Morley Drive		City, State, Zip Code Woodland Park					
City, State, Zip Code Union NJ 07083		Telephone No. 973-692-6298		License No. 01266					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Name of OSHA Monitor Bioterra Solutions					
Start Date (10) 7-06-2015		Scheduled Completion Date (11) 7-07-2015		Name of OSHA Monitor Bioterra Solutions					
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 1130 W Chestnut St						
			City, State, Zip Code Union NJ 07083						
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
garage			X	DUCT INSULATION	70	X		X	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 4 cy		Name of Registered Landfill IESI PA Bethlehem Landfill Corp			
City, State Newark		Disposal Date 07-10-2015		City, State Bethlehem PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 6-24-2105			