

Date of Notification (1) 11/26/2014		lame of Bu Samuel I		wner/Opera an	tor (2)								
Agencies Notified Type Notification			Street Addi 30 Wood		Center D	rive, 6th	floor	DEC	10 1	11A		7	
X         EPA         ☐ Initial           DEP         X         Amended           X         DOL         Amendment #1			City, State, Woodbri			F 2 =	<u>į</u>	SBESTO	1 3 00 km	ROL :		The street of th	
Emergency (inclu	uding	- 10 300	Name of C			12		Teleph	one Num	ber		-2410	
DOH justification)  DCA Cancellation		3	Samuel	Friedma	an						_		
T. D.	(2)	- 1000	FACILIT	TY INFO	RMATION	Type	of Facility (4	1)	<del></del>			-	
Name of Facility Where Abatement is Taking Pla Old General Dynamics Plant	ace (3)						.50						
Street Address				2			School (K-12 Subchapter	8 (Other th	nan K-12)	ĺ			
150 Avenel St							Other (i.e. pr	rivate & co	mmercia	l buildi	ngs, l	nome	s,
City (5)							etc.) e Feet	# of Flo	oors	Bio	ig. Ag	ge	
Avenel						138.8	390.00	3		70	)		
County (6)			County Co				nt Use (Prio		demolishe	ed)			
Middlesex		(-	STATE US	E ONLY)			amics Pla	Section 1992					
Name of Monitoring Firm Hired by Building Own I.H. Consultants Inc	ner (8)		ASCM	<b>l</b> o.			tement Con Contracts				100		
Street Address 605 Bloomfield Ave Suite 5				•	1 27.00	eet Addres Kero R							
City, State, Zip Code Montclair NJ 07042						y, State, Zi arlstadt,	ip Code NJ 07072	2					
Project Manager for Monitoring Firm Anthony Valentine		11.7	Telephone (973) 50		01	lephone No		10.000	icense No	).			
	hadulad	2000 H	pletion Da			me of OSH						75.5	-
12/15/2014 12	2/10/20	)15	ipietion De	10 (11)	V	/ojciech l	Michalik						
Occupancy Status During Abatement (Check O						reet Addres 5 Kero R							
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal	iod of Ab	atem	ent			ty, State, Z			-				_
Other – Describe:	acility	louis				5000	NJ, 0707	72					
Scope of Work (Check All That Apply)									_		355		
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		enova emoliti				H Min	ll Containme ni-Enclosure ovebag Prod	e cedure	-			-17	
						LI No	n-Exempte	d (*) and i	Non-Friad	le Pro	Abate		
		ocati	5222790 O. L.									ре	8
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Used Mair Custo	ormal Sole Itenar Idial S (12)	ly by nce/		ios Containi thermal sys surfacing		ation,	(Spe	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
1at 2nd 2rd Floor	X		1,500.5	Pi	pe Insula	tion Frial	ble	1.835	.00 LF	X			
1st, 2nd, 3rd Floor 1st, 2nd, 3rd Floor	X		-		Floor Tile			Jan Control of	.00 SF	X		-	
1st, 2nd, 3rd Floor	X				dow Caul			100 COCCOUNTERED IN	3.00 LF	X			
	X	1076-7-		The Street of th	fing Mate	-			0.00SF	-			
Roof  Name of Registered Waste Hauler	^	I N	NJDEP Wa		Cubic Ya			Registere		1800			
Asbestos Transportation Company IN	+	Hauler ID N a-371		of Waste		3	a Enter						
	_	1	40.1										
City, State Shirley ,NY			4011		Disposal	Date	City, Sta Wayne	te esburg,(	Ohio				

CK005749

ASB-41

D&S Proj. #: 2015-01		4			estos	Abatement and 12:120)		以厂					
			-				1		10	2014		رك	
Date of Notification (1)	Na	ame of Build	ding Owner	Operator (2)		4							
1 2 / 0 4 / 1 4  Agencies Notified Type Notificat		ANN SYR					1	ASDES		TOC	1 2		十
Agencies Notified Type Notificat  EPA Initial	1100	reet Addres					-	AODE	LICENSI	VG_			ئــ
DEP Amended	1			Y, SUITE #	258						_		
Amendment #:		ty, State, Zi											
Emergency			INO, CA	95014				Tolophon	e Number			-	promotes.
DOH (including justification)	Na	me of Cont	act					relephon	e Number				
DCA Cancellation	<u> </u>	ANN SY	RDAL							_			
			FACIL	ITY INFORM	ATION						-		
Name of facility where abatement	s taking pla	ce (3)	100					ype of Facility (	(4) I (K - 12)				
ANN SYRDAL								_	apter 8 (O	her th	an K-	12)	
Street Address				-				☑ Other	(Private/Co	mmer			
10 H100DI 1 HD1 DDH/F							1		Homes, et		Bld	g. Ag	ie.
10 WOODLAWN DRIVE,	Coun	h. (6)		-	Cou	nty Code (7)	-	Square reet	# 01 1 1001		Dio	9.7.9	~
City (5)	Coun	ty (O)				te use only)	<del> -</del>	Current Use (P	rior if being	dem	olishe	d)	
MORRISTOWN	МО	RRIS				and the same of th							
Name of Monitoring Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abateme	ent Co	ntractor (9)					
						D & S RESTO	RAT	ION, INC.			_		
Street Address						Street Address							
					_	20 California City, State, Zip Co	-						-
City, State, Zip Code						Paterson, NJ		2					
Project Manager for Monitoring Firm	n	l Ph	one Numbe	er	-	Telephone Number		3	License	Numb	er		
Project Manager for Monitoring 1 in		1	0110 11011120	74.0		973-345-80			0	1169			
Start Date (10)	Isched	Completic	n Date (11	1	_	Name of OSHA M	onitor					7777	
			#1 Dato (11)			D & S Restor	ration	, Inc.					
01/07/15	01/15					Street Address							
Occupancy Status During Abateme			ment			20 California City, State, Zip Co		iue			-		
Abatement performed outside						City, State, Zip Go	de						
Describe: NORMAL NORMAL	HOURS				-	Paterson, NJ	0750	13					
Scope of Work (check all that app							Fu	Il Containment	w/negative	press	ure		
	2 000	n						ni-enclosure					
≥160 sf or ≥260 lf	Demolition	1						ovebag procedon- on-Exempted (*		friable	proce	edure	
Location of			used solely							TR	R	Е	E
asbestos-containing	by mainte staff(12)	enance/cus	todial			sbestos-containing	9	Amount	CE or	e m	e p	n	n
material (acm) to be abated in facility (13)		T	1 11/4	material	(ACM)			(Specify LF)	SF 01	0	a	a	L
abatoa iii iasiiiiy (10)	Yes	No	N/A							e	r	р	
BASEMENT				PIPE INSU	JLAT	ION		137 L FT		X	믐	片	H
										#	片	片	ዙ
					_	-		-		ዙ	H	片	H
	4		-						-	卄	H	H	Ҥ
Registered Waste Hauler	IN.ID	EP Hauler I	ID# I C	ubic Yards of	Waste	Name of Registe	ered L	andfill		-1			1
D & S RESTORATION, INC			2	YDS		TULLYTOW	N, R	ESOURCE R	ECOVE	RY			
City, State			Disposal D			City, State	UNI T						
PATERSON, NJ 07503	<del></del>		01/08/1			TULLYTOV	VN, F	'A	Date				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature					12/04	1/2014	1		
ASB-41			for asbesto	s licensure e	xempte	ed activities.		-					

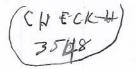
CK 005748

State of NJ

D&S Proj. #: 2015-02						Abatement and 12:120)		CEI	VE				
							3				-		
Date of Notification (1)	11			r/Operator (2)		1 1 1 4 A		DEC 10	2014	L	/		
Agencies Notified   Type Notificati			FAHEY							$\vdash$	+		
EPA Initial	Str	reet Addre	SS				AS	BESTOS CON	TROL 8				
DEP Amended	11.		K ROAD				-	LICENSIN	G				
Amendment #:	Cit	ty, State, Z	Zip Code										
Emergency		-	OCK, NJ	07452									-
DOH (including justification)	Na	me of Con	ntact					Telephone	Number				
☐ DCA ☐ Cancellation		LATHE	NE FAHE	Y					-		_		
			FACIL	ITY INFORMA	ATION								
Name of facility where abatement is	s taking place	ce (3)					Ту	pe of Facility (4	) // 10)				
T 4 (0) TEX TEX TEX T								=	(K - 12)		V	1 O\	
LATHENE FAHEY							-	2000 C.	pter 8 (O Private/Co			12)	
Street Address								Bldgs./h	łomes, e	tc.			
357 ROCK ROAD							<u>-</u>    S	Square Feet   #	f of Floor	s	Bio	ig. A	је
City (5)	Coun	ty (6)				ty Code (7) e use only)	-	Current Use (Pri	or if bein	g dem	olishe	ed)	
GLEN ROCK	berg	gen											
Name of Monitoring Firm Hired by I	3ldg. Owne	r (8)	T	ASCM No.	$\Box$	Name of Abateme	ent Con	tractor (9)			// / / / / / / / / / / / / / / / / / /		
						D & S RESTO	ORATI	ION, INC.					
Street Address						Street Address			MHILL STATE OF THE				
						20 California	Ave.						100 mm
City, State, Zip Code						City, State, Zip Co	ode						
					_	Paterson, NJ	-	3					
Project Manager for Monitoring Firm		Ph	one Numbe	er		Telephone Numb			License		er		
						973-345-80			0	1169			
Start Date (10)	Sched	. Completion	on Date (11	)		Name of OSHA N		т					
01/07/15	01/30	V15			-	D & S Restor	ration,	inc.				-	
Occupancy Status During Abatemer					$\dashv$	20 California	Δveni	10					
Facility closed/vacated during			ement.		1	City, State, Zip Co		10		-	_		
Abatement performed outside						ony, orato, Esp or	500						
Describe: NORMAL F	OURS				-11	Paterson, NJ	07503	3		- 102			
Scope of Work (check all that apply							Full	Containment w	/negative	press	ure		
	,, Renovatio	n					Min	i-enclosure		•			
≥160 sf or ≥260 lf	Demolition							vebag procedur		ما ما ما داد ک		a al. 180	
			used solely				Nor	n-Exempted (*)	and Non-	I R	R	E	
Location of asbestos-containing		enance/cus			on of as	bestos-containing	а	Amount		e m	e	n	E n
material (acm) to be	staff(12)	· · ·		material (		bestos containing	9	(Specify S	F or	0	p a	a	C
abated in facility (13)	Yes	No	N/A				ä	LF)		v e	i	р	
BASEMENT		X		PIPE INSU	LATI	ON		88 l ft		×			
BASEMENT ABOVE CEILING		X		PIPE INSU	LATI	NC		102 L FT		$\boxtimes$			HO
			i		3.5.5								
													TO
Registered Waste Hauler		EP Hauler	100 mm	ubic Yards of V	Vaste	Name of Registe	ered La	ndfill	001	337			
D & S RESTORATION, INC.	135	06		YDS			/N, RE	ESOURCE RE	COVE	Υ		100	annesse e to
City, State			Disposal D 01/08/1			City, State TULLYTOV	VAT D	۸					
PATERSON, NJ 07503	T = u		01/08/1	Signature		TOLLYTON	V IN, P/	7	Date				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Oignature					12/04	/14			
ASB-41			for asbesto	s licensure ex	empte	activities.			1				THE PARTY OF THE

CX3560.

