CK5317) PA	NOT		MIOITA	N OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:16		DE	G		\mathbb{V}	
Date of Notification (1)				Name	e of Buildin	g Owner/Operator (2	2)		D. 24	2		
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Agencies Notified	Type Notification			Stree	t Address							
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□ DCA	☐ Emergency (i		a a			, NJ 07093						
(NJAC 5:23-8)	justification)		9	Name	e of Contac	et .		Telephone N	lumber			
	☐ Cancellation			Ale	exander S	Solodukho		12 / 0 Pers.				
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Name of Facility Where A	The state of the s	g Plac	e (3)				Type of Facility (4)				
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Street Address							☐ Subchapter 8 ☐ Other (i.e., pr homes, etc.)			ıildin	gs,	
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Name of Monitoring Firm	lired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			-		
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Chesterfield, NJ 08						Maple Shade,	NJ 08052					
Project Manager for Moni	oring Firm		Tele	phone	No.	Telephone No.		License No		8		
Bill Weisgarber			6	09-298	-4070	856-755-0099		00842				
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01/_07_/	19	01_ /	18	3_ / .	19	EMSL Analyti	cal, Inc.					
Occupancy Status During	Abatement (Chec	k only	one)			Street Address						
Facility Closed/Vacate						200 Route 130	0 North					
Abatement Performed						City, State, Zip Co	de			(
Time of Abatement:	AIVIP	IVI/	PIVI		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all	hat apply)									8		
≥3 sf or ≥3 lf		⊠ Re	enovat	ion		☐ Full Conta	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			emolitic			☐ Glovebag	Procedure					
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City, State		1		15939)	5 Disposal Data				8 <u></u>		
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SB-41												

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 1 2 2018 06 18 **Eunice Morris** Agencies Notified Type Notification Street Address **⊠** EPA SPESTOS OF NITROL & **⊠** DOLWD ☐ Amended City, State, Zip Code LICENS VG **⊠** DOH Amendment # Willingboro, NJ 08046 ☐ DCA ☐ Emergency (including justification) Name of Contact (NJAC 5:23-8) Telephone Number ☐ Cancellation **Eunice Morris FACILITY INFORMATION** Name of Facility Where A batement is Taking Place (3) Type of Facility (4) Morris Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial | uildings, homes, etc.) City (5) Square Feet # of Floors Idg. Age Willingboro 1,400 2 70 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished Burlington Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Env ro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08 15 Maple Shade, NJ 08052 Project Manager for Moni oring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __12__ / __15__ / 18 12 / 18 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacate 1 During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure \boxtimes \geq 3 sf or \geq 3 lf \boxtimes \geq 160 sf or \geq 260 lf □ Renovation ☐ Mini-Enclosure □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location / patement Type Normally Location of Description of Repair Kemova Encapsulate Enclosure Used Solely by Asbestos-Containing I laterial (ACM)

TO BE ABA ED Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facilit SF or LF) surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A Living Room and Hall way M Floor Tile and Mastic 313 SF 2 П Г Name of Registered Wast : Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 1 City, State Disposal Date City, State Freehold, NJ 12/18/2018 Morrisville, PA Completed By (Print or Type) Signature Date Christina Lynch Vice President of Operations ASB-41

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

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11 (5 12)			(0)	FAC	CILITY IN	FORMATION		770		<u> </u>		
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Name of Monitoring Firm	lired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Management & Env	ro. Consult	ting Servi	ces			Shade Enviro	onmental, LLC					
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Project Manager for Moni	oring Firm		7000000	ephone		Telephone No.		License No.				
Bill Weisgarber			1070	09-298		856-755-0099		00842				
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Occupancy Status During		[Street Address						
☐ Facility Closed/Vacate						200 Route 13	Security and the second second			0		
Abatement Performed Time of Abatement: _						City, State, Zip Co						
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City, State Freehold, NJ						12/18/2018	City, State Morrisville	e, PA				
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Street Address			-				Street Address	onnental, LLC				<u> </u>		
PO Box 316							623 Cutler A							
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Thorofare, NJ 08086							City, State, Zip Co							
Project Manager for Monit			_	Tal	ephone	. No	Maple Shade	, NJ 08052						
Steve Flanigan	,g			1		8-0800	Telephone No.		Licen	se No.				
Start Date (10)		Schodule	4.0			ate (11)	856-755-0099		008	342				
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Agencies Notified	ype Notification	1			Address		1011			L)EC	12	2018	Albertania (
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ou cot Address								Address Box 329						
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Project Manager for Monito	ing Firm			T. 1			1	Berlin NJ 0	8091					
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Facility Closed/Vacate Abatement Performed Other – Describe:	Durina Entire F	Period of	Ahater	ment s				Address ate, Zip Code						-
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demoli				×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	re ocedure					
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^{*} Do not use this form for asbestos licensure exempte activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) Date of Notification (1) Drew University 12/5/2018 Agencies Notified Type Notifi :ation Street Address ASBESTOS CO ITROL & 36 Madison Ave **EPA** LICENSII G City, State & Zip Code Initi il DEP Madison, NJ Amended DOL Name of Contact Telephon Number Emergency DOH 845-422- 347 Barry O'Connor Can :ellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abater lent is Taking Place (3) Drew University - Riker Hall School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, home i, etc.) 36 Madison Ave Bldg. Age # of Floors Square Feet City (5) County (6) County Code (7) 27,144 18 Current Use (Prior if being demolished) Warren Madison, NJ University Hall Building ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Resource Management Group, LLC Enviro Vision Mailing: 20-21 Wagaraw Rd PO Box 373 Building 35E Lumberton, NJ 08048 Fairlawn, NJ License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 609-977-6159 0118 973-568-3638 Mr. Fred Larsen Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) J&S Environmental Laboratories Inc. 12/18/2018 12/20/2018 Occupancy Status During Abat ment (Check only one) Street Address 2333 Route 22 West Facility Closed/Vacate During Entire Period of Abatement Abatement Performed Juring Normal Hours City, State & Zip Code Union, NJ 07083 Describe: 8:30am - 5:30pm Facility Occupied Durir g Abatement Scope of Work (Check all that apply) Full Containment with Negative 'ressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf Glove Bag Procedures ≥160 sf ≥260 lf Demolition Non-Exempted and Non-Friable Procedure Aba ement Type Description of Amount Is Location Location of Asbestos-Containing (Specify Normally Used Asbestos-Containing SF or LF) Material (ACM) Solely by Encapsulate Material (ACM Enclosure Removal (i.e., thermal systems Maintenance or TO BE ABATE Custodial Staff? insulation, surfacing, VAT in Facility or other miscellaneous) (12)(13)N/A Yes No pipe & associated insulation 20 LF 3rd Floor Hallway X Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. Grows Landfill TBD 35218 Resource Management Group, LLC City, State Disposal Date City, State Morrisville, PA TBD Trenton, NJ Date Signature Completed By (Print or Type) Title 12/5/2 018 President Mr. Brian Haney

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

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Date of Notification (1)	; /	18				g Owner/Operator ok Urban Renew		(1	CD U	1,7		77	
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Street Address							Subchapter 8	Other than	K-12)	2 722			
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PO Box 11645							_						
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Philadelphia, PA 1911						City, State, Zip Co							
Project Manager for Monitori			1= .			Norristown, I	PA 19401						
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Scope of Work (Check all tha	: apply)						71.10.101				14		
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James M. Kelly		Vice Pr	eside	ent					11	11.	1,1	/	
ASB-41				104.017-207-		1			/	4	12	>	
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B & G proj. #: 2018-255

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

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Boonton			Morr	ie			(Sta	ite use only)			or if being	emo	lished)	
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Name of Monttoning	g ram ran	d by blug	g. Owner	(0)		n/a		B & G Restora							
Street Address							-	Street Address							-
								105 Ryerson		over manual s					
City, State, Zip Cod	е							City, State, Zip Code Lincoln Park,							
Project Manager for	Manitoria	Firm		l p	hone Numb	ner .		Telephone Number	110 07 000		License N	mbe	er		
Project Manager for	NOTILOTI	13 111111			none reams	,0,1		(973)696-68			003	8			
Scheduled Start Da	ite (10)		Sched.	Complet	tion Date (1	1)		Name of OSHA Mo							
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Other-Descri								-							
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>3 sf or >3 lf	-				y used sole	ly						3	R	E	E
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^{*} Do not use this ft in far esbestos licensure exampled activities.



