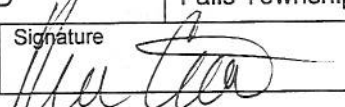



**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Check # 8686

Date of Notification (1)		Name of Building Owner/Operator (2) Township of Pennsauken							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 5605 N. Crescent Blvd.							
		City, State, Zip Code Pennsauken, NJ 08110							
		Name of Contact Edward Grochowski	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Acme		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 4675 River Rd.		Square Feet 23,000	# of Floors 1						
City (5) Pennsauken		Bldg. Age 45							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) abandoned supermarket for 15 years							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021	Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.						
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Eric Houseknect		Telephone No. 908-296-1132	Telephone No. 610-701-9000						
License No. 00508									
Start Date (10) 3/25/14	Scheduled Completion Date (11) 4/18/14	Name of OSHA Monitor AET							
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 28 N. Pennell Rd.							
		City, State, Zip Code Media, PA 19063							
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 type="checkbox"/> Renovation <input checked="" 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rear loading dock roof			X	Transite roof deck	200	X			
Loading dock and expansion joint			X	caulk	470 LF	X			
Roofing (unsafe roof, with demo)			X	roofing felts	1800 SF	X			
throughout interior			X	Floor tile and mastic	18,850 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 054126164		Cubic Yards of Waste 60	Name of Registered Landfill Grows Landfill				
City, State Freehold, NJ				Disposal Date TBD	City, State Falls Township, PA				
Completed by Robert M. Casciato		Title President		Signature 		Date 3/10/14			

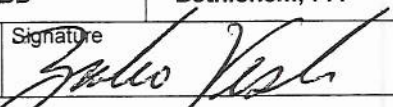
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Check # 8685

Date of Notification (1) 3 / 10 / 14			Name of Building Owner/Operator (2) Conifer Realty, LLC			MAR 14 2014			
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 # 0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20000 Horizon way, Suite 180			City, State, Zip Code Mt. Laurel, NJ 08054		
				Name of Contact Henry Fey					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 208 West 2nd St.						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 208 W. 2nd St.									
City (5) Florence, NJ 08518						Square Feet 1200	# of Floors 2	Bldg. Age 100+	
County (6) Burlington			County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant Residence				
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies			ASCM No. NA		Name of Abatement Contractor (9) Alliance Environmental Systems				
Street Address 28 N. Pennell Rd.			Street Address 550 East Union St.						
City, State, Zip Code Media, PA 19063			City, State, Zip Code West Chester, PA 19382						
Project Manager for Monitoring Firm Dave Turotsy			Telephone No. 610-891-0114		Telephone No. 610-701-9000		License No. 00508		
Start Date (10) 3 / 24 / 14		Scheduled Completion Date (11) 3 / 28 / 14		Name of OSHA Monitor AET					
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: 7AM-3:30PM-AM				Street Address 28 N. Pennell Road					
				City, State, Zip Code Media, PA 19063					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	200	<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 N.E.T.S.			NJDEP Waste Hauler ID No. 18947		Cubic Yards of Waste 30	Name of Registered Landfill Allied BFI Imperial			
City, State Hazleton, PA			Disposal Date TBD		City, State Imperial, PA				
Completed By (Print or Type) Mark Griffin			Title Estimator		Signature 		Date 3-10-14		


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

Check # 1527

Date of Notification (1) 03 / 10 / 14		Name of Building Owner/Operator (2) Jean Wilson		MAR 14 2014					
Agencies Notified <input 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 400 Park Avenue							
		City, State, Zip Code Leonia, NJ 07605							
			Name of Contact Jean Wilson		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 and commercial buildings, homes, etc.)					
Street Address 400 Park Avenue				Square Feet	Bldg. Age				
City (5) Leonia				# of Floors					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224				Street Address 27 Outwater Lane					
City, State, Zip Code Union, NJ				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888	License No. 1188				
Start Date (10) 03 / 21 / 14		Scheduled Completion Date (11) 03 / 24 / 14		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
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				Street Address 27 Outwater Lane					
				City, State, Zip Code Garfield, NJ 07026					
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 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) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACM Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACM Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill				
City, State Garfield, NJ				Disposal Date TBD	City, State Bethlehem, PA				
Completed By (Print or Type) Zvonko Veskovic		Title President		Signature 		Date 3/10/14			

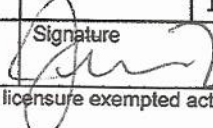
CK # 25424

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

Date of Notification (1) <u>3/11/14</u>		Name of Building Owner/Operator (2) <u>Sharon Pietrzak</u> MAR 14 2014						
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 <u>532 Village Rd. West</u>						
		City, State, Zip Code <u>Princeton Junction, NJ 08550</u>						
		Name of Contact <u>Sharon Pietrzak</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residential Property</u>		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 <u>532 Village Rd. West</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>					
City (5) <u>Princeton Junction, NJ</u>		Bldg. Age <u>60</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>3/31/14</u>	Scheduled Completion Date (11) <u>4/9/14</u>	Name of OSHA Monitor <u>MECS</u>						
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: <u>8am- 4:pm</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
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) <u>1350 sf</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>VAT/ Mastic</u>	<u>1350 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>5 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/9/14</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/11/14</u>					

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

No Check

Date of Notification (1) 3-13-14		Name of Building Owner/Operator (2) Stell Environmental Enterprises, Inc.						
Agency 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 checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 E. Main St.	City, State, Zip Code Elverson, PA 19520					
		Name of Contact Darlene Stringos	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Patco		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address Block 69 Lots 13 and 14		Square Feet 450	# of Floors 1					
City (5) Collingswood		Bldg. Age +/- 50						
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant						
Name of Monitoring Firm Hired by Building Owner (8) Batta Environmental		Name of Abatement Contractor (9) Pepper Environmental Services, Inc						
Street Address 6 Garfield Way		Street Address 2251 Fraley Street						
City, State, Zip Code Newark, DE 19713		City, State, Zip Code Philadelphia, PA 19137						
Project Manager for Monitoring Firm Todd Zeisloft	Telephone No. 302-737-3376	Telephone No. 215-533-5155	License No. 01166					
Start Date (10) 3-7-14	Scheduled Completion Date (11) 3-31-14	Name of OSHA Monitor Batta Environmental						
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 6 Garfield Way						
		City, State, Zip Code Newark, DE 19713						
Scope of Work (Check all that apply) * abatement prior to demo								
<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 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
			X	see attached sheet				
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage				
City, State Morrisville, PA			Disposal Date	City, State Libson, OH				
Completed by Jennifer Niven	Title Dir. of Operations			Signature 	Date 3-13-14			