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Date of Notification (1)	1414		Name of	Building U EU	A MACI	LINES DEC	1.0 2014	
Agencies Notified	Type Notification		Street A	odress 25	FREMA	1 1 .	OS CONTROL	
3001	Amended Amendment #		City, Sta	10. Zip C	DOP BINE	1, N. J.	5000	
Ø OOH	D Emergency (In Justification)  Cancellation	duding	Name of				Telephone Humb	e/
<del></del>	1		FACIL	TY INF	ORHATION			
Name of Facility Where		Place (3)				Type of Facility (4	1.5	
P. E.S.	IDENCE	2.5			<del></del> -	Subchapter 8	10ther than K-12	) u bulangs.
7.00 Cir (5)		DLL				Square Feet	# of Floors	Blog Age 40+
WIL	DWOOD	CRES	<u>T_</u>	A 1. 15	V CTATE	Current Use (Price	or if being demotis	
County (6) CAPE	MAY		USE Q	Code (1 NLY)	) (STATE	VAC	JUNT	1
Name of Marioning Fin		Symer	ASCH HO	).	Name of Abaten	nent Convector (9)	c/	
Street Appress	7/1				Sveel Address	S. SPRUC	E Ave.	
City State Zip Code				_	City, State, Zip C	C∞e	-	08:52
Project Manager lot M	anima Firm	].Ye	siephone N	<u> </u>	Twentone No.	79-0472	License No	44
Project Manager to m		duled Comy	Aleko Oalek	(11)	Name of OSHA	Monitor	J_=	
Stan Date (10)	14 1	1/24	/14_		JOSE Sueel Address			
Facility ClosedVac  Abatement Perform  Other - Describe	aled Dunno Entre Pt	ence of we	I GILL		369 S Cry. State, Xp MAP			08052
Scope of Work (Chec	k all that apply)	Renov			☐ Mn.E	xempled (1) and Ne nclosure ontainment with Ne		oure
2160 51 01 2260 11		Ø 0euc			Non-E	xempled () stull		Abatemen.
Asbesios-Containin TO BE A	g Malenal (ACM) BATED My	Is Loc Norm Used So Mainled Cust Sta	blely by hancel social H?	Asbe (i.e	Description stos Containing M Unormal system surfacing, VA other myscollar	(aterial (ACM) is insulation. IT, or	Amount (Specify SF & LF)	Rathau Removal
		Yes	AIH OH		1111111		7500 5	SF X
SIDIM	C	-	κ	エ	41N 517	<u> </u>		
		-					ļ	
Name of Registered	Waste Hauler		NOEP Hauler C	Mage .	Cubic Yards of Waste	C, ~	pistered Landfill	U, B:
KLEM City State	co Inc.			07	D'sposal Dat	e Ciry, State	DBINE,	N.J.
MAPLES	HADE, NI	J, 08			Signatur		Da!	2/4/1
Completed By	LEMM .		NER		<u> </u>			
A58-11		Do not us	e this form	101 250	e stos licensure e	xempled activities		



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KI				
<b></b>	DEC	10	2014	U

	·		TA	Jame of Build	ing Owner/Operato	(2)	DLC 10	U14	$\rightarrow$		+
Date of Notification (1	1/2/14		1		INSFOR		ENT BR. P.	215	5		1
Agencies Notified	Type Notification	m	5	treet Addres			PART OF STREET	Thu	α		1
₽ BPA	[3] Initial			601	W. CLAN	KILDE	LICENSING	1-1-6	===		1
₩ DEP	Amended			City, State, Zip					- Satura	Al-	
Ď bor	Amendment  Emergency		-	E	ic lyone	ion, NJ	, 08218	,			
□ DOH	justification	)		lame of Conta			Telephone Num				-
□ DCA	Cancellation			3	DRBARA						
	<del></del>			FACILITY IN	FORMATION	· · · · · ·			-		
Name of Facility When			(3)			Type of Facility					-
	I DEN.CC			7		School (K-12	2) 8 (Other than K-12	2)			
Street Address 102	S. NEW	HEVE	-N/ /	シェーノ	URVATE	homes, etc.					
City (5)	MORTE			9.		Square Feet	# of Floors	500	dg. A	100	
	un a s t c			0 1 0 1	(7) (CTATE	/500	ior if being demoli:		40	7 4	
Cotenty (6) A To	LANTIC			County Code USE ONLY)	(I) (STATE		ONT	sileu)			_
Name of Monitoring Fir	m Hired by Building	Owner	AS	CM No.	1	nent Contractor (9		3.3			
(8)	//		_   _			emco II	vc.				_
Street Address					Street Address	95,5p	ruce Ace	-			
City, State, Zip Code					City, State, Zip C						
City, State, 2th Code	3				MAA	15 5 N	OPE NIT	08	057	2	
Project Manager for Me	opitorina Firm		Teleph	one No.	Telephone No.		License No.				
A)/	A				856-7	79-0472	0040	14			_
Start Date (10)	Sch	eduled Co	mpletion	n Date (11)	Name of OSHA	Monitor					
12/15/1	1	12/	11.4			J/A					
Occupancy Status Dur	Contract to the second second	eck only o	ne)		Street Address						11
Facility Closed/Vaca	ated During Entire F	eriod of A	bateme	nt							_
Abatement Performe Other - Describe:	ed Outside of Norm	al Facility	Hours		City, State, Zip C	Code			000000000000000000000000000000000000000		
Scope of Work (Check	all that anoly)		-		L	7					
Scope of Work (Crieda	an old (apply)				☐ Full Co	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf	20		ovation notition			ag Procedure					
≥160 sf or ≥260 lf		23 5 5			☐ Non-Ex	empted (*) and No	n-Friable Procedu	7			_
			cation					1	Abate Tvr		
Location	of	100	mašy Solely b	y	Description o	f		-			Г
Asbestos-Containing	Material (ACM)		enance/ todial		stos Containing Ma ., thermal systems i		Amount (Specify	20	_	Enc	
TO BE ABA			aff?	(1.e.	surfacing, VAT		SF or LF)	Remova	Repair	aps	
IN Faca (13)	iy	(1	12)		other miscellane	ous)		ova	air	Encapsulate	
٤٠, ١٠,		Yes	No N	I/A						6	
51DIN			1		TRANSTE	-	7.80 4	×			L
11/18			+								_
								_		_	
											_
Name of Registered Wa	aste Hauler		100000000000000000000000000000000000000	EP Waste er ID No.	Cubic Yards of Waste	Name of Regis					
KLEMCO	INC		1000	7904	15		AGUI	/			
City State					Disposal Date	City, State  RL 5-95  An ICCCCC	ABAT WILLE		N.	J-	
MARCESH	ODF , N.T.	010	, v		1 Signature	F. C 84. 8	1 Date	ج جع		===	
Completed By	1 110	0 41 14			Signature	de Mica	12	12	111	1	
JOSEPH14	UF day	0 00 M	VV		-1-	, , ,					

	N		ATION	OF ASBE O NJAC 8	STOS A					E		$\mathbb{V}$			-
Date of Notification (1) December 3, 2014				Building C h of Bea			(2)	CI	neck-#	1694	Λ .	2017			
Agencies Notified Type Notification		1000	Street Ad 420 Pe	dress Iham Av	enue						ي ايا				
EPA Initial Amended Amendment #_			500.0	e, Zip Coo Haven,		008				TOS (			1.8		
Emergency (in justification)  DCA  Cancellation	cluding		Name of			-	***		Tele	phone N	dumb				
Cancellation			FACIL	ITY INFO	RMATIC	ON							_		
Name of Facility Where Abatement is ⊤aking Nater Pump Building	Place (3)	1					Тур	e of Facility ( School (K-1	2)		i)				
Street Address Bay Avenue & Engleside Avenue					31		×	Subchapter Other (i.e. p etc.)				build	ings,	home	s,
City (5) Beach Haven				<del>(2)</del>			00003	uare Feet	# of	Floors		BI 50	dg. A	ge	
County (6) Ocean			County C	ode (7)				rrent Use (Pri			olishe	d)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.			of A	batement Cor	tractor	(9)					
Street Address			1			Street	Add					_		- 10	
City, State, Zip Code				-		City, S	State	Zip Code						-	-
			Talaahan	o No		Map	PAGE AND AND	hade, NJ 0	8052	Licens	e No				
Project Manager for Monitoring Firm			Telephon			856-	755	-0099		00842					
			pletion D 6, 2014	Date (11)				SHA Monitor nalytical, Ir	nc.						
Occupancy Status During Abatement (Check	Only On	e)				Street		ress ite 130 Nor	th	-					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:						City, S	State	Zip Code				240			
Scope of Work (Check All That Apply)						Cinn	iam	inson, NJ (	18077			-			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	lenova emoliti				2		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure			Proc	cedur		
100000000000000000000000000000000000000		Locati						.53		*			Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	Normall d Sole intenar todial S (12)	ly by nce/ Staff?		tos Cont thermal surfac		Mate is ins AT, o	r	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						- 40	000 05		37		- 312	
Exterior			XXX		- K	Roofing	g 		1,2	200 SF		Х			
		-1:	IDEE ::	i		Varil-		Name of	Desist	rod I a-	Afil				
Name of Registered Waste Hauler Freehold Cartage		Н	IJDEP W lauler ID 2265		of Was			Wester				nity	Land	dfill	
City, State Freehold, NJ			energy efficients.			sal Date		City, Sta Birdsb		Α					
Completed by Christina Lynch	Title Oper	ations	s Mana	iger	(	hn	T	TOP2			Date 12/	e '3/20	)14		

