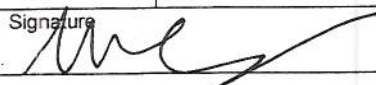


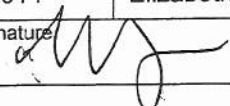
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Page 1

Date of Notification (1) 9/8/2014		Name of Building Owner/Operator (2) The DeNovo Group							
Agencies Notified	Type Notification	Street Address 1302 West Randolph Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chicago, IL 60607 Name of Contact Todd King							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DeNovo New Brunswick, LLC		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 760 Jersey Ave		Square Feet 310,000	# of Floors 1						
City (5) New Brunswick		Bldg. Age 68 yrs							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Amereco Engineering		ASCM No.	Name of Abatement Contractor (9) Shoreline Contracts Inc.						
Street Address 204 E. Jefferson Street		Street Address 85 Kero Road							
City, State, Zip Code Valparaiso, Indiana 46383		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm John Blosky		Telephone No. (219) 531-0531	Telephone No. (201) 933-0033						
License No. 01230									
Start Date (10) 06/30/2014	Scheduled Completion Date (11) 09/30/2014		Name of OSHA Monitor Wojciech Michalik						
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 85 Kero Road							
		City, State, Zip Code Carlstadt, New Jersey 07072							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
office/mezzanine area	x			VAT Floor Tile	12,000 SF	x			
office/mezzanine area	x			Transite Panel	800 SF	x			
office/mezzanine area	x			Pipe Insulation	300 LF	x			
office Area	x			Mastic	8500	x			
Name of Registered Waste Hauler Asbestos Transportation Company, INC.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 485.19	Name of Registered Landfill Cycle Chem, Inc.					
City, State Shirley, NY			Disposal Date 05/30/2014	City, State Elizabeth, NJ					
Completed by Michael Colman		Title President	Signature 	Date 9/8/2014					

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

Page 2

Date of Notification (1) 9/8/2014		Name of Building Owner/Operator (2) The DeNovo Group							
Agencies Notified	Type Notification	Street Address 1302 West Randolph Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chicago, IL 60607 Name of Contact Todd King							
		Telephone Number 2014 SEP 10 AM 7:37							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DeNovo New Brunswick, LLC		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 760 Jersey Ave		Square Feet 310,000	# of Floors 1						
City (5) New Brunswick		Bldg. Age 68 yrs							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Amereco Engineering		ASCM No.	Name of Abatement Contractor (9) Shoreline Contracts Inc.						
Street Address 204 E. Jefferson Street		Street Address 85 Kero Road							
City, State, Zip Code Valparaiso, Indiana 46383		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm John Blosky		Telephone No. (219) 531-0531	Telephone No. (201) 933-0033						
Start Date (10) 06/30/2014		Scheduled Completion Date (11) 09/30/2014	License No. 01230						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Wojciech Michalik							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roofing	x			Mastic	46,000 SF	x			
Name of Registered Waste Hauler Asbestos Transportation Company, INC.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 485.19	Name of Registered Landfill Cycle Chem, Inc.					
City, State Shirley, NY		Disposal Date 05/30/2014		City, State Elizabeth, NJ					
Completed by Michael Colman		Title President		Signature 			Date 9/8/2014		

D&S Proj. #: 2014-359

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

CK 006346

Date of Notification (1) 09/10/14		Name of Building Owner/Operator (2) DAVID CANON		2014 SEP 10 AM 7:34	
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 520 TILDEN AVENUE City, State, Zip Code TEANECK, NJ 07666	
Name of Contact DAVID CANON				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DAVID CANON			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 520 TILDEN AVENUE			Square Feet # of Floors Bldg. Age		
City (5) TEANECK	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			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	
Start Date (10) 09/16/14		Sched. Completion Date (11) 09/29/14	License Number 01169	
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			Name of OSHA Monitor D & S Restoration, Inc.	
			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/CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	1301 ft	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/17/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/04/14

CK 006345

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

D&S Proj. #: 2014-358

Date of Notification (1) 09/10/14		Name of Building Owner/Operator (2) MIKE MISDEA		2014 SEP 10 AM 7:31	
Type Notification <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Amendment #: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 80 RUTHERFORD PLACE City, State, Zip Code KEARNY, NJ 07032	
		Name of Contact MIKE MISDEA		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MIKE MISDEA			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 80 RUTHERFORD PLACE			Square Feet # of Floors Bldg. Age		
City (5) KEARNY		County (6) HUDSON	County Code (7) (State use only)		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			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	
Start Date (10) 09/18/14		Sched. Completion Date (11) 09/29/14	License Number 01169	
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		Name of OSHA Monitor D & S Restoration, Inc.		
		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	86 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 09/19/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/04/14

150-02

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

CK 57520

Date of Notification (1) 9 / 9 / 14		Name of Building Owner/Operator (2) Virtua		2014 SEP 10 AM 7:30	
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 20 STOW ROAD SUITE 3		ALBANY FAC & LICENSING
			City, State, Zip Code MARLTON, NJ. 08053		
			Name of Contact PAT GIORDANO		Telephone Number
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former American Consignment Furniture Shop/Binder Bldg				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 165 Route 73				Square Feet >50,000	# of Floors 5
City (5) Voorhees				Bldg. Age 40	
County (6) Camden		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) VERTEX ENVIRONMENTAL		ASCM No.		Name of Abatement Contractor (9) DELTA/BJDS, INC	
Street Address 700 TURNER WAY, SUITE 105		Street Address 1345 INDUSTRIAL BLVD.			
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code SOUTHAMPTON, PA 18966			
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610 558-8902		Telephone No. 215 322-2900	License No. 00783
Start Date (10) 09 / 22 / 14		Scheduled Completion Date (11) 12 / 31 / 14		Name of OSHA Monitor CRITERION LAB	
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-____PM/____PM-12AM				Street Address 3370 PROGRESS DRIVE	
				City, State, Zip Code BENSALEM, PA 19020	
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) <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		
PLEASE SEE ATTACHED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Removal: <input checked="" type="checkbox"/> Repair: <input type="checkbox"/> Encapsulate: <input type="checkbox"/> Enclosure: <input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Removal: <input checked="" type="checkbox"/> Repair: <input type="checkbox"/> Encapsulate: <input type="checkbox"/> Enclosure: <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Removal: <input checked="" type="checkbox"/> Repair: <input type="checkbox"/> Encapsulate: <input type="checkbox"/> Enclosure: <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Removal: <input checked="" type="checkbox"/> Repair: <input type="checkbox"/> Encapsulate: <input type="checkbox"/> Enclosure: <input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State 58 PYLES LANE, NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) DAMIAN LAVELLE		Title PROJECT MGR		Signature <i>Damian Lavelle</i>	Date 9/9/14