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

CHECK #1762

Date of Notification (1) 11/30/2018			Name	of Building	Owner/	Operato	r (2)		t moreon	ranton entre			77	D 0	Profession of the
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City, State, Zip Code WEST BERLIN NJ 08)91							ip Code HILL NJ (08062	2					
Project Manager for Monitor MATT DEPALMA	ıg Firm			one No. 809-1202	2		hone No -304-4			Licer 011	ise No. 45	1			
Start Date (10) 12/03/2018		Scheduled 0 12/04/20	Completion 18	n Date (11)		Name		IA Monitor				_			
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Name of Facility Where Ab	tement is Tak	ing Place	(3)	FAC	ILITY INF	FORMAT	ION	Tyn	e of Facility (4			OZOZI		_	
Office Building		J	(-)					Тур	School (K-12						
Street Address 33 East Washington	venue							×	Subchapter 8 Other (i.e. pri etc.)	(Other	than k	<-12) ercial b	uilding	s, hon	nes,
City (5) Washington								Squ N/A	are Feet	# of F N/A	loors		Bldg N/A	Age	
County (6) Warren					Code (7) USE ONLY			Curr	rent Use (Prior ice Building	if being	g demo	olished)			
lame of Monitoring Firm H N/A	ed by Building	Owner (8	3)	ASC	M No.		Name D&S	of Ab	atement Contr tement, Inc	actor (9	9)				
Street Address							Street	Addre						_	
City, State, Zip Code							City, S	tate, 2	Zip Code	ле ———					
Project Manager for Monito	ng Firm			Telepho	one No.		Teleph	one N		219	icense	Control Control Control			
Start Date (10) 12/17/2018		Schedu 12/18/		mpletion	Date (11)			of OS	HA Monitor)1311				
Occupancy Status During A	atement (Che						Street		tement, Inc.						
Facility Closed/Vacate Abatement Performed Other – Describe: Occ	During Entire	Period of	Ahater	ment s			11 Ro	osen tate, Z	gren Avenu Zip Code NJ 07512	ie					
Scope of Work (Check All T	at Apply)						10101	ıva, ı	NJ 07512					-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mi Gl	III Containment ni-Enclosure ovebag Procec on-Exempted (*	dure					
Location of			s Locati Normal) and i	1011-111	able FI	Aba	emen /pe	t
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)	erial (ACM)	Use Ma	ed Sole aintena stodial S (12)	ely by nce/		tos Conta thermal s surfac	systems ing, VA1	ateria insula r, or		Amo (Spe SF or	ecify	Remova		Encapsulate	Enclosure
(10)		Yes	No	N/A		otner m	iscellane	eous)				oval	air	sulate	sure
Stairs basement to	2nd floor		Х				VAT			250	SF	Х			
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ame of Registered Waste I	auler		N	JDEP W	'aste	Cubic Y	'ards		Name of Re	nietora	1 ac-l	GII .			
&S Abatement, Inc.			Н	auler ID 0996		of Wast			Waste Ma						
ity, State otowa, NJ						Disposa TBD	al Date	À	City, State Morrisville	e, PA					
ompleted by liver Hegedis		Title Proje	ect Ma	nager		Sig	nature	1/1			- Share	Date	2046		

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Date of Notification (1) 12/07/18					of Building Owner Joosten	Operator	(2)		2000	200 00000			Antimost I
Agencies Notified	Type Notification	n		20,000,000	Address		<u> </u>		DEC	12	01	8	100
× EPA × DEP × DOL	Initial Amended Amendmer				ate, Zip Code on, NJ 07508		-	/	GRESTO LICE	S COL	J R	OL &	S EASTER AND A ST
DOH DCA	Emergency justification Cancellation)			of Contact Joosten			ΙTe	elephone Nu	Marina	1 1		
Name of Facility Where	batement is Taki	ng Place (3	8)	FAC	ILITY INFORMAT	TION	Type of Facility	. (4)					
House Street Address			-7.				School (K Subchapte	-12) er 8 (Otl	her than K-1 & commerc	2) cial build	d ig:	s, hon	ies,
City (5) Haledon							Square Feet N/A	# (N/	of Floors	1 4 6 5 7	g.	Age	
County (6) Passaic					Code (7) USE ONLY)		Current Use (P House	rior if be	eing demolis	hed)			
Name of Monitoring Firm N/A	-lired by Building	Owner (8)		ASC	M No.	122000	of Abatement Co Abatement, I		r (9)				
Street Address							Address Osengren Ave	enue					
City, State, Zip Code						- CO. C. C.	tate, Zip Code va, NJ 07512				_		_
Project Manager for Moni	oring Firm			Telepho	ne No.		one No. 345-8685		License N 01311	No.			
Start Date (10) 12/17/2018		Schedule 12/18/2		mpletion	Date (11)		of OSHA Monito Abatement, I		1				_
Occupancy Status During Facility Closed/Vaca	ed During Entire	Period of A	baten	ment			Address Osengren Ave	enue					
Abatement Performe Other – Describe: 0	d Outside of Non	mal Facility	Hours	s			ate, Zip Code va, NJ 07512						
Scope of Work (Check Al	That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit			×	Full Containn Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure				re	
Location		N	Locati ormal	lly	Пе	scription			is the training		/)a	temen ype	t
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	ED	Maii	d Sole ntena odial S (12)	nce/	Asbestos Con (i.e. thermal surfa	taining M	aterial (ACM) insulation, , or	(5	nmount Specify F or LF)	Remova	Renair	Encapsulate	Enclosure
		Yes	No	N/A						<u>a</u>		ate	Гe
Baseme	nt		X		Pipe	Insulat	ion	3	0 LF	Х	-		
											_		
Name of Registered Wast D&S Abatement, Inc.	Hauler		Н	IJDEP W lauler ID 0996		Yards ste	10000000		ered Landfill				
City, State Totowa, NJ		-11-20				sal Date	City, Star	te			-		
Completed by Oliver Hegedis		Title Projec	et Ma	anager		ignature	6,0		Da	te 2/07/2	(18		