Charle # 1562

Date of Notification (1) 11/12/2014			Name	of Building Own	er/Operato	(0)	neck				
Agencies Notified Type Notified Initial	ation		Street	RK ROBBINS t Address LLEN AVE.			2011 DEC 10	PH	11:	15	
DEP Amend	ed ment # ency (includin		City, S WO	State, Zip Code ODSTOWN N	J 08098		& LICEA	en. Isin	TRE	N	
DOH justifica	ition)	9	KEN	of Contact FONES			Telephone N	lumber			
Name of Facility Where Abatement is RESIDENTIAL	Taking Place	(3)	FA	CILITY INFORMA	ATION	Type of Facility	1.0				
Street Address 23 ALLEN AVE.						Other (i.e.	-12) er 8 (Other than K private & comme	-12) rcial bu	ilding	s, hor	nes,
City (5) WOODSTOWN					-	etc.) Square Feet 1173	# of Floors		Bldg.		
County (6) SALEM			County (STATE	Code (7)		Current Use (Pr	rior if being demol	ished)	71		
Name of Monitoring Firm Hired by Build N/A	ding Owner (8	3)	ASC	CM No.	Name ASS	of Abatement Co		SEDV	ICE C		
Street Address					Street	Address CLEMS RUN	ONWENTALS	DERV	ICES	INC	<i>).</i>
City, State, Zip Code					City, S	tate, Zip Code LICA HILL NJ	08062			120	
Project Manager for Monitoring Firm			Teleph	one No.	Teleph	one No. 304-4676	License 01145	No.	-57	. 11	:
Start Date (10) 11/21/2014	11/24/	2014	mpletion	Date (11)		of OSHA Monitor			1 (C) (C)		- 4
Occupancy Status During Abatement (C Facility Closed/Vacated During En Abatement Performed Outside of N	rire Period of	Abator	ment			Address RT. 130 NORT	ГН		32	3	
Other - Describe:  Scope of Work (Check All That Apply)	Normal Facility	y Hour	5			ate, Zip Code IAMINSON N	J 08077		1.5	; 	
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				Mini-Enclosure Glovebag Pro			ire	37	
Location of	1	Locat	llv	D	escription		a ( ) and 14011-Fila	DIE PIC	Abat	emeni ype	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole intena todial S (12)	nce/	Asbestos Cor (i.e. therma surf	ntaining Ma	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
OUTSIDE HOUSE	Yes	No	N/A	4005050				<u>ai</u>		late	ъ
			X	ASBESTOS	TRANSI	TE SIDING	2000 SF	X			
Name of Registered Waste Hauler FRANK KULL INC.			JDEP Wauler ID		c Yards aste	Name of F	Registered Landfil	ı			
City, State ERIAL NJ				Dispo	sel Date 5/20/14	City, State	ARBOR TWP.	NI I			$\dashv$
Completed by RON SWANSON	Title GENE	RAL	MANA		Signature	Ohy	Da Da	ite 1/12/2	014		$\dashv$
NSB-41 (R-06-08)					11	use this form for	asbestos licensure			activiti	es.

Date of Notification (1)	ate of Notification (1)  December 08, 2014				Building	Owner/Op	erator	(2)			-			-
Decem	nber 08, 2014		N	Morris C	atholic	Conven	nt	2001	nre in	DM IO				
Agencies Notified	Type Notification			Street Ad	dress			40	DEC 10	יטו דוז	. 4	ų.		State Head
EPA	Initial		-		ris Ave				merce.	- 60247	20			
DEP DOL	Amended Amendment	<sub>4</sub> 1	100		te, Zip Co			[7.35]	BESTOS & LISEN		πL	41.		
⊠ bor	Emergency (i				NJ 07	834				-1				
DOH	justification)	T.		Name of					Telephon	eNumbe	er.			
DCA	Cancellation		L	an Ste		ODMATIO	. N.I							
Name of Facility Where	Abatement is Taking	Place (3	)	FACIL	LIT INF	ORMATIO	N	Type of Facility	(4)		-			******
Taran and and was self-			30)					School (K-	5845 84280					
Street Address									r 8 (Other than	n K-12)				
200 Morris Ave								Other (i.e.   etc.)	private & com	mercial b	ouilo	lings,	home	es,
City (5)				-				Square Feet	# of Floor	S	В	ldg. A	ge	
Denville, NJ 07834														
County (6)				County C				Current Use (Pri	or if being der	molished	)			
Morris			20	(STATE U	SE ONLY,	)			Build	ing				
Name of Monitoring Firm	n Hired by Building (	wner (8)	, b	ASCM	No.		Name	of Abatement Co	ntractor (9)					
AET				0021		7	The M	ACK Group, L	LC.					
Street Address		,					Street	Address						
222 Church Road		27.00	225.00	410437474		1	1500 k	Kings HWY N,	STE 209					
City, State, Zip Code							City, S	tate, Zip Code						
Bridgewater, NJ 088								Hill, NJ 0803						
	nitoring Firm			Telephor				one No.	35000A3A60	nse No.				
Eric Houseknecht		0 1 1 1		08-296		1.3		759 - MACK	0078	31				
2 2		Schedul			Date (11)			of OSHA Monitor						
		Only O		2/12/15	)		-	ACK Group, L Address	LC.		2			
									STE 200					
						-	************	Cings HWY N, tate, Zip Code	STE 209					
Other - Describe:								Hill, NJ 0803	1					
Scope of Work (Check A	All That Apply)	-					JIICIT y	11111, 140 0000	7					
	6.6. 76%	XI :	Renova	tion			[	Full Containm	ent with Nega	itiva Pres	cellr	۵		
≥160 sf or ≥260 lf		MACHINE .	Demolit					Mini-Enclosur	e	itivo i io.	33ui	C		
1007398							Ŕ		cedure	riable Dr	000	tura		
		Т.		-0.00				Non-Exemple	( ) and Non-r	nable FI			ement	t
1		100	Locati Normal			5							ре	
		Use	d Sole	ly by	Asbes		cription iining N	ot laterial (ACM)	Amount	t [			m	
	TO A CONTRACTOR OF THE PARTY OF	40.00	intenai todial S	020000000000000000000000000000000000000		thermal s	systems	insulation,	(Specify	Sec. 11 .	Re	IJ	nca	Enc
			(12)			other mi	ing, VA iscellar		SF or LF	.)	Remova	Repair	Encapsulate	Enclosure
											/al	₹	late	Гe
		Yes	No	N/A		9								
Ist floor and	2d floor	-	X			poped	orn ce	iling	8000 s	/f	X			
Basement, 1st flo	or & 2nd floor		X			Vat	t/Mast	ic	9500 s	/f )	X			
Basem	ent	X					pipe		150 1/1		X			
Basem	$\forall$			fir		70 100 7 T	ceilings	1500 s	- /	_		X		
			IN	J DEP W		Cubic Y			Registered La			-		
			1.00000	lauler ID		of Wast			g					
Freehold / Newark / ATC				450	)9		191.5		land Co./ B	FI / GF	301	NS	TRI	RF
City, State						Disposa		City, Sta		1)				
	NJ	T =		/			12/15		g / Imperial		isvi	lle,	PA	
Completed by	3	Title Presid				Sign	gnature	19/1	2	Date				
Mike Cooper	ame of Facility Where Abatement is Taking rris Catholic Convent reet Address  D Morris Ave by (5)  Inville, NJ 07834  Dunty (6)  Inville, NJ 07834  Invilled N							1	7.22	12/8/	14			727

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)			Name of	Building	Owner/C	perator	(2)					A-12 10	
	mber 24, 2014		1	Morris C	atholic	Conve	nt	i .					
Agencies Notified	Type Notification			Street Ac	ddress								
EPA EPA	Initial		2	200 Mor	A-100 1/415-0	-	*	2014 DEC 1	PW IO. ::				
DEP	Amended			City, Stat				320 10	, 1-1110+ E	<b>)</b>			
_ DOL	Amendment Emergency (		— [I	Denville				ASSESTA	Contract				
DOH	justification)			Name of				& LICE	4 J Hebhone	Number			
L DCA	Cancellation		I	Dan Ste				~ 6102	14221	-			
Name of Facility Where	Abatement is Takin	n Place /3	1)	FACIL	ITY INF	ORMATI	ON	Type of Facility	(4)				
Morris Catholic Con		g r lace (S	2)										
Street Address	vent							School (K-	12) er 8 (Other than	K 12\			
								100 00 00 00 00 00 00 00 00 00 00 00 00	private & comm		dings	, hom	es,
200 Morris Ave City (5)						-		etc.)		-7			
A CONTRACTOR OF THE PROPERTY O							-	Square Feet	# of Floors	E	Bldg.	Age	
Denville, NJ 07834 County (6)				Country	\ada (7)			0 111 /5					
Associated and the second second				County C		9		Current Use (P	rior if being dem				
Morris	m Ulrad by Duilding	O		T 45014	NI-				Buildir	ng			che
hanco mose	in miled by Building (	Jwner (8)		0021	NO.		E-12 /2007	of Abatement Co					
AET Street Address	e of Monitoring Firm Hired by Building Own  t Address  Church Road  State, Zip Code  ewater, NJ 08807  ct Manager for Monitoring Firm							ACK Group,	LLC.				
								Address	075 000				
								(ings HWY N	, STE 209		-		
	207							tate, Zip Code					
THE RESIDENCE OF THE PARTY OF T				Telephon	- NI-		MARKET MARKET AND ADDRESS OF THE PARKET AND	Hill, NJ 080					33-51
Eric Houseknecht	intoling Film			manie 🌯			100000000000000000000000000000000000000	one No.	Licens				
Start Date (10)		Sahaduli	34	908-296				759 - MACK of OSHA Monito	00781			120	- 186
12/9/1	4	Scriedure	eu Coi		Jale (11)								
Occupancy Status Durin		k Only Or	10)	2/5/15	-			ACK Group, Address	LLC.				
				or not the record to					STE 200				
	cated During Entire I ned Outside of Norm							(ings HWY N tate, Zip Code	, STE 209		-		
Other - Describe:							100-0-00-00-00-00-00-00-00-00-00-00-00-0	Hill, NJ 0803	2.4				
Scope of Work (Check	All That Apply)	_					Cherry	1111, 143 000	54				
≥3 sf or ≥3 lf	,			et			Б	7		. 51			
≥160 sf or ≥260 if		The state of the s	Renova Demoli				Ď	Mini-Enclosu	nent with Negati re	ve Pressu	re		
							2	Glovebag Pro	ocedure	000 020			
								Non-Exempte	d (*) and Non-Fri	able Proce			
		1000	Locat									emen ype	I.
Location Asbestos-Containing		Contract Contract	Norma d Sole		Asha		scription				Т	T	T
TO BE A	50 W S	1 2000	intena					aterial (ACM) insulation.	Amount (Specify	70	_	Enc	四四
In Fac		Cus	todial ( (12)	Staff?	4.000	surfa	cing, VA	T, or	SF or LF)	em	Repair	caps	1Clos
(13)	)	-	,			other r	niscellan	eous)		Remova	air	Encapsulate	Enclosure
		Yes	No	N/A								Ф	
Ist floor and	d 2d floor		X			popo	orn ce	ilina -	8000 s/f	X			
Basement, 1st flo	oor & 2nd floor		X				at/Mast		9500 s/f				<u> </u>
Basen	nent	X					pipe		150 l/f	X			
Racon	Basement				fir	coproof/		ceilings	1500 s/f		-	V	
Name of Registered Wa	107.000		1	J DEP W			Yards		f Registered Lan		1		
31 110g.010104 VVC			8	lauler ID I		of Wa		Name 0		51111			
Freehold / Newark /	Freehold / Newark / ATC*			450	19		191.5	Cumbe	rland Co./ BF	I/GRO	WS	/TR	RF
City, State	SA NO DEPOSITE OF THE PROPERTY					Dispo	sal Date	City, Sta	ate				
Freehold / Newark, I						2/5/15		g / Imperial /	Morrisv	ille,	PA		
Completed by						8	Signature	1012		Date	-		
Mike Cooper	Presid	lent				1/2-1		/	11/24/1	4			

ASB-41 (R-06-08)

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Location of Asbestos-Containing Material (ACM)		Locati Normal ed Sole	ly	Description of			Abat T	emen ype	t
TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	Yes	No	N/A			1 2		te	
Basement	X			pipe	1200 l/f			X	1
						197			+
									t
						1	1		t
597						-			t
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Check # 9142

Date of Notification (1)	U	N	.0 07 10.	Scott		mans						
Agencies Notified Type Notification	<del></del>	S	treet Ad		, , ,	JI ICH	>	1	4	-		
D EPACE TOS MIT Intell				18	AR	nStro	ng Ro	ad				
DOLA LIGEN DOLAMENDE Amended Amendment #	- 15	C	city, Stat	e, Zip Code	0.030	Larra	$J_{\lambda})_{\tau}$	- /	) ~	190	00	)
☐ Emergency (inc	duding	-   N	lame of	Contact	KIUS	rown	Telephone		_			
DOH justification DCA Cancellation		1.		off Yer	ma	25	T.					-1
				ITY INFORMATI	ON	7 - 7 F - 10 - 7						
Name of Facility Where Abatement is Taking F	Place (3)	V 1	. II.	29	1	ype of Facility (		=				
Street Address J. Street Address J.		100	_ 111	76		Subchapter	8 (Other than					
18 ARMSH	MO n	9	Roc	d.	>	Other (i.e. p etc.)	rivate & comm	ercial bu	iildi	ngs, l	nome	s,
City (5)		1	· ^	7910	S	Square Feet	# of Floors		Blo	ig. Ag		
Morristown	N.	5		7960		Summent I have (Daile	2	oliobod)		6	5+	_
County (6) MORRIS	17		County C STATE U	ISE ONLY)		Current Use (Prid	or it being dem	olisnea)				
Name of Monitoring Firm Hired by Building Ow	rner (8)		ASCM	No.	Name of	Abatement Con	tractor (9)	200	e			•
Street Address	1162	1		MA	Street Ad	ddress	hnol	9916	. 3	7	Cn	6
Ro. Box 33	57				P. 6	D. Box	337					
City, State, Zip Code	TIM	9 /	19	533	City, Sta	te, Zip Code	AL SA	71	15	15	13	7
Project Manager for Movif rilig Firm	AO	T	elephor	ne No.	Telepho		Licens	se No.			9 A	
Steve Schenker			200	758-3365	- S	58-336	5 6	00	3	14	4	
Start Date (10)	cheduled	Com	pletion [	Date (11)	Name of	OSHA Monitor	. 1				6	
12-15-14			<i>15-</i>	14	Street A		hnologi	es i		C		
Occupancy Status During Abatement (Check Constitution of Check Cons			ant			O. BOK	337					322
Abatement Performed Outside of Normal					City, Sta	te, Zip Code						
Other - Describe:					Nec	u Egypt	LU	08	5	3	3_	
Scope of Work (Check All That Apply)					~	^ = # O t-:		D				
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	1 1 2 0 0 0 0 0	novati			^ <u>_</u>	Full Containme Mini-Enclosure	ent with Negau e	ve Pres	sure	3		
					28	Glovebag Prod Non-Exempted	cedure d (*) and Non-F	riable P	roc	edure	9	
	ls I	ocatio	on.	N. 73.97L						Abate	ment	
Location of	No	ormally	y		escription o			-	Т	Typ	oe	
Asbestos-Containing Material (ACM) TO BE ABATED	Main	Solely tenan	œ/	Asbestos Con (i.e. therma	itaining Ma I systems i	iterial (ACM) insulation,	Amount (Specify	2	0	- I	Enc	En
In Facility	Custo	dial S (12)	taff?	surfa	cing, VAT,	, or	SF or LF)	Zeniova		Repair	Encapsulate	Enclosure
(13)			NI/A	ou let i	miscenarie	ous)		\alpha	2	7	late	ıre
	Yes	No	.N/A	Air Du	ct 1.7.	Acid	50 LF		c			
Garage	X					12" 12"	30 S	1-				
1st Floor wash koon	X			riuk	(1163	16716	50 5	ر ا				
								_				
Name of Registered Waste Hauler			JDEP W	100000000000000000000000000000000000000	Yards	Name of	Registered La	ndfill				
EPC Technologies		Ha	auler ID		aste 2	Wast	e Mana	sene	nt	- 0 (	? {	A
City. State			100	Dispo	sal Date	City, Stat	te -					
New Equat 1	15	`\			-16-	14 Morn	isville	PA	*			
Steve Schenker	Title Pres	0	.+		Signature	SAV	1	Jale 1	) _	4-	14	. =
JRUZ JCHEN NEW	rkes	> i Ott	en!		The state of the s	Se La CAR	o Page		•	9	[	_

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	(1)		ding Owner/Operator	(2)				
12-1-14		Susan N	oLan		¥		1.1	
Agencies Notified	Type Notification	Street Addre			0000		10.5	-
[ ]EPA	[X]Initial Notification	48 Wilf			2014 DEC	10 P	H 10: 1	7
[ ]DEP [X]DOL	[]Amended	West Or	ange,NJ,07052	2	ASSES	TAS GE	MITON	ŧ
[X] DOH	Notification	Name of Cont	2 , ,	Talanhar	ne Number	HOENS	MC INC	<u> </u>
[ ]DCA	[ ]EMERGENCY	Susan N		, c-	ie Number		.,10	
		FACII	ITY INFORMATION	1				
Name of Facility Whe	re Abatement is Ta	king Place (3)		Type of Facil	ity (4)			
Same as above	1				(K-12) ter 8 (Otheri.e., priva			
				cial b	uildings,	homes, e	etc.)	
City /5	County	(6) Faces	Country Code (7)	Square Feet	# of Flo		dg. Age	
City (5	County	y (6)Essex	County Code (7) (STATE USE ONLY)	1500 Current Use (	Prior if be		75 molished	E)
Name of Monitoring F Owner (8)	irm hired by Build	ing ASCM No.	A STATE OF THE PARTY OF THE PAR	ment Contracto ANAGEMENT				
N/A Street Address			Street Addres		,			
Street Address				s stopher St	•			
City, State, Zip Cod	e		City, State,	Zip Code				
			Montclai	r, NJ 070	42			
Project Manager for		relephone Numbe	Telephone Num (973)744			License		
Occupancy Status Dur [X]Facility Clos of Abatement [ ]Abatement Per Hours - Descr	ear Month ing Abatement (Checked/Vacated During	Entire Period  Normal Facilit  ript»	N/A Street Addres  Y City, State,	-				
Scope of Work (Check	all that apply)							
[X]≥3 sf or [ ]≥160 sf o	≥3 lf	[X]Renovation []Demolition	[ ]Mini- [X]Glove	Containment wi Enclosure bag Procedure 'riable Procedu		e Pressi	ure	
T bi	-6	Is Location				Aba	tement	Type
Location Asbestos-Con Material TO BE ABA In Facil (13)	taining (ACM) ATED	Normally Used Solely By Maintenance/ Custodial Staff (12)	Description Asbestos-Con Material (i.e., thermal insulation, surf or other misce	taining (ACM) L systems acing, VAT,	Amount (Specif SF or LF)	I E	REPAIR.	NCHOS
Basement		X	Pipe Insulat	ion	110 lf	X		-
								-
Name of Registered W AZTECH MANAGI		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Regi		dfill		
City, State Montclair, NJ	07042		Disposal Date 12-12-14	City, State Morrisvi	lle, PA	. 1906	57	
Completed By (Print Constantine V:	3 3 3	lent	Signature			Date		