CK 132	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)											l W		
Date of Notification (1) 12/06/2018					of Building			r (2)	the street	ll n	EC 1	-	2018	Transfer and the second
Agencies Notified T	pe Notification				Address		abeln		1-31	1		_	2010	- [].
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EPA DEP DOL					state, Zip C				1		LICEN	ie .	NG NG	_&
	Amendment Emergency		ıa		istown, N		30				4.446		ACAMABLE PARTER	***********
▼ DOH ▼ DCA	justification) Cancellation		Ü	100000000000000000000000000000000000000	of Contact e lacovo					lephone I				
					CILITY INF		ION		9	73-290-	4000			
Name of Facility Where Aba O'Connor Hall	ement is Takin	g Place	(3)	170	SILITY IIV	ORWAI	ION	Type of Facility	(4)					
Street Address								School (K-						
2 Convent Road								Subchapte Other (i.e.	8 (Oth	ner than K	(-12)	.:1	nee be	
City (5)								etc.)	Jiivate	& comme	erciai bu	HE	ngs, nor	nes,
Morristown								Square Feet 71,130	# c	of Floors		E :	dg. Age	
County (6)					Code (7)			Current Use (Pri	-	ina demo	lished)	-	*	
Morris					USE ONLY	0	_	College						
Name of Monitoring Firm Hir Envirovision Consultar	ts, Inc.	Owner (8	3)	ASC 000	M No. 79			of Abatement Cor ed Safety LLC	ntractor	r (9)				
Street Address								Address				-		
20-21 Wagaraw Road City, State, Zip Code							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	roy Lane						
Fair Lawn, NJ 07410								tate, Zip Code oln Park, NJ 07	7035					
Project Manager for Monitori Fred Larson	g Firm			Telepho			Teleph	one No.		License	No.			
Start Date (10)		0 1 1			36-9145			276-0099		01317				
12/20/2018		12/29		mpletion	Date (11)			of OSHA Monitor ed Safety LLC						
Occupancy Status During Ab	itement (Check	Only O	ne)					Address						
Facility Closed/Vacated	During Entire F	eriod of	Abater	nent				oy Lane						
Abatement Performed C Other – Describe:	utside of Norm	al Facilit	y Hour	5				ate, Zip Code	7005					
Scope of Work (Check All Th	t Apply)						LITICO	oln Park, NJ 07	035			_		
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TO BE ABATE	nai (AONI)		aintena todial S		(i.e.	thermal:	aınıng M systems	aterial (ACM) insulation,		mount Specify	Z		Enc	ū
In Facility (13)		Ous	(12)	nan:			ing, VAT			or LF)	Remova		capsula	Enclosure
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Name of Registered Waste Ha	uler		11/2/12/02	JDEP Wauler ID		Cubic Y		Name of R	egiste	red Landf	ill	1		-
United Safety LLC			1.000	36820		TBD	i.c	Grows L	.andfi	11				
City, State Lincoln Park, NJ			e de la Messa		Disposa	al Date	City, State Tullytow				-			
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×	Basement Trash Room X	Basement Hallway outside Class 1956	Bathroom vulside Gender Neutral	Lounge X	Basement Hallway outside Lawred - B	Basement Laundry Room Lounge	×	Room & Adjacent to Elevator Room X Basement Hallway outside Trunk Room	Basement Hallway outside Main Electrical		Yes	The material and the second of	and the second s			D (13)		CONTABALED	PARTITION AND A TEN	
											No N/A			(14)	2)	Custodial Staff?	Maintenance/	Used Solely by	Normall.	Is Location
Pipe Insulation	Pipe Insulation 4	ripe insulation 3		Pipe Insulation	Pipe Insulation		Pipe Insulation	Pipe Insulation							outer iniscendineous)	other microll	surfacing VAT or	(i.e. thermal systems insulation	v i	Description of
1	40 LF	30 LF			130 LF	3 LF	3	9 LF								SF or LF)	(apecity	(Specific	Amount	
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Project Manager for Monkoring	- Bally Market and Association of the Control of th						Midler	ne, 2p Code nd Park, NJ	17/132		The same of the sa	and the same	NA THERM W	THE PERSONS	1
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Other - Describe:	ide of Nerr	nel Fadili	y House	8			City, Stat	a, Zip Code	- Marie Harman	-	Vеници	on the same of	يروسد الانا	enter and	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1	12-6-	18		_	of Building On	wner/Opera	tor (2)	D	111)]_	EG	2 3		
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DOH -	justification)	a ICIGUII N	9 [of Confact		. 1			ne Number	TE CC	INTR	OL 8
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Name of Capility Man	- Ab-d		(2)	FAC	CILITY INFOR	MATION		-		o u -		•	
Name of Facility When	0 "		Jan 1		•		Туре	of Facility	(4)		-		
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Name of Monitoring Fi	m Hired by Building C	wner (8)	ASC	M No.	Nam	e of Aba	tement Co	ontractor (9)		- 111	-)
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Start Date (10)		Schedul	ed Con	pletion	Date (11)		e of OSH	IA Monitor	<u> </u>			-	
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Occupancy Status Dur	ng Abatement (Check	Only O				Stree	t Addres	s	3	162 7	15		-
	cated During Entire Pe		852	ont			P.A.	Box	337	25			
^{'□} Abatement Perfor	ned Outside of Norma	I Facility	y Hours	icit		City,	State, Zi	p Code		escalator escrib	. 3	7 Hg	
☐ Other – Describe:								SYPT	417	08	< 7	'n	£./*-
Scope of Work (Check	All That Apply)				•			JAbi	700	00		0	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1)	12/1	a	Name o	f-Building Owner/	Operator (2)	n A	III) E	P	2	7 1	n rd
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Agencies Notified	Type Notification		Street A	daress Bo	x 5	38	HIM				
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DOH =	justification)	ladding	Name o	f Coritact	Alex	(3)	Telephone Nu	mber-	a	d d	01.4
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Name of Facility Where		/ 1	1 .		Type	e of Facility	(4)	•	1		\neg
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Street Address	- (-	1	SUF	W.	.	Other (i.e.	r 8 (Other than K-1 private & commerc	2) ial build	ıgs,	home	es,
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County (6)	J		County			ent Use (Pri	or if being demolis	hed)			
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Name of Monitoring Fir	1 Hired by Building Or	wner (8)	ASCN	NO.	Name of Ab	atement Cor	A 2	:-		7	
Street Address	2 2 2	3-		1-10-	Street Addre	ess	<u>chnoles</u>	3100	_ •	In	
P.O.	30x 33	57			P.O.	Box	337				
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Occupancy Status Duri		27 (3	mont			Box	337		;		. 1
	ied Outside of Norma				City, State, 2			8	7		7
☐ Other – Describe:					New	Egypt	TU	285	3	3_	
Scope of Work (Check	ul That Apply)					- (, .			•	1	
≥3 sf or ≥3 if ≥160 sf or ≥260 if		☐ Reno	vation lition			ull Containm ini-Enclosure	ent with Negative I	Pressur	E		
		(0				ovebag Pro	cedure d (*) and Non-Frial	ole Prod	dun	9	ĺ
		ls Loc	ation			J. L.XO.II.P.CO	a () and 11011 / 1101		ate	ement	
Locatio	n of	Norm	ally		scription of			-	Ту	pe	
Asbestos-Containin TO BE Al	Material (ACM)	Used So Mainten	ance/	Asbestos Cont	taining Materia systems insul		Amount (Specify	R	77	Enc	En
In Fac	lity .	Custodia (12		surfa	cing, VAT, or niscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13		.)		Oulei i	inscendineous)	1		val	7	ilate	ure
20 110 110			, N/A	D. T	7 1 1		100 1 5	10			-
	wispace	X	-	Pipe I	nsulati	.01	100 LF	X			\dashv
. *			+					+-	_		
			-					+			-
Name of Registered Wa	ste Hauler		NJDEP W	/aste Cubic	Yards 1	Name of	Registered Landfil	1			-
			Hauler ID	No. of Wa			e Manage			· D	A
City, State	hnologies		170	Dispos	sal Date	City, Stat	e		0	: [A
New E	avot 1	UJ.	97.		21-18		isville 1	PA		56505000	
Completed by	370.	Title	۱. ۸	S	Signature	CI		ate		10)
Steve Scho	nker	Presid	dent		Dleve	Dicke	oh	2-	12.	-18)