NO CK

Date of Notification (1)	15/14		Na	me of B	uilding	Owner/Operator (	E Dress	A DOG O DO	10.0			
Agencies Notified	Type Notification		Str	oat Add	2297			10 11	10: 8	4		
□ ®A	☑ 'Initial		_			30×863		STOR EST	ITDo	1	=	
	Amended		Cit	y, State,	Zip Co	de	11-10	BEZ LAGENSIA	M A	L		
□ DOF	Amendment #_ Emergency (inc	puling	_			RANDE	10270	Telephone Number	U-	.1		1
□ DOH	justification)		Na	me of C	ontact			I ENELS & S. P. Termino.				
D DCA	Cancellation				111			<u> </u>			-	1
			1	FACILIT	YINFO	RMATION						1
	Takina	Place (3)					Type of Facility (	(1)				
	DENCE						School (K-12) Subchapter 8	(Other than K-12) vate & commercial	ouilding	s,		
Street Address 67/0	PACIFICI	JVE,	_				homes, etc.) Square Feet	# of Floors	Bldg.	Age		1
City (5) 1 1/12	Swows C	RES	7_				1000	2 or if being demolish		0+	_	4
S			1	County C	code (7 LY)	STATE	Current Use (PIN	ANT				
Name of Monitoring Firm	M PY	)wner	- J T AS	SCM No.	$\overline{}$	Name of Abatem	nent Contractor (9)	c,				-
(8)	/A		<u>.l –</u>		-							
Street Address		11,00,000				369 5	3. SPRU			_		=
City, State, Zip Code						City, State, Zip C	LÉ SHRI	E, NJO	805	۷_	_	_
Project Manager for Mo	oritorina Firm.	T.	Teleph	none No.				Liœnse No.				
Project Manager lot Mo				5.1	(5.5)	THOCHA	Monitos					7
Start Date (10)		duled Cor				JOSE	DK/4/EVA	M		-	==	-
12/120/14 Occupancy Status Dur				-/-	-	Street Address	Spruc	EAVEI				
Facility Closed/Vac	ated During Entire P	eriod of Al	batem	ent								
Abatement Perform	ed Outside of Norma	al Facility	Hours			City, State, Zip	Code CILAD	E, N, J,	080	5.2		
Other - Describe:					_	MAP	LEDANY					_
	all that apoly)						ontainment with Ne	egative Pressure				
Scope of Work (Check	( all ulat apply)		55763	_		☐ Mini-E	nclosure					
≥3 st or ≥3 lf		Ren Den	ovation	XCI		Glove	bag Procedure	Ion-Friable Procedu	ire .			
≥160 sf or ≥260 ff		X				Non-E	-xempteo ( ) and i	1	A	baten		
		Is Lo	ocatio	n .						Тур	e	
e .		Used	mally Soleh	by		Description	of	Amount			m	
Locatio	on of	Main	tenan	œ/	Asbe	stos Containing N	(ACM)	(Specify	Z	R	Encapsulate	1 2
Asbestos-Containin	RATED	Cu	stodia		(i.€	, thermal system surfacing, VA	AT or	SF or LF)	) ž	Repair	psi	ENCIOSOR
IN Fac	slity		taff? (12)	- 1		other miscellar	neous)		Removal	i,	Jiat	0
(13		-	(12)								0	
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510	ING			X		TRANS	175	95000	-	-	_	-
	+ &								+-	1		1
								-	-	1		T
					1 1	Cubic Yards	I Name of Re	egistered Landfill		1-		
Name of Registered	Waste Hauler			UDEP V tauler 10		of Waste	CA	1, C, M, C	Α, Δ	1		
· KLÉMO	O INC.			1790	7_	Disposal Date					,	
City, State	LADE, N	J,0	80:	52		-	Woo	DB/NE,	<del></del>			
	. , , , , ,					Signatur	e , 10 ,		10	/	14	
Completed By		ine				×	osiph I Se	12	15			_
Completed By	LEMM	O C	n h	ER			xempled activities		/ 5			

### State of New Jersey

Ota	CC OI	I CC EL C	Ciscy		
NOTIFICATION	OF A	SBEST	ros A	ABAT	EMENT
/Durquant f	ONL	AC 8-6	n and	112-1	20)

Date of Notification (	1) December 3.	2014		Name	of Building	Owner / Operator (2		THE SK # 923			7#	111
	October 21, 2014				of Americ	이 그리다 아이들은 아이들은 그 그리다 사람이 되었다면 하는 것이 없다.		III DED :			111	Щ
Agencies Notified	Type Notification	on .		Street	Address			TI DEC 1	1 2014	1		2
⊠EPA □DEP				129 Ha	ırdenburç	gh Avenue		ASBESTOS CO	ONTRO	DL &	1	
DOL	Initial			City, S	tate & Zip	Code		LIGENS	iNG		-	
⊠DOH	Amend	ed ment # 4			est, NJ (							
DCA	Cancel	0.000		Name	of Contac	t		Tele	phone	Numl	ber	
				Dino N	lappi							and collections
				FA	CILITY	INFORMATION					-0.000	
Name of Facility Who Bank of America	ere Abatement is	Taking Pla	ice (3)			Type of Facilit	0.0000000000000000000000000000000000000					
Street Address		1				Subchap	ter 8 (Other than	K-12)				-
129 Hardenburgh A	venue					Other (i	.e., private & co	mmercial buildings,	home	, etc	.)	
						Square Feet	# of Floo		Age			
City (5)						6,000		2		60		
Demarest						Current Use (	Prior if being dem	nolished)				
County (6) Bergen			nty Code	: (7)								
Name of Monitoring	Firm Hired by Bui				ASCM	No. Name of Abat	tement Contractor	r (9)				
Environmental Tes	ting Consultants	, LLC				Synatech, Inc					17.1	
Street Address 413 North Black Ho	rea Dika					Street Addres 829 Radio Ro						
City, State & Zip Coo						City, State & 2						
Runnemede, NJ 08							rbor, NJ 08087			-		
Project Manager for Howard Zenobi	Monitoring Firm		1,75,543	lephone I 6-482-13		Telephone Nu 609-296-6916		License Numb	er 00817			
Scheduled Start Dat		cheduled (				Name of OSH						
November 7 Occupancy Status D	ouring Abatement	(Check on	ly one)	ber 18, 2		Synatech, Inc Street Addres	ss					
	sed/Vacated Duri				nt	829 Radio Ro						_
	Performed Outsid	te of Norm	al Hours	i								
Other – Des	scribe. cupied During Aba	toment				Little Egg Ha	rbor, NJ 08087					
Scope of Work (Che		nement	-									
							Full Containmen	t with Negative Pressu	ire			
≥3 sf or ≥ 50 l	f			Renovati	on	$\overline{\boxtimes}$	Mini-Enclosure					
≥160 sf or ≥2	60 If			Demolitio	on		Glovebag Proce	dure				
1000 - 10						$\boxtimes$	Non-Exempted(	*) and Non-Friable Pro				
	cation of			Normally Us		Description			Abat	emer	nt Ty	ре
	aining Material (A	CM)	y wanten	(12)	Julian Grant	Asbestos-Co Material (/		Amount (Specify SF or LF)				
	E ABATED Facility					(i.e., thermal		J Ci Li )	, ,		Eno	m
	(13)					insulation, surfa			Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A	or other misce	elianeous)		=		ate	ri i
Main Banking Cent	ter				X	Plaster Ceilir	ng Veneer	2,600 SF	X	1		
Main Banking Cent	ter				Х	Ceiling Joint C	Compound	300 SF	X	- 1		
2 <sup>nd</sup> Floor Lavatorie	s				Х	Plaster V	Valls	450 SF	X			
Main Banking Cent	ter				X	Pipe Insulation and	Assoc. Fittings	240 LF	X	- 1		
Main Banking Cent	ter				X	Floor	Tile	270 SF	X			
Name of Registered	Waste Hauler		NJDEP ' Hauler II		Cubic \	Yards of Waste	Name of Regist	tered Landfill				
Synatech, Inc.				429	84		Grows Landfil	l				33557
City, State		V- 1731			Dispos	al Date	City, State					
Little Egg Harbor, I	N.I 08087				Decem	ber 19, 2014	Morrisville, PA					
Completed By	00001	Title			Signati			Date				
					1 1	Vane Alor		December 3, 20	14			
Diane Aloia		Executive	Admin	strator	1 1	June / Clil		October 21, 2014				

Date of Notification (	1) November 11, October 21, 2014				of Building of Americ	g Owner / Operato a	or (2)		7 250 1	0 2	01/		
Agencies Notified  EPA  DEP	Type Notificatio	n			Address rdenburg	gh Avenue		**	ASBESTOS	CON	TROI	_&_	
⊠DOL	Initial			City, St	ate & Zip	Code		— L		7.2047			
_ ⊠рон	Amend			Demar	est, NJ (	7627							
DON DCA	Amend	ment #3	-	Name	of Contac	+			Tel	ephon	- Nur	nher	
Шрод	L Cancell	iation		Dino N					110	Срион	o rvui	11001	
MATCHINE THE SET OF STREET	1			FAC	ILITY I	NFORMATIO	N						MANAGEMENT (CS)
Name of Facility Wh	ere Abatement is	Taking Pl	ace (3)			Type of Fa						-	**********
Bank of America							ol (K-12)	w	10)				
Street Address								other than K-	200				
129 Hardenburgh A	venue					Square Fe			mercial buildings		ie, ei	(C.)	
City (5)							et 000	# of Floors	2	g. Age	60		
Demarest							The state of the s	peing demolis				-	
County (6)	<del>2939 (2982 <u>- 1</u></del>		unty Code	(7)		Dank	Valleding		****	****		NE ROUTE DE LA COMP	NAME OF TAXABLE PARTY.
Bergen Name of Monitoring	6 시간 - 그림, 이번 11 12 12 12 13 13 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	ding Own	E ONLY_ er (8)		ASCM I			Contractor (9	)				
New York Environn Street Address	nental & Material	Testing				Synatech Street Add					11077		
88 Harbor Road						829 Radio		100.00					
City, State & Zip Coo							& Zip Cod						
Port Washington, N Project Manager for			Tel	ephone N	lumber	Telephone	Harbor, N	J 08087	License Numl	ber			
Stephen O'Doherty			15000000	6-944 <b>-</b> 950		609-296-6				0081	7		
Scheduled Start Dat		cheduled	Completio				OSHA Moni	tor					
November 7 Occupancy Status D		(Check or		per 18, 20	J14	Synatech Street Add	Maria Cara Cara Cara Cara Cara Cara Cara					-	-
Facility Clos	sed/Vacated Durin	ng Entire f	Period of A	Abatemer	ıt	829 Radio							
	Performed Outsid	e of Norm	nal Hours				e & Zip Cod						81
Other – Des	scribe: cupied During Aba	tement				Little Egg	Harbor, N	J 08087					
Scope of Work (Che	ck all that apply)									- C - C - C - C - C - C - C - C - C - C			
П. с			П	D	_		=		ith Negative Press	ure			
≥3 sf or ≥ 50 l     ≥160 sf or ≥2				Renovatio Demolitio			_	nclosure					
≥ 100 St 01 ≥2	00 II			Demonito				pag Procedur	e ind Non-Friable Pr	ncedu	re		
Ic	ocation of		Is Location	on Norma	Ilv Used	Desc	ription of	xcmptou() e	ind Holl I Hable I I		atem	ent T	Type
Asbestos-Cont	aining Material (A	CM)	Solely by	y Mainten	ance or		s-Containin	g	Amount (Specify				
	SE ABATED  N Facility		Custo	dial Staff	? (12)		rial (ACM) mal systen	ns l	SF or LF)	-			
	(13)					insulation,	surfacing, \	VAT		Re	Z	Encapsul	Enclosure
						or other m	niscellaneo	us)		Remova	Repair	aps	losi
			Yes	No	N/A					/al	=	=	lre.
Main Banking Cent	ter		165	140	X	Plaster C	Ceiling Vene	eer	2,600 SF	X	CHEFORE		
Main Banking Cent					Х	Ceiling Jo	int Compou	und	300 SF	X			-
2 <sup>nd</sup> Floor Lavatorie	s				Х	Plas	ter Walls		450 SF	X			
Main Banking Cent	ter				Х	Pipe Insulation	and Assoc	. Fittings	240 LF	X			
Name of Registered	Waste Hauler		NJDEP \		Cubic \	Yards of Waste	Name	e of Registere	ed Landfill		SC4 54.144		
Synatech, Inc.				429	80		Grow	s Landfill					
City, State			*1		Dispos	al Date	City,	State			- 447		
Little Egg Harbor,	N.I 08087				Decem	ber 19, 2014	Morr	isville, PA					
Completed By		Title			Signati	ıre	10 10	Da	te				
		Ever 4	o Adusts	otroto-	1	Via A	STE .	0-	November 11, tober 21, 2014	2014			
Diane Aloia		Executiv	e Admini	strator	16	1 Will VI		. 106	10001 21, 2014				

								MOUNTER				_
Date of Notification (1 November 7, 2014	)-November 5,	<del>-2014</del> -			of Building O	wner / Operator (2	2)		DEC 1	0	014	
Agencies Notified	Type Notificati		-	_	Address				Mark and	0 :	UIT	
⊠EPA □DEP	, ypo riotmodu			1000000	rdenburgh /	Avenue		AS	BESTOS LICE			L
⊠DOL	☐ Initial			City, St	ate & Zip Co	de						
⊠рон	Amen	ded dment #_X2		Demar	est, NJ 076	27						
DCA	Cance			Name o	of Contact				Telephon	e Num	ber	
				Dino N	appi							
				FAC	CILITY INF	ORMATION						
Name of Facility Whe	ere Abatement is	Taking Place (	(3)			Type of Facilit						
Bank of America						School (I	· · · · · · · ·					
Street Address							ter 8 (Other than					
129 Hardenburgh Av	venue				7.0			mmercial build			2.)	
City (5)			-			Square Feet 6,000	# of Flo	ors 2	Bldg. Age	60		
City (5) Demarest							rior if being dem			00		_
Jonarest			lar se			Bank		,				
County (6)		County		(7)								
Bergen	iem Line die C	USE ON			ASCM No.	Name of Ab-	ement Contracto	r (Q)				_
Name of Monitoring F New York Environm			1		ASCIVI IVO.	Synatech, Inc		1 (3)				
Street Address						Street Addres	s					
8 Harbor Road						829 Radio Ro						_
City, State & Zip Code ort Washington, N						City, State & Z	rbor, NJ 08087					
roject Manager for N			Tel	ephone N	lumber	Telephone Nu		License 1	Number			_
Stephen O'Doherty	-		516	944-950	10	609-296-6916			0081	7		_
Scheduled Start Date November &	(10) (X <b>2X</b> )X(X(7, 2014)	Scheduled Com De		on Date (1 per 18, 20	0.000	Name of OSH Synatech, Inc						
Occupancy Status Du			-	31 10, 20		Street Addres						
	ed/Vacated Dur			Abatemen	nt	829 Radio Ro						
	Performed Outsi	de of Normal H	lours			City, State & 2						
Other – Des		0.5				Little Egg Ha	rbor, NJ 08087					
	upied During Ab							- manpa-				_
Scope of Work (Chec	ck all that apply)											
			П.	D		×		t with Negative P	ressure			
≥3 sf or ≥ 50 lf			=	Renovatio Demolitio		H	Mini-Enclosure					
≥160 sf or ≥26	50 IT		LJ 1	Demonilo	11.	H	Glovebag Proce		la Dragadi			
1	cation of	Tiol	oca#i	on Norma	lly Head	Descripti		*) and Non-Friab		ateme	nt T	/De
Asbestos-Conta				y Mainten		Asbestos-Co		Amount (Spe		2.0.110	)	-
TO BE	E ABATED			dial Staff		Material (		SF or LF)				_
	Facility (13)					(i.e., thermal insulation, surf			D D		m	Щ
	(13)					or other misc			em	Repair	cap	Clo
									Removal	air	Encapsul	Enclosure
		Y	es	No	N/A		1/a	0.600.05			-	
Main Banking Cente					X	Plaster Ceilin		2,600 SF 300 SF				
flain Banking Center and Floor Lavatories	0.9				X	Ceiling Joint (		450 SF	X			
		NI IF	NED Y	Vaste		is of Waste	Name of Regis		^			_
Name of Registered	vvaste mauter	0.000		No.	Cubic Tall	19 OI VVASIC	Hante of Regis	iorea canaini				
Synatech, Inc.				429	80		Grows Landfil	I				
City, State					Disposal D	Date	City, State					
ittle Egg Harbor, N	1.1 08087				December	r 19, 2014	Morrisville, PA	λ				
Completed By	00001	Title			Signature	.0.4	13321137113717	Date Novembe	r 7, 2014			
					Nan	: ////		-November				
Diane Aloia		Executive Ad	mini	strator	K Glow	i cico		October 21, 201	4	-		-

Date of Notification						wner / Operator (		neck#-923 I			15	
	October 21, 201			_	f America Address			THE DEC	10	2014	_	111
Agencies Notified	Type Notificati	on		1	rdenburgh	Avenue		JU SI DEC	. 10	2014		
DEP								ASBEST	09.000	TDO	- 0	1
⊠DOL	☐ Initial			City, St	ate & Zip Co	ode			CENSIN		- 14	
	Amen	ded			est, NJ 076							
<b>⊠</b> DOH		dment # 1		Domain	000, 110 01 0	<u> </u>			Name and the English of the Annual Control			
DCA	A STATE OF THE STA	llation	_	Name o	of Contact				Telephone	Numl	er	
				Dino N	appi			Į.				
		XI. 1032-2-2-3		FAC	ILITY IN	FORMATION						_
Name of Facility Wh Bank of America	ere Abatement is	Taking P	lace (3)			Type of Facil						
							pter 8 (Other than	K 12)				
Street Address						The second secon		arrest marketing			Š.	
129 Hardenburgh A	Avenue					Land .		ommercial buildin		e, etc	.)	
						Square Feet		1000000	ldg. Age	••		
City (5)						6,00		2		60		_
Demarest						100000	(Prior if being dem	nousnea)				
County (6)		Ica	ounty Code	(7)		Bank						
Bergen			SE ONLY_	(1)								
Name of Monitoring					ASCM No		atement Contracto	r (9)				
New York Environ	mental & Materia	al Testing				Synatech, Ir						
Street Address						Street Addre						
88 Harbor Road						829 Radio R						_
City, State & Zip Co						City, State &	arbor, NJ 08087					
Port Washington, I Project Manager for			ITal	ephone N	lumber	Telephone N		License Nu	ımber		_	
Stephen O'Doherty			2000	6-944-950		609-296-691			00817			
Scheduled Start Da	te (10)	Scheduled	i Completion	on Date (* per 18, 20		Name of OS Synatech, Ir						
Occupancy Status [		t (Check o	only one) Period of	Abatemer	nt	Street Addre 829 Radio R						
	Performed Outsi					City, State &	Zip Code					
Other - De							arbor, NJ 08087					
	cupied During Ab	atement										
Scope of Work (Che								y				
Scope of Work (Cite	sck all that apply)						7 Full Containmen	nt with Negative Pre	essure			
≥3 sf or ≥ 50	If		П	Renovatio	on	Ë	Mini-Enclosure					
≥160 sf or ≥2			=	Demolitio		F	Glovebag Proce	dura				
M ≥100 Si 0i ≥2	1 000		ш	Demonio		<u> </u>		(*) and Non-Friable	Drocedus			
			Dalassi	an Narma	lliv I lood	Descrip		( ) and Non-i habic		atemer	of To	/ne
	ocation of taining Material (/	(M)		on Norma y Mainter		Asbestos-0		Amount (Speci		atomo		PC
	BE ABATED	(Olvi)		dial Staff		Material		SF or LF)				
	N Facility					(i.e., therma			_		m	ш
	(13)					insulation, su			Remova	Repair	Encapsul	Enclosure
						or other mis	cellaneous)		non	pa	aps	los
			V	NI.	NI/A				<u>a</u>	=	=	Ге
Main Banking Cen	ter		Yes	No	N/A X	Plaster Cei	ling Veneer	2,600 SF	X	$\dashv$	+	-
Main Banking Cen					X		Compound	300 SF	X			
2 <sup>nd</sup> Floor Lavatorie			-		X	Plaster		450 SF	X			
Name of Registered			NJDEP \			ds of Waste	Name of Regis	stered Landfill				
Cumata sh. 1			Hauler II	) No. '429	80		Grows Landfi	II .				
Synatech, Inc.		-		423	Disposal	Date	City, State			12000		
City, State					Dishosal	Date	Oity, State					
Little Egg Harbor,	NJ 08087				Decembe	er 19, 2014	Morrisville, P	A				
Completed By		Title			Signature	. 17.5		Date				
				pogration of the	162	: (1/107		November 5				
Diane Aloia		Executi	ve Admini	strator	1 Miles		_	October 21, 2014				000000