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

Crect # 10570

D-4			***	(5.75.0			· . / /===== [52]	0	72	7 7	n n
Date of Notification	12-6-1	8	Name o	f Building Owner	Operator (2)	Dom	. 1:40 E	9	E	<u>li 1</u>	
Agencies Notified	Type Notification	1 (h) 2 (h)	Street A	address .			Dren loch	FA	okal	/ 20	10
DEP DOL	Initial Amended Amendment #		City, Sta	Se we l	1 1	17	0808	<u>()</u>		20	10
DOH	☐ Emergency (in justification)	ncluding		f Coritact IRK FRO	Z-1.	<u> </u>	Telephone Nun	nbe	JS CO	JNTF	TÜL.
DCA	☐ Cancellation			LITY INFORMAT			856-82	9-	Udil	2	Special Course
C.	ere Abatement is Taking	~	- 1		1.	e of Facility	•		74		
Street Address	le tanil	1 0	Nell	ling		School (K- Subchapte	18 (Other than K-12				
						etc.)	private & commercia	al bu	dings,	home	es,
City (5) Pac	Isboro	NJ	- (28066		are Feet	# of Floors		Sidg. A	ge †-	-
County (6)				Code (7) : USE ONLY)	Сип		or if being demolish	4	,,,	41	
Name of Monitoring) CCESTER Firm Hired by Building O	wner (8)	ASCN		Name of Ab	atement Co	tamily		AAG.	lling	-
EPGT	<u>ēchnole</u>	gies		NA	EP	STE	chnolog	ie	5	In	ال
Street Address	Box 33	57			Street Addre	Box	337				
City, State, Zip Cod	Levat	NJ	80	533	City, State, 7	Zip Code Equ	EUN +A	6	85	13	3
Project Manager for	Month rilgiFirm		Telepho	ne No. 7 <i>58-33</i> 65	Telephone N	Vo.	License No	2.	19	4	
Start Date (10)	1-19-18	Scheduled Cor	npletion	Date (11)	Name of OS	HA Monitor	hnologies	7			
Occupancy Status I	uring Abatement (Check	Only One)	20	10	Street Addre	ess	~	4	nc		
Facility Closed	Vacated During Entire Periormed Outside of Norma	eriod of Abaten	nent		P-O City, State, 2	Box	337			1	and A
Other – Descri		racinty rious				Egypt	NUTO	28	53	3	32.
Scope of Work (Che	k Ali That Apply)					011:	750				
≥3 sf or ≥3 if ≥160 sf or ≥26	If	☐ Renova Demoli				ill Containm ini-Enclosun	ent with Negative P	ress	re		1
	140		20,600-11,000	(4)		ovebag Pro on-Exempte	cedure d (*) and Non-Friabl	e P	cedure	9	
		Is Locat			, -				Abate Ty		
The second secon	ition of ing Material (ACM)	Normal Used Sole	ly by		scription of taining Materia	il (ACM)	Amount			. 1	
TO BE	ABATED activity	Maintena Custodial		(i.e. therma	I systems insulating, VAT, or		(Specify SF or LF)	Remova	Rej	ncap	Enclo
	13)	(12)			miscellaneous))	J. J	igvo	Repair	Encapsulate	Enclosure
		Yes No	1.					_		8	
exterior			X	Siding	Shine	iles	1500 SF	X			
: •	**		-					-			
			+ .					-			
Name of Registered	Waste Hauler		NDEP W		Yards	Name of	Registered Landfill				
EPCT	echnologies	1	lauler ID	00	<u> </u>		e Manager	no	tol	E P	A
City, State		VJ.			Sal Pate 12 8 16	Moan	isville P	A			
Completed by Sc	ven Ker	Presid	ent:		Signature	Sch	Dar Dar	e - 0	16	16	3
<u></u>					-						

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

Check #-1

	23 C3 6362						· ITAE	M	E	7 1	17
Date of Notification (1)		8	A 4	Building Owner	Operator (2)	Demo	lition	9	<u></u>	Li	<u>U</u>
Agencies Notified	Type Notification	Maria P	Street A	ddress 1	0		ren lock	n Rea	:6/2	20	018
□ EPA □ DEP	Initial Amended		City, Sta	te Zip Code	1	N L T	MAMM	62	-		-
DOL DOL	Amendment #		Name of	De Wel	1	77	Telephone Nun	D	S C(THE	noi
DOH DCA	justification) □ Cancellation			RK FRO			856-820	y - C	293	MG	NT Marris gar
Name of Facility When	Abatement is Taking	Place (3)	FAGI	LITY INFORMA		ype of Facility ((4) 🛫	•	7		\neg
Street Address J	e family	D	well	ins			2) 8 (Other than K-12	1			
Street Address 0		1 -	Δ.		Þ	Other (i.e. p	private & commercia	if build	igs, h	ome	s,
City (5)	106-00	٨.	7	MONI		quare Feet	# of Floors	B	g. Ag		
County (6)	Isboro			Code (7) -	06	urrent Use (Pri	or if being demolish	ed)	20		\dashv
	cester	(0)	ASCM	ISE ONLY)		Single Abatement Cor	family	D	ve l	ling	
Name of Monitoring Fi	n Hired by Building O	- 9 -	ASCN	N/A	Name of A	OR - CONTRACT	thoolea	ie §	3	in	-
Street Address	Box 33	7			Street Ad	dress Box	337				
City, State, Zip Code	2000	V.T	08	5.33	City State	e, Zip Code	71h 30	Λ	15	2	3
Project Manager for M	adrigo im		Telephor		Telephon	e No.	License No	2. 9	O		500
Start Date (10)	<u>chenked</u>	Scheduled Co		758-3365		58-336 OSHA Monitor	25 OK	25	7	1	_
13	19-18	12-6	28 -		E	PCTEC	hnologies	I	_		
	ng Abatement (Check		mont		Street Ad	dress), Bor	337		À.	. 12	
	cated During Entire Pe ned Outside of Norma				City, State	e, Zip Code	/ 1~~~				87
Scope of Work (Check					lvea	Egypt	NU C	185	3	5	\dashv
≥3 sf or ≥3 lf	35.5 (48)	☐ Renov				그리고 있는 사람이 아이들이 없어 있다면 내가 되었다.	ent with Negative P	ressur			
≥160 sf or ≥260 ff		Demo	шоп	- 22	-	Mini-Enclosure Glovebag Pro Non-Exempte		le Proc	dure		
		Is Loca	ation			7,017 2,3311 323	G () G.		bater		
Locati Asbestos-Containi	on of	Norm Used So	lely by	Asbestos Co	escription of		Amount		Тур	. 1	
TO BE A	BATED	Mainten Custodia	Staff?	(i.e. therm	al systems in facing, VAT,	sulation,	(Specify SF or LF)	Remove	Repair	Encapsulate	Enclosure
(1:		(12			miscellaneo			oval	air	sulate	sure
	- WAY	Yes No	N/A	9.1.	QL.	. 1	70005	X	+	-	\neg
exterior	Wall A			Siding) NUIT	igles	200 SF	1	+	-	\neg
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			·								
Name of Registered V	aste Hauler		NJDEP W Hauler ID		ic Yards laste		Registered Landfill		-	ถ	Λi
EPCTE	chnologies	j	170		osal Date 1	City, Sta	te Manager	non	0 F		M
City, State	avot 1	VJ.	G	by	12 28		visuille F	A			
Completed by	o Kas	Title	dent.		Signature	250	Da	te 12-	6.	18	3
DRUE JOH	EN LYGA	LIKESI	JEN I		THE SAME						

K91Hle	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)											V	E
Date of Notification (1)	04	/ 1	8				ng Owner/Operator			EC 1	20)18	Charles and the control of the contr
Agencies Notified	Type No	tification	1			et Address		,					11
⊠ EPA	☐ Initial		200		The second	1 Union			Agor	CTCC C	PERSONAL PROPERTY AND INC.	with the same of t	Hay.
□ DOLWD	☐ Amer	ded			_				AODE	STOS C LICENS	TMC	ROL	&
☑ DOH	5-018	dment		_		State, Zip			The section of the second section of the section of	THE OF LEE	IVO	Between the same	-
DCA	⊠ Emer		includir	ng	_		NJ 07111						
(NJAC 5:23-8)	☐ Cance	cation)				e of Conta	ct		Telephone N				509,25-47
	_ Cance	silation				aron			862-224-	9719			
Non- CE 19 149					FA	CILITY	NFORMATION						
Name of Facility Where Al			ng Plac	e (3)				Type of Facility					
Irvington Housing A	ıthority	601						School (K-12	2)				
Street Address								Subchapter 8	3 (Other than K	(-12)	ildin		
121 Union Avenue								homes, etc.)	iivale alid com	merciai b	nam	ys,	
City (5)	7.4932							Square Feet	# of Floors	В	ig. A	ae	
Irvington								30 linear	n/a		108	5	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri		nolished)			
Essex						6 000000000000000000000000000000000000	***	Residential	or it boiling don	ionarica)			
Name of Monitoring Firm H	ired by B	uilding	Owner	(8)	ASCN	No.	Name of Abatem	ent Contractor (9)					_
A.E.S.L.					002	1	The second of th	mental Service					
Street Address	-						Street Address	mental del vice					
2200 Patterson Plani	Rd, Unit 7						8421 Hegerm	an Stroot					
City, State, Zip Code	Rd, Offic /						City, State, Zip Co				-		
North Bergen, NJ 07	47												
Project Manager for Monito	1/04/27			Tal	ephone	No	Philadelphia,	PA 19136	1				
Carmelo Altamonte				500		7-4056	Telephone No. 215-333-5117	,	License No	6			
Start Date (10)		School	dulad (ate (11)			01328				
12 / 05 /	18				7 /		Name of OSHA M	Ionitor					
		1 7				10	A.E.S.L						
Occupancy Status During A	batemen	t (Chec	k only	one)			Street Address						
☐ Abatement Performed C	Juring E	Morma	riod of	Abate	ment		220 Patterson	n Plank Rd, Uni	it 7				
Time of Abatement:	AM-	P	M/	y nou PM	rs - Des -	AM	City, State, Zip Co	ode					
						7 (10)	North Bergen	, NJ 07047					
Scope of Work (Check all the	at apply)							STATE OF THE SERVICES.	702 0022				- 78
≥3 sf or ≥3 If ≥160 sf or ≥260 If				enovat emolitio			☐ Mini-Enc						
				Local						Ab	teme	ent T	уре
Location of Asbestos-Containing Ma		'NA'		Norma ed Sole		Anha	Description o		1727 0	-	-		
TO BE ABATE) ivi)	Ma	intena	ince/	(i.e	stos Containing Mai	nsulation	Amount (Specify	Removal	Repair	nca	nclo
IN Facility (13)			Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	Enclosure
(13)			Yes	No	N/A		other miscellaned	ous)				ate	æ
Outoido in around				-		Thormo	l avatama in sula	£:t					
Outside in ground						and cut	l systems insula	tion/wrap	30 LF	\boxtimes			
												П	П
										$ $ \Box	Ш	Ш	Ш
Name of Desistant 4144													
Name of Registered Waste				1	JDEP V		Cubic Yards of Waste	Name of Registe					
Century Waste Service	Hauler ID No. 32797						vvasle	Waste Mana	agement				
City, State							Disposal Date	City, State			2.11.20		
Elizabeth, NJ								Bristol, PA					
Completed By (Print or Type		Title					Signature			Date .	1		-
Anthony Jones	Project Manager						Anthony	- Tours		plan	1 nr	17	
ASB-41								CINIO		10/04	176	10	
JAN 13		* L	Do not	use th	is form	for asbesto	os licensure exemnt	ed activities					

JAN 13

CK# 4891

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

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To the section of the sec	DEC	1)	2018	of the body and the body and	

Date of Notification (1)	Name of Building Owner/Operator (2) T. W. R. CONSTRUCTION ASTERNOSCO									
Agencies Notified	Type Notificatio	n	Street Addres		SIRUC	TON ASIEN	JOEN .	ING	BUT 4	
□ EPA	Initial		P. C		36		a manufacture of the sale	And a second second	W. Stranger	
	Amended		City, State, Zip				-			
⊠ DOL	Amendment Emergency		MOI	RESTOL	UN N.	7 0805	7_	-1.1		
DOH □ DCA	justification)	Name of Conta	(8) <u>0.00</u> 1		Telephone Numb	er			
			MIL			<u> </u>		_		
	S.	18	FACILITY IN	FORMATION	1 = 75 %	745				
Name of Facility Where	Abatement is Taki				Type of Facility	. 18 P. S.				
Street Address	ESTUCIO	E	<u>_</u>		School (K-1	8 (Other than K-12)			
					homes, etc.					
City (5)	CKAW C	-177			Square Feet	# of Floors	111111111111111111111111111111111111111	Age 2 +		
County (6)			County Code	(7) (STATE	100	rior if being demolis	hed)			
CAPE	MAY		USE ONLY)			CANIT		_		
Name of Monitoring Fim		Owner	ASCM No.		nent Contractor (9	ē				
(8) N	IA			Street Address	100 IA	VC.		=		
Street Address				The contract the first track of the contract o	S. Spri	CE AUE				
City, State, Zip Code				City, State, Zip C		CE MOE		_	=	
City, State, 2p Code	·				SHADO	E N.J C	805	2		
Project Manager for Mo	itoring Firm	Tele	phone No.	Telephone No.		License No	2-1			
		_		856-779		013	11	_		
Start Date (10)		duled Comple		Name of OSHA	Monitor NIA.					
Occupancy Status Durin			.0	Street Address						
☑ Facility Closed/Vacat	d During Entire Pe	eriod of Abater						_		
Abatement Performed	Outside of Norma	al Facility Hour	25	City, State, Zip C	ode	3				
Other - Describe:								=		
Scope of Work (Check a	I that apply)			Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		Renovation		Mini-End						
≥160 sf or ≥260 lf		Demolition	n		ig Procedure empted (*) and No	n-Friable Procedure	е			
		Is Locatio	876				Ab	teme	nt	
. Location (f	Normally Used Solely		Description of	1			уре	\dashv	
Asbestos-Containing N	aterial (ACM)	Maintenano Custodia	ce/ Asbes	tos Containing Mat		Amount (Specify	_	[, n	
TO BE ABAT IN Facility	<u>ED</u>	Staff?	(i.e.	surfacing, VAT,	or	SF or LF)	Remova	0 70	Enclosure	
(13)		(12)		other miscellaneo	us)		oval	71	Enclosure	
		Yes No	N/A						,	
SIDING	-		X	TRAWSI	TE	2520 SE	X			
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								1	\perp	
Name of Registered Was	e Hauler		IDEP Waste auter ID No.,	Cubic Yards of Waste	Name of Regis	00 100 000 000 0 00 00		1		
KLEMCO	INC.		7904		C.V	u.c.m.	U.	<u></u>		
City, State				Disposal Date	City, State	.0.0				
MAPLES	HADE	W1.2		I size	1_m00	DRINE		_		
Completed By	Title	S		Signature	100	_ Date	-4-	8		
MICHAEL ICL	- mm	SUP.						_		

CKA 11997

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

DEC 1 2 2018

Date of Notification () / ,	T	Name of Buildi	ing Owner/Operator						- AUT
12	-448			EARTHTI	ECH CO	UTRACTO	NG	TI	ROL	. 8.
Agencies Notified	Type Notification		Street Address						1 / 1 / 1	
D PA	☑ Initial ☐ Amended			155 RT	70					
DEP DEP	Amendment #		City, State, Zip			000	2.5			
Lanca Control	☐ Emergency (includi	ng		RELIMFIE	LO KL	580 1		:=	11.1	_
DCA	justification) Cancellation		Name of Conta			Telephone Num	ber			
	<u></u>			UCE						
	- 18		FACILITY IN	FORMATION						
	Abatement is Taking Place	ce (3)			Type of Facility					
	ESIDENCE				School (K-1) Subchapter	2) 8 (Other than K-1	2)			
Street Address				62	Other (i.e., p	rivate & commerc		c ng:	s,	
City (5)					homes, etc. Square Feet) # of Floors	To	lc 3. /	100	
City (3)	CTAN CITY	r			2000	7		-) +)	
County (6)	CCVIVY CIT	-	County Code (7) (STATE		ior if being demoli	shed)	- 24		=
CAPE	MAY .	1	USE ONLY)			LAWT	,			
	n Hired by Building Owner	T A	SCM No.	Name of Abatem	ent Contractor (9			=		=
(8)	NILA			KLE	MCO I	NC				
Street Address	710			Street Address				10		_
				369	S SPRU	CE ALE				
City, State, Zip Code				City, State, Zip Co					_	
				MAPL	E SHADE	E M.J	080	5	2_	
Project Manager for Mi	nitoring Firm	Telepi	hone No.	Telephone No.	0 1122	License No.	- ·			Carlotte.
		<u> </u>		856-77		013	11	: =		_
Start Date (10)	Scheduled C	~ .		Name of OSHA M	fonitor L					
12-14-18		<u> </u>	18		NA			=		_
The state of the s	ng Abatement (Check only			Street Address						
	ed During Entire Period of		ent	City, State, Zip Co	do			==		
Other - Describe:	d Outside of Normal Facilit	y Hours		City, State, Zip Co	xie					
								==		=
Scope of Work (Check	ill that apply)			☐ Full Cont	tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf		enovation	1	Mini-Enc						
≥160 sf or ≥260 lf	Þ₹ ne	emolition		Non-Exe	g Procedure mpted (*) and No	n-Friable Procedu	ге			
	ls L	ocation							ment	- 11x
725 9	() () () () () () () () () ()	ormally		Description of			_	Гут	Эе	
Location Asbestos-Containing		Solely b		os Containing Mate	erial (ACM)	Amount			m	
TO BE ABA	FD Cu	stodial	(i.e.,	thermal systems in		(Specify	Re	R	nca	Enc
IN Facilit (13)		Staff? (12)		surfacing, VAT, other miscellaneou		SF or LF)	Remova	Renair	Encapsulate	Enclosure
(13)	<u> </u>						a	7	late	Ге
	Yes	No I	N/A			~	1.			
SIDIN	6		T	RANSITE		2000 SE	X			
		$\neg \uparrow$								
Name of Registered Wa	te Hauler		EP Waste	Cubic Yards	Name of Regis	tered Landfill	1			
	INC	Haul	er ID No.	of Waste	C'IN	CIMIL	A			
City, State		-11/		Disposal Date	City, State	· · · · · · · · · · · ·				
	40E N.J			en e		DBINE				12,52,781
Completed By	Title			Signature_1	^ -	Date	VI	1 -	2	
MICHAU K	CMM SI	JP.		Durch	Un	-112	۲,	-18	_	
J. Harrison I.	2.1.							1	12.5	