		370				Ghe	eck # 9231		11	1 111
ate of Notification (1)				Building Ow America	ner / Operator (2)		DEC 10	2014		൰
October 21, 2014 Type Notification			Street Ac					erepaint II.	-	
₫EPA				denburgh A	venue		ASBESTOS CO LICENS		. &	
DEP Initial	,			te & Zip Coo st, NJ 0762						
DOH Amender			Demare	St, 140 0702			I Fa	lephone	Numb	OF.
DCA Cancella	1500 E 1000 E		Name of	Contact			lie	iepnone	Yumb	GI
			Dino Na	ppi						
			FAC	ILITY INF	ORMATION					
ame of Facility Where Abatement is T	aking Pla	ce (3)			Type of Facility School (K-	-12)	40)			
treet Address						er 8 (Other than K	-12) 	e home	etc	)
29 Hardenburgh Avenue						e., private & con	nmercial building	ig. Age	, 010.	,
					Square Feet 6,000	# of Floor	2	_	60	
ity (5)						rior if being demo	lished)			
emarest					Bank					
County (6)		nty Code	(7)							
Bergen Jame of Monitoring Firm Hired by Build				ASCM No.		ement Contractor	(9)			
lew York Environmental & Material	Testing	(-/			Synatech, Inc					
treet Address					Street Address 829 Radio Ro					
8 Harbor Road					City, State & Z	ip Code				
ity, State & Zip Code ort Washington, NY 11050					Little Egg Har	bor, NJ 08087	License Nu	mher		
roject Manager for Monitoring Firm			ephone N		Telephone Nu 609-296-6916	mper	License iva	00817		
Stephen O'Doherty	chadulad	Completic	-944-950	MANUFACTURE CO.	Name of OSH					
Scheduled Start Date (10)  November 8, 2014	Cileduled	Decemb	per 18, 20	014	Synatech, Inc					
Description Abatement	(Check or	nly one)	\ h = t = m = r		Street Address					
Facility Closed/Vacated Durin	ng Entire i	eriod of A	Abatemen	п	City, State & Z					
Abatement Performed Outsid	le of North	iai nouis				rbor, NJ 08087				
Other – Describe: Facility Occupied During Aba	tement									
	nement									
Scope of Work (Check all that apply)					$\boxtimes$	Full Containment	with Negative Pre	essure		
≥3 sf or ≥ 50 lf			Renovati	on		Mini-Enclosure				
≥160 sf or ≥260 lf			Demolitio	on		Glovebag Proces	dure			
≥ 100 si si ≥200 ii				///			*) and Non-Friable	Procedu	re	ent Type
Location of		Is Locati	on Norm	ally Used	Descript Asbestos-C	ion of	Amount (Speci	375-500	aterne	ant i Ab
Asbestos-Containing Material (A	(CM)	Solely b	y Mainte odial Staf	nance or	Material	(ACM)	SF or LF)	<u> </u>		
TO BE ABATED IN Facility		Cusio	l otal	(12)	(i.e., therma	l systems	Ì	7	_	四四
(13)					insulation, sur or other misc	facing, VAI		em	Repair	cap
V-0009					of other misc	ellarieous)		Remova	air	Enclosure
		Yes	No	N/A						0
Main Banking Center		103	1	X	Plaster Ceil		2,600 SF	X		
Main Banking Center				Х	Ceiling Joint		300 SF	X	-	
2 <sup>nd</sup> Floor Lavatories				X	Joint Cor		160 SF	X		
Name of Registered Waste Hauler		NJDEP Hauler			ards of Waste	Name of Regis				
Synatech, Inc.			7429	80	I Data	Grows Landfi City, State	<u> </u>			
City, State				Disposa	Date	1				
					per 19, 2014	Morrisville, P.				
Little Egg Harbor, NJ 08087 Completed By	Title			Signatu	re - A		Date			
	-	A !-	aictrata-	100	ani allor		October 21, 201	4		
Diane Aloia	Execut	ive Admir	nstrator							

Г		E	01		W	ES.	
		(	$\mathbb{S}^{1/2}$		5		
	1		)Fr.d	9	2014		
	1	,				1	

					1)FL	1 0 2014	11
Date of Notice 11/28/14			Owner / Operator (2	2)	1		
Type Notification	1	Anheuser Bus Street Address	cii, iiic.			OS CONTROL 8	3
Agencies Notified X EPA X Emerg	ency Notificatio		outh			CENSING	0.58
	Notification	City, State & Zip					
	ded Notification	Newark, NJ 07					
X DOH Cance	ellation	Name of Contact				Telephone Num	nber
DCA		Jesse Gross					
		FACILITY IN	FORMATION				
Name of Facility Where Abatemer	nt is Taking Plac	ce (3)	Type of Facility	(4)			
BP&S, Bre	whouse 1 and	1 2,	School (K-				
			Subchapte	r 8 (Other than K	-12)		
200 Ro	ute 1 South			private & comme		Bldg. Age	
	0 1 10	County Cod - (7)	Square Feet 150000	# of Floors		60 +/-	
50 000	County (6)	County Code (7)		rior if being demo	lished)	00 17-	
Newark	Essex		Brewery				
Name of Monitoring Firm Hired by	Building Owne	r (8) ASCM N 0045		ment Contractor (			
Environmental Tactics, Inc Street Address		0043	Street Address		,		
Street Address 64 Broad Street			443 Schoolhe				
City, State & Zip Code		***	City, State & Zi				
Matawan, NJ 07747				nship, NJ 0883		N 1	
Project Manager for Monitoring Fi		Telephone Number	Telephone Nun		License	Number 00714	
Tom Geiger		732-290-2217	732-605-9062			00/14	
Scheduled Start Date (10) Start Date (10) Start Date (10)		oletion Date (11) <b>12/8/14</b>	Name of OSHA Global Abate	ment Services	, LLC		
Occupancy Status During Abatem	nent (Check onl	y one)	Street Address				
Facility Closed/Vacated D			443 Schoolh				
Abatement Performed Ou			City, State & Zi	p Code nship, NJ 0883	4		
X Describe: Area Isolate Other - Describe:	ea During Ab	atement	INIOTITOE TOW	נוסוווף, ואט טססט	•		
Scope of Work (Check all that app	ply)				- Alward		
Demolition	X Renovation	n		Containment wit	h Negative	Pressure	
Large Project			1,515; (S)(C)	i-Enclosure			
X Quantity is ≥ 3 SF or ≥ 3				vebag Procedur			
Quantity is ≥ 160 SF or ≥	260 LF ACM			er: Non-friable		Abatement	Type
Location of		Is Location Normally Used	Description Asbestos-Conta		Amount Specify	(Specify: Rer	
Asbestos-Containing Material (ACM)	9	Solely by	Material (AC	•	uare Feet	Repair, Encap	sulatio
TO BE ABATED		Maintenance or	(i.e., thermal sys	stems	or	or Enclosu	
in Facility		Custodial Staff?	insulation, surfacir	ng, VAT Lir	near Feet)		
(13)		(12)	or other miscella	neous)			
See attach	ed						
Name of Registered Waste Haule	er I	NJDEP Waste Haule	r ID# Cu. Yds.	of Waste Na	me of Reg	istered Landfill	
Freehold Cartage		18693		5 TR	RF		
City, State			Disposal	Date Cit	y, State		
Freehold, NJ					llytown,		
ricellola, No			101			ID at	0
Completed By (Print or Type)	Title		Signature	,	_	Date	
		Manager	Signature	inick Tring	gali		1/28/1

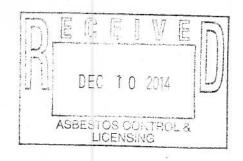
### BP&S:

Line 65- 15LF of 8" steam pipe Line 55- 6LF of 8" steam pipe Line 55- 15LF of 34" condensate pipe 1M- 5LF 8" steam pipe

### Brewhouse-:

1<sup>st</sup> Floor- 8LF of 12" steam valve (tee) 6LF of 1.5" steam valve (tee)

### Brewhouse 2: CIP#1- 6LF of 2" steam pipe



### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) December 3, 2014 Seminole Construction Agencies Notified Type of Notification Street Address X EPA Initial Notification 128 Bartlett Avenue DEP Amended Notification City, State, Zip Code Amendment # ASBESTOS CONTROL & [x] DOL West Creek, NJ 08092 LICENSING [x] Emergency (including justification) Telephone Number Name of Contact [x] DOH Cancellation Joyce Corliss 1 DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [x]5 E. 19th Street Other (i.e., private & commercial buildings, homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 1200 sf 60 LB Twp. Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/4/14 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or ≥3 lf Renovation Glovebag Procedure [x]≥160 sf or ≥260 lf [ x ] Demolition [x] Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Description of E E Asbestos-Containing Location of Normally used Amount E E N N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF P C C M Maintenance/Custodial TO BE ABATED (i.e., thermal systems or LF) A A L 0 insulation, surfacing, Staff 0 in facility I V R S S (12)VAT, or (13)U U other miscellaneous) A L R YES NO N/A L E Exterior X Asbestos siding 1150 sf X NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler Guardian Contracting, Inc. 20223 T.R.R.F. City, State Disposal Date City, State Toms River, New Jersey 12/9/14 Tullytown, Ponnsylvania

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

Date

12/3/2014

Signature

Completed by (Print or Type)

Nicholas Fernicola

Title

Project Manager

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) DER 15 2065 December 3, 2014 Seminole Construction Type of Notification Agencies Notified Street Address 128 Bartlett Avenue X EPA Initial Notification DEP Amended Notification City, State, Zip Code LICENSING Amendment #\_ [X] DOL West Creek, NJ 08092 [x]Emergency (including justification) Name of Contact Telephone Number [ x ] DOH Cancellation Joyce Corliss ] DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial buildings, 14 W Winfred Avenue homes, etc.) City County Code (7) # of Floors Square feet Bldg. Age County (6) (STATE USE ONLY) 60 1800 sf Current Use (Prior if being demolished) LB Twp. Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 732-349-9932 00624 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 12/4/14 12/8/14 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure [ ] >3 sf or ≥3 lf Renovation Glovebag Procedure [x] ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-Friable Procedure [ x ] [x]Abatement Type Is Location Description of E Location of Normally used Asbestos-Containing Amount E E N N Solely by Material (ACM) (Specify SF Asbestos-Containing Material (ACM) C C P M Maintenance/Custodial (i.e., thermal systems or LF) TO BE ABATED A A L 0 insulation, surfacing, 0 Staff in facility V VAT. or R S S (13)(12)H U other miscellaneous) A R YES NO N/A L E X Asbestos siding 1600 sf X Exterior 600 sf X X Asbestos siding Exterior Name of Registered Landfill NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Waste Hauler T.R.R.F. Guardian Contracting, Inc. 20223 Disposal Date City, State City, State 12/9/14 Tullytown Jennsylvania Toms River, New Jersey

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

Completed by (Print or Type)

Nicholas Fernicola

Title

Project Manager

Date

12/3/2014

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)	December 3, 201	1		Name of Building		rator (2) le Marine Constr	uction	<b>~</b> ~	11	11	
Agencies Notified [ X ] EPA	Type of Notificati			Street Address		dsall Street	Ü	人 )	0 2	. <del>9</del> 1014	
[ ] DEP [x] DOL	Amen	ded Notificatio	_	City, State, Zip Co		own, NJ 08758	ASBES	TOS LICE			3
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			FAC	LILITY INFORM	MATION						
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Street Address	312 Anchor Drive					[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ings,
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	rm Hired by Building ( N/A	Owner (8)		ASCM No.	1		or (9) dian Contracting,	Inc.			
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Project Manager for Me			ohone Number		732-34	ne Number 19-9932	License N 00624	umber			
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5 5	all that apply) >3 sf or ≥3 lf ≥160 sf or ≥260 lf	[ ;	Renov		[ [ [ x	Mini-Enclosure Glovebag Proce			ire		
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Locati Asbestos-Containin TO BE A in fac (13)	g Material (ACM) BATED cility	Norm Sol Maintenar S	ocation ally used ely by nce/Custodial Staff (12) NO N/A	(i	Descripti sbestos-Co Material (. e., thermal sulation, st VAT, ther miscel	ontaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	· · · · · · · · · · · · · · · · · · ·	X		Asbestos sid	ing		1150 sf	X			
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\*Do not use this form for asbestos licensure exempted activities.

### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Suyuan Mason December 3, 2014 Type of Notification Street Address . . Agencies Notified Initial Notification 1752 Serpentine Drive [X] EPA DEP Amended Notification City, State, Zip Code ASBESTOS CONTROL & Amendment #\_ [x] DOL LICENSING Forked River, NJ 08731 [x]Emergency (including X DOH justification) Name of Contact Telephone Number DCA Cancellation Suyuan Mason FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Residence School (k-12) Subchapter 8 (other than k-12) Street Address Other (i.e., private & commercial buildings, [x]1764 Lakeside Drive homes, etc.) County Code (7) Square feet # of Floors Bldg. Age City County (6) (STATE USE ONLY) 800 sf 60 Current Use (Prior if being demolished) Forked River Ocean Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 732-349-9932 00624 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 12/8/14 E.M.S.L. Analytical 12/4/14 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Glovebag Procedure >3 sf or ≥3 lf Renovation Non-Exempted (\*) and Non-Friable Procedure [x] ≥160 sf or ≥260 lf [ x ] Demolition [ x ] Abatement Type Is Location Description of E E Amount Normally used Asbestos-Containing Location of E E N N Solely by (Specify SF Material (ACM) Asbestos-Containing Material (ACM) P C C M (i.e., thermal systems or LF) Maintenance/Custodial Α L A TO BE ABATED 0 insulation, surfacing, P 0 Staff in facility V R S S VAT, or (12)(13)U U other miscellaneous) A R 1. YES NO N/A Τ. 750 sf X X Asbestos siding Exterior Name of Registered Landfill NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Waste Hauler T.R.R.F. 20223 3 Guardian Contracting, Inc. City, State Disposal Date City, State Tullytown, Pennsylvania 12/9/14 Toms River, New Jersey Signature Completed by (Print or Type) Title 12/3/14 Nicholas Fernicola Project Manager

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

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2063 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 02 14 10 Justin Popek Agencies Notified Type Notification Street Address X Initial ☐ EPA 122 Lincoln Avenue ASBESTOS CONTROL & **⋈** DOLWD Amended City, State, Zip Code LICENSING X DHSS Amendment # ☐ DCA Elmwood Park, NJ 07407 Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number Cancellation Justin Popek FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. 122 Lincoln Avenue homes, etc.) City (5) Square Feet # of Floors Bidg. Age Elmwood Park, NJ 07407 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_12\_\_/\_\_12\_\_/\_\_14 \_\_12\_\_/\_\_13\_\_/\_\_14 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement \_\_\_\_AM-\_\_\_PM/\_\_PM\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 if 2 160 sf or 260 if Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Encapsulate Remova Repair Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (13)(12)other miscellaneous) Yes No N/A X Basement-utility room Pipe insulation 10 LF Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 T.R.R.F. Inc TBD City State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 12/02/2014 ASB-41 <sup>3</sup> Do not use this form for ashestos licensure fixempted activities.

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Facility Closed/Vacated     Abatement Performed (   Time of Abatement:     Scope of Work (Check all t)     > 8 of or > 3 if     ≥ 160 of or ≥ 260 if     Location of Asbestos-Conteining Management     IO BE ABAT	Abatement (Chec i During Entire Pa Jutside of Norma AM- p  that apply)  f aterial (AOM)	ik only seriod of Fedilit M/ De Use Ma	Abate  Abate  PM  PM  Anothin  PM  Anothin  Anot	on o	scribe _AM	Street Address  20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0' Cliesh up Full Cont Minl-Enci Glovebag Non-Exer  Description or stos Contalpring Mat	Road, Bldg #  7410 and decentary altiment with Ne osure I Procedure [ npted (*) and N	hation with negative gative Pressure Tent with Negative on-Priable Procedur Amount	Press e Ab	ure ( ateme		-
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2066 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 03 12 Gloria Turner Type Notification Agencies Notified Street Address ☐ EPA X Initial ASBESTOS CUNTROL& 706 Finlay Place X DOLWD Amended LICENSING City, State, Zip Code X DHSS Amendment # South Orange, NJ 07079 ☐ DCA Emergency (including Telephone Number Name of Contact (NJAC 5:23-8) justification) Cancellation Gloria Turner **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 7.06 Finlay Place homes, etc.) # of Floors City (5) Square Feet Bidg, Age South Orange, NJ 07079 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm License No. Telephone No. Telephone No 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 12 / 13 / 14 12 / 14 / 14 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement. \_\_\_\_\_AM-\_\_\_\_PM/\_\_PM\_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure > 160 sf or >260 lf Demolition Is Location Abatement Type Normally Location of Description of Repair Encapsulate Used Solely by Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation 240 LF Name of Registered Waste Hauler NUDER Waste Haular ID No. | Cubic Yards of Waste | Name of Registered Landfill T.R.R.F. Inc Gr Tech LLC 0033785 TBD City. State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Date Signature N.Jevtic 12/03/2014 Owner ASB-41

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

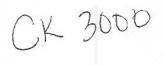
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Check # 8620

Date of Notification (1)	r	Name of Building Owner/Operator (2)_& APPHOVED  NAME OF BUILDING OWNER/OPERATOR (2)_& NAME OF BUILDING OWNER/OPERATOR (2)_& APPHOVED  NAME OF BUILDING OWNER/OPERATOR (2)_& AP												
Agencies Natified Type Notification  PA Initial		Street Address 107 WALSH DRIVE (Signalure) 344												
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Emergency (In justification)  Cancellation	eluding		PAPE PAPE	Contact Y	<sub>2</sub> 8		Telephone N	Number						
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City (5)  OGMONT				-		Square Feet		# of Floors		Bldg. Age				
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Name of Monitoring Flim Hired by Building O		ASCM	No.			tement Con ontracting			- TANAGA					
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Project Manager for Monitoring Firm		Teleph <b>o</b> n	e No.		Telephone No. Licens 201-262-5841 0015									
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Name of Registered Waste Hauler - NEWARK CARTING INC.		Agnet ID	No.	Cubic Yards of Waste			Registered Lar A Bethlehen		fill C	orp.				
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Completed by R. McDonald	nue President							,	Date /a-	1.1	14			

(Pursuant	to NJAC 8:6	u and 12:120	) 15								
Name of Building Owner/Operator (2) Andrew Stypa  DEC 1 0 2014											
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Red Bank, NJ 07701											
			Telephone Number								
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Telephor	ne No.		Telephone No. License No. 973-333-9176 01232								
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Date of Notification (1) 12/01/2014					f Building Snyder	Owner/Op	erator (	2)	DE	0 10	2014					
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Project Manager for Mo		Telephor	ne No.		Telepho	ne No. 33-9176	License No. 01232									
Start Date (10)	ed Con	npletion [	Date (11)		Name of OSHA Monitor											
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Other – Describe:	Normal Working Ho	ours	riours					awn, NJ 074	10							
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(13)		(12)			surfacing, VA other miscellar				- 31	OI LI)	Removal	Repair	Encapsulate	Enclosure		
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ASB-41 (R-06-08)						6	Do not	use this form for	asbest	os licensu	re exen	npted	activi	ties.		



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Date of Notification (1) 04/01/14	Name of Building Owner/Operator (2) FRED  DEC 1 0 2014														
Agencies Notified	Street Address 2222 47TH STREET ASBESTOS COLUMNOL &														
DEP  DOL	Initial Amended Amendment #			e, Zip Cod AUKEN	le I, NJ 08110	)	<u> </u>		LICE	VSING	-10	_ Q			
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Street Address	-			Street Address 6 WHITE DOVE COURT							$\top$				
City, State, Zip Code			City	p Code DD, NJ 08	**************************************										
Project Manager for Mo	nitoring Firm	1	Telephon	e No.	Tele	elephone No.				ense No.					
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Facility Closed/Vac Abatement Perform Other – Describe:	lours	City, State, Zip Code  LAKEWOOD, NJ 08701													
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition							Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
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Asbestos-Containing Material (ACM)  TO BE ABATED  Mail				nce/ Staff?		tos Containing thermal system surfacing, other misce	ems insula VAT, or	ation, (Speci		mount Specify For LF)	, R		Renair	Encapsulate	Enclosure
	Yes				40	M PIPE IN	CLILAT	ION	1	8 LF	X	+	-		775
INTER	RIOR		-		AC	M PIPE IN	SULAT	ION		O LI		+	-		
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Name of Registered Waste Hauler  NEWARK CARTING  NJDEP Waste Hauler ID No. 04509						of Waste 2 YARDS	575	IESI	cyst	orou Lali	i anti				
City, State Disposal NEWARK, NJ 12/08/1							500 mm m m m m m m m m m m m m m m m m m						SEA.		
Completed by JOSEPH PERLSTI	EIN	Title	ER	1		Signa	ture				Date 12/03	3/14		V.	
				1000000	v de la company	and the same					-			_	-

#### NOTIFICATION OF ASBESTOS ABATEMENT MO#22302816636 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 05 **Everlasting Strength Ministries** Type Notification Agencies Notified Street Address ☐ EPA X Initial 231 2nd Street ☑ DOLWD ☐ Amended ASBESTOS GOIRTHOL & City, State, Zip Code X DHSS Amendment #\_ LICENSING DCA South Amboy, NJ 08879 ] Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Evea Zimmer FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Residential house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. 231 2nd Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age South Amboy, NJ 08879 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 15 / 14 \_\_12\_\_/\_\_16\_\_/\_\_14 Envirovision Consultants.Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_PM\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 if > 160 sf or >260 if X Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Asbestos-Containing Material (ACM) Remova Repair Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify IN Facility Custodial Staff? surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation 95 LF П Name of Registered Waste Hauler NJDEP Wasie Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City. State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 12/05/2014 ASB-41 MAY 11 \* Do not use this form for ashestos licensure exampted activities.

State of New Jersey