PAJID

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

theck # 10508

Date of Notification (1)	12-6-18	Nam	e of Building Owner/o		IN EG			The state of the s
Agencies Notified □ EPA	Type Notification	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t Address 4 SK	y High 7	ernacoEC	1 2	2018	mention attention
DEP DOL	Amended Amendment #	2012	State, Zip Code	17	T 188	07		Albert Arth
DOH =	☐ Emergency (in justification)	duding	BRidge .	mater 10.	Telephone Nu	mberUU	THOL	&
□ DCA	☐ Cancellation	5	CILITY INFORMAT	ION	1908 2	298	776	2
Name of Facility Where	batement is Taking		t I	Type of Facility	(4) 💒	-		
Street Address (tamil	y Dwe	lling	☐ School (K	-12) er 8 (Other than K-1	2)	•	
OBJECT AUDIESS ()				Other (i.e.	private & commerc	ial buildir	js, home	es,
City (5)				Square Feet	# of Floors	1	. Age	
County (6)	jerrater	M2	08807 ty Code (7)	Current I lee (P	rior if being demolis		Ot	_
1	rset		TE USE ONLY)	- Single 1	TI	nelli	l q	
Name of Monitoring Firm		vner (8) AS	CM No.	Name of Abatement Co	ontractor (9)		7_	
Street Address	Fund to	JIE2	MA	Street Address	CHADLE	1162	In	16
P.O.	30x 33	37		P.O. Box	337			
City, State, Zip Code		NT O	35.33	City State, Zip Code	TIA SAS	'NS	53	3
Project Manager for Mo	ibri griim	Telep	hone No.	Telephone No.	License N	lo.	244	
Steve S	then Ken		758-3365	609 758-33		00	17	
Start Date (10)	18-18	Scheduled Completi	on Date (11) - /Q	Name of OSHA Monito	hnologies	To		
Occupancy Status Durin	Abatement (Check	Only One)	70	Street Address	2			
Facility Closed/Vac				P.O. Box City, State, Zip Code	33+			- A
☐ Other – Describe:				New Egypt	- NJ	285	33	357
Scope of Work (Check A	I That Apply)			• • • • • • • • • • • • • • • • • • • •				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation Demolition		☐ Mini-Enclosu		Pressure	•	
*	8	_	ű	Glovebag Pro Non-Exempte	ocedure ed (*) and Non-Frial	ole Proce	lure	
	-	Is Location				A	atement Type	
Locatio Asbestos-Containing		Normally Used Solely by		scription of taining Material (ACM)	Amount	IT		
TO BE AB	ATED	Maintenance/ Custodial Staff?	(i.e. therma	systems insulation, cing, VAT, or	(Specify SF or LF)	Remova	ncapsul	Enclosure
(13)		(12)		miscellaneous)		oval	Encapsulate	sure
		Yes No N				++	- 6	
Basement/Co	aw/space	X	Pipe]	Insulation	150 LF	X	-	
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STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 12 11 8 D&R HOBOKEN, LLC Street Address Agencies Notified Typ of Notification 570 COMMERCE BLVD **EPA** Initial City, State, Zip Code DEP] Amended CARLSTADT, NJ 07072 1 DOH Amendment # Name of Contact Telephone Number DOL Emergency w/ justification NICHOLAS DINALLO 201-487-5657 Cancellation **FACILITY INFORMATION** ASBESTOS CUNTROL & LICENS VG Name of Facility Where A patement is Taking Place (3) Type of Facility (4) 414 JEFFERSON STREET School (K-12) Street Address Subchapter 8 (Other than K-12) 414 JEFFERSON STREET 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) Cou ity (6) County Code (7) Square Feet # Of Floors **Building Age** HOBOKEN HUD SON 2,500 Current Use (Prior if being demolished) 4)+ RESIDENCE/HOUSE Name of Monitoring Firm lired by Bldg. Owner (8) ASCM NO NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 907 Doolittle Drive City, State, Zip Code 32 Williams Parkway Bridgewater, NJ 08807 City, State, Zip Code Project Mngr. For Monitol ng Firm Telephone Number Eric Southerland 610-891-0114 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 12 21 31 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Per ormed Outside of Normal Facility Hours - Descrit e: 32 Williams Parkway 1 Other - Describ :: 8:00AM - 4:30PM City, State, Zip Code MON-FRI East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition Full Containment with Negative Pressure Renovation ≥3sf or >3lf Mini - Enclosure 1 ≥160 sf or >260 If Glovebag Procedure 1 Non-Exempted (*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing Normally Material (ACM) Amount E N R N TO BE ABATED Used (I.e., thermal systems (Specify M E C C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P Α (13)by Mainor other miscellaneous) V A P 0 tenance/ s S A 1 Custodial R U U Staff (12) R YES NO N/A ROOF ☑ ☐ ROOF & FLASHING 2,500 SF Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NORTHSTAR CONTRACTI IG GROUP, INC Hauler ID No. Yards FAIRLESS LANDFILL of Waste City, State Disposal City. State EAST HANOVER, NJ 07936 MORRISVILLE, PA 10967 Date Completed by (Print or Type) Title Signature Date Steve Stiles Project Manager 12/11/18

ASB-41

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Project Manager for Mic	illonng Firm		1000	ophone 1 09-298-	877	Telephone No. 856-755-0099			License No.					
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Street A	Address								etc.)		of Floors	Bldg. A	3		
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1 -			- Uding Owner	(8)	AS	CM No.		Nam	e of Abatement Services	Contracto	01 (9)				
Name	of Monitoring F	irm Hire	I by Building Owner	(0)	N/	A		See In Account	et Address						
N/A	t Address							426	6 69th Street				-		
N/A								City	, State, Zip Cod uttenberg, N.	e 07093					
	State, Zip Code					59.95.55			ephone No.	,	License No				
N/A	ect Manager for	Monitori	ng Firm		Tele N/A	phone N	10.	20	1-295-1700		01074		-		+
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Star	t Date (10)		12/	18/18	Jonne		544000 PV	N/	reet Address						
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	ope of Work (Ch	nock All	hat Apply)						T Full Co	ntainmen	t with Negative	Pressure			
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	City, State Bronx, NY			1		-11			Signature	N/		12/0	/18		
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ASB-41 (R-06-08)

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Date of Notification (1)							ing Owner/Operator	(2)	DEO	1.0	_		CONTRACTOR AND
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Verizon Turnersville	Vork Ce	nter						Type of Facility School (K-1	10.000 File				
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City (5)								homes, etc.					
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Name of Monitoring Firm Hi	ed by Bu	in automonic contractor (s)											
TTI Environmental	3	BRISTOL ENVIRONMENTAL, INC.											
Street Address		BRISTOL ENVIRONMENTAL, INC. Street Address											
1253 North Church St	eet												
City, State, Zip Code		1123 BEAVER STREET City, State, Zip Code											
Moorestown, NJ 0805	,						BRISTOL, PA						
Project Manager for Monitor	ng Firm			Tel	ephone	No	Telephone No.	19007	Triange Nr.				
Kris Smith	-			/////	09-31		215-788-6040	ì	License No.				
Start Date (10)		Sched	duled.C			ate (11)	Name of OSHA M		00509				
ON HOLL	2	C	N	110	LR	2		VIRONMENTA	L INC				
Occupancy Status During At	atement	(Chec	k only	one)			Street Address				_		
☐ Facility Closed/Vacated [uring Ent	ire Pe	riod of	Abate	ement		1123 BEAVE	R STREET					
Abatement Performed Ou	tside of N	lormal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:	_AM	PI	M/ <u>5:00</u>	PM-2	2:00AM		BRISTOL, PA						
Scope of Work (Check all the	t apply)							. 10007					
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		1110		10 832	JDEP V auler ID	0.530	Cubic Yards of Waste	Name of Regist	tered Landfill			- 1	
SERVICE TRANSPORT	GROUP	, INC			20990		vvasle	MINERVA L	ANDFILL				
City, State							Disposal Date	City, State					-
YARDLEY, PA							TBD	WAYNESBI	URG, OH				
Completed By (Print or Type)		Title					Signature,			ate	_		
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Street Address							Street			res:	SIONALS	S 				
									E DOVE	COU	IRT					
City, State, Zip Code							City, S	tate,	Zip Code							
Project Manager for Mon	toring Firm								DOD, N.	087	01					
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Other – Describe:		nai r aciii	y Hour	S					Zip Code OOD, NJ	007/	24					
Scope of Work (Check Al	That Apply)						LANC	- ۷۷	JOD, NJ	0870	J 1					
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EWARK, NJ							posal Date 19/18		City, Sta		'MADA			_		
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SEPH PERLSTEIN		OWN	ER				oignature					Date 12/	9 05/18	3		
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PAUD

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

Cleck 18305

Date of Notification (1)									CAC	erc	10				
12/5/18							er/Operato	r (2)		- sweet map of a	re services	3) E	n same	F 72	Service
Agencies Notified	Type Notification	1	-		Address	iliaci	ang LLC			17)		5	3	$-\mathbb{W}$	15
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X DOL	Amendmen Emergency		_	Hasb	rouck H	eigh	ts NJ 07	604			IJ	EC	1 4	2018	[]
X DOH	justification)		Name	of Contact					Telep	hone I	Vumbe	r		
DCA	Cancellatio	n			er Duval					(97	3) 418	-883	500	YTRO	11.80
Name of Facility Where A	atement is Taki	ng Place (3	1	FAC	CILITY INF	ORM	ATION	T	- (5		est of the	LICE	1451	10	page (crime agency)
house	,	19 1 1400 (0	1					Тур	e of Facility (4						
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City (5)								Sau	etc.) are Feet	# of F	loore	- 1	Pld	Age	
Union								220		2	10013		65	Age	
County (6)					Code (7)			Curr	rent Use (Prio	r if being	demo	lished)			_
Union				(STATE	USE ONLY) _		hor	me						
Name of Monitoring Firm I	ired by Building	Owner (8)		ASC	M No.				atement Cont			. VCarta		-	
Street Address									ironmental	Servic	es, Ll	LC			
							Street			D 40					
City, State, Zip Code									Drive, PO Zip Code	BOX 48	33				
									d, NJ 0741	18					
Project Manager for Monit	ring Firm	5		Telepho	one No.		Teleph				icense	No			
							973-			1.000	03	110.			
Start Date (10) 12/14/18		Scheduled		npletion	Date (11)	1	Name	of OS	HA Monitor						
Occupancy Status During	hatamant (Cha	12/23/1	_												
	100						Street	Addre	ess						
Abatement Performed	Outside of Norn	Period of Al nal Facility I	oaten Hours	nent s			City St	ato 7	Zin Cada						
Other - Describe:							City, Si	ate, z	Zip Code						
Scope of Work (Check All	hat Apply)														
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City, State							osal Date		City, State			150			
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Completed by A. Scott Higgins		Title					Signature	,	2		D	ate	-		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

			NOT	(Pursua	nt to NJ	SBEST AC 8:60	and 12:1:	EMEN 20)	IT	111	~ lh		1 1	یب	, –
Date of Notification (1)				Name	of Buildi	ng Own	er/Operato	or (2)		MI	Ch	-	1	50	0
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Agencies Notified	Type Notification	1		100000000000000000000000000000000000000	Address			-		111		Ð			W.
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Immaculate Heart o	Mary							Typ	, to the				100	14-4-4-4-4-4-4) paragraphic
Street Address								14	School (K-12)					
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City (5)								Squ	are Feet	# of Floo	rs	TB	3ld	Age	
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Street Address								_	rironmental	Services	, LLC				
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Project Manager for Monit	ring Firm			Telepho	one No.		Telepi	hone N	No.	Lice	nse No.		_		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

	PAID		NOTI	FICATIO Pursuar	ON OF ASE	8:60	OS ABATE and 12:12	EMENT 20)	C	100	A	18	3	- + -	3	
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X EPA	✓ Initial									168	3					
DEP	Initial Amended			City, S	tate, Zip Co	ode				111	111	D.E.	n 1		2010	5
⊠ DOL	Amendmen	t #			ucus, NJ)94					DE	J 1		2018	į
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Street Address									Subchapter	8 (Oth	er than I	K-12)				
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City (5)									re Feet	1#0	f Floors	_	Blo	g Ag	Θ.	_
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Name of Monitoring Firm F	red by Building	Owner (8	3)	ASC	M No.		Name	of Aba	tement Con	ractor	(9)					
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Street Address			-					Addres		0011	nces, L	LO		_		
									Drive, PO	Roy	183					
City, State, Zip Code									ip Code	DOX	+00			-		
									l, NJ 074	18						
Project Manager for Monito	ing Firm			Telepho	one No.			none N	Action Comments	10	Linene	- N-		_		
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12/7/18		12/18	/18		(, , ,)		Indino	01 031	IA MONITO							
Occupancy Status During A	batement (Chec	k Only O	ne)				Street	Addrag								
Facility Closed/Vacate							Olloct	Addres	55							
Abatement Performed	Outside of Norm	al Facilit	y Hour	s			City S	tate 7	p Code							_
X Other - Describe: ba	ement	*	24) 				Oity, O	tato, 21	p code							
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× ≥160 sf or ≥260 lf		Economic State of the last of	Renova Demoli					Full	Containmer i-Enclosure	nt with	Negativ	e Pres	sure			
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Location of Asbestos-Containing Management			Norma ed Sole			D	escription	of						уре	_	_
TO BE ABAT	D (ACM)	Ma	aintena	nce/	Asbest	os Cor	ntaining M	aterial	(ACM)		nount				n	
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A. Scott Higgins		Pres	ident					R		di-		12/4/	18			
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Street Address	-		(0)		POW PSQ.		A,HA	d 7 belon VC Contr	Cont ting	nc.				AUTO CONTRACTOR OF THE PARTY OF		Name and Address of the Owner, where
Cay, State, 2p Code	Biological Street Street		and the same of th			The Virginia	185 \ Cly, 8	Propleme	D				Amelican	-	40 mil	L
Project Manager for Manifol	ng Ferm		and the same of	Yalop	Hone No.		Telepix	nd Park, ine No. 152-5841	-	T I	Parmin I	No.	***************************************			-
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification (1)	18				Owner / Operation	or (2)			E	17	E.	-
	otification		et Ado		of Education		11111	1		-	i	11
☐ EPA /		0.0000000000000000000000000000000000000			Street		This could be a second by the second be a second by the se	DEC	12	2018		$i \cup j$
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□ DOH □	Emergency			Contact			1	F.SBEST	Teler	ione N	lumb	er
□ DCA □	Cancellation	Mr.	Dway	ne Mo	osley			LK	609-	56-49	0.0	
Name of Facility JA/L AL		F	ACILI	TY INF	ORMATION							
Name of Facility Where Ab Grace Dunn	atement is Taking Pla	ce (3)			Type of Faci							
Street Address							NON FRIABL					
401 Dayton Street							Other than K					
401 Dayton Street	(4)						ate & comme				etc.)	
City (5)	County (6)	County	Codo	(7)	Square Feet		# of Floors		Bldg. /			
Trenton	Mercer	County	Code	(1)	60000		3			60+		
Trenton	wercer					(Prior i	f being demo	lished)				
Name of Monitoring Firm H	rod by Building Own	- (0)	140	01441	School							
Environmental Connec	ion	r (8)	AS	CM No		temen	t Contractor (9)				
Street Address	1011	-			Bristol Env Street Addre		iental, Inc.					
120 North Warren Stree	t				1123 Beave		no.					
City, State & Zip Code	-				City, State &				-			
Trenton, NJ 08010					Bristol, PA							
Project Manager for Monito	ing Firm	elephon	e Num	ber	Telephone N			License	Numbe	-		
Steve Mania		09-392			(215)788-60			00509	Wattibe	1		
Scheduled Start Date (10)	Scheduled Comp	oletion D	ate (1	1)	Name of OSI		nitor	10000				
12/6/18		12/7/18			Bristol Env	ironm	ental Inc.					
Occupancy Status During A	patement (Check only	one)			Street Addres							
Facility Closed/Vac	ted During Entire Per	iod of Al	patem	ent	1123 Beave	er Stre	et					
Abatement Perform	d Outside of Normal	Hours -	- 7am	to 3pm	City, State &	Zip Co	de					
Describe: 3:00PI					Bristol, PA	19007	•					
Facility Occupied D	iring Abatement											
Scope of Work (Check all the	at apply)											
\ \(\geq \geq 3 \) sf or ≥3 If		⊠ Re	novati	on			Full Contains		Vegati	e Pres	ssure	£.
≥160 sf ≥260 lf	i i		molitic				Mini-Enclosu					
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Asbestos-Cont		Normally	Used		Asbestos-Con			(Specify	_	Tatem	ent i	ype
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Name of Registered Waste	Hauler	IN.	IDEP	Waste	Cubic Yards	Name	of Registere	d Landfill				Ш
			auler I		of Waste	Ivanic	or registere	u Lanuilli				
Bristol Environmental II	С	18	3706		1 Cu yd	Fairle	ess Landfill					
City, State					Disposal Date	City, S						
Bristol, PA					12/7/18		isville, PA					
Completed By (Print or Type)	Ti	tle		Signature		1.		Dat			
Gino Pizzigoni		Pi	roject		//	- C - C S	././	1	100000000000000000000000000000000000000	6/18		
		1000	anag	- 1	Gens Ky	gygo	me/ The	-	12	01 10		
GI 18276										-		

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

Print Form

-			(1	rursuan	it to NJA	8:60 a	nd 12:120	0)	7						Appendix 7
Date of Notification (1) 12/7/2018	Name of Building Owner/Operator (2) WEST MILFORD PUBLIC SCHOOLS Type Notification Street Address												2 ;	018	the state of the s
Agencies Notified X EPA	Type Notification Initial	L			Address GHLAN	DER [RIVE		A Stranger	1.	SBES	TOS O	ON	ROL	<u>-1</u>
DEP X DOL	Amended Amendmen	t #			tate, Zip C T MILF(J 0748	0			CONTRACTOR CONTRACTOR	and a house, No section		Mountaine	
X DOH X DCA	Emergency justification Cancellation)	-	Name	of Contact					17004755000	ephone N			-	
E DOA	Caricellation	1					TION			97	3-697-	700			
Name of Facility Where A	batement is Takii OOL	ng Place (3	3)	TAC	ILITY INF	URIVIA	ION		of Facility (
Street Address 36 MAPLE ROAD					1111			×	School (K-1, Subchapter Other (i.e. p	8 (Oth	er than K comme	-12) rcial bu	ildin	s, hom	ies,
City (5) WEST MILFORD								Squa	etc.) are Feet	# of	Floors		Bldg	Age	
County (6) PASSAIC				County (STATE	Code (7) USE ONL	n			ent Use (Pric		ng demol	ished)	-		
Name of Monitoring Firm ENVIROVISION CO	Hired by Building NSULTANTS,	Owner (8) INC.		ASCI	M No.				atement Con			NG, II	NC.		
Street Address 20-21 WAGARAW F	.OAD - BLDG	35E					Street /		ess LAND AVE	NUE			SHUR		
City, State, Zip Code FAIR LAWN, NJ 074	10	149							Zip Code , NJ 0751:	2					
Project Manager for Moni FRED LARSON	oring Firm			Telepho	ne No. 36-9145	i	Telepho 973-9	one N	lo.		License 00494		_		
Start Date (10) 12/10/2018		Schedule 12/26/2		pletion	Date (11)				HA Monitor S (9) ABO\	/F	-				
Occupancy Status During	Abatement (Chec	k Only On	e)				Street A		10.00						
Facility Closed/Vaca Abatement Performe Other – Describe: S	d Outside of Norm	Period of A nal Facility	batem Hours	ent			City, St	ate, Z	ip Code						
Scope of Work (Check All	That Apply)													-	
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		processes	enovat emoliti				×	Min	Il Containmen ni-Enclosure ovebag Proce n-Exempted	edure				TO	
		1000000	Locatio					140	II Exempted	() and	14011-1 118	I I	Aba	ement	
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		Yes	No	N/A								_		ate	Ø.
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Name of Registered Waste	Hauler			IDEP W		Cubic	Yards		Name of Re	egister	ed Landfi				
TWO BROTHERS CO	NTRACTING	RACTING Hauler ID No. of Waste 35 WASTE MANAGEMENT G.R.)).W.S	3.	
City, State CLIFTON, NJ		Disposal Date City, State 12/26/2018 MORRISVILLE, PA													
Completed by /IVECA RAMOS		Title PROJ	ECT	COOF	RDINAT		ignature	-11	1)	フレット	D	ate 2/7/20	018		
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Date of Notification (1) 12/7/2018			Name	of Building Owner	Operator	(2)		1 1				
Agencies Notified	Type Notification		Street	Address		SPROOL	170	L-10 E	AY	EST/	DS DC	TROL &
EPA DEP	initial Amended			IGHLANDER D	RIVE	+				7	110	
DOL	Amendmen Emergency	(Including	. WES	T MILFORD, N	J 0748	0	<u>. il:</u>			1	MH	
DOH DCA	Justification) Cancellation	1	CHR	of Contact IS KELLY				Telephone fi 973-697-1	lumber 1700		/'W	10000
Name of Facility Where	batement to Taktr	g Place (3)	FA	DILITY INFORMAT	ION	Type of Fi	Lity (A	RAPPR	OVE	1)	-	
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WEST MILFORD						Square Fe	· · t	# of Floors		Bldg.	Aga	
County (6) PASSAIC			County	Code (7)	_	PUBLIC.		is being demol	ished)			·]
Name of Manitoring Firm ENVIROVISION CO	Hired by Building NSULTANTS.	0wner (8) INC.	ASC	M No.	Name	of Abeternii BROTHI	1 Cint	actor (8) ONTRACTI	NG II	VC		
Street Address 20-21 WAGARAW I	CAD - BLDG	35E			Stree!	Address REELANI			140, 11			
Cky, State, Zip Code FAIR LAWN, NJ 074					City, St	ale, Zip Co	:6	-				
Project Manager for Mont			Telepho		Teleph	one No.		License				
Start Date (10)		Scheduled O	ompletion	38-9145 Date (11)	Nama	658-870() 6 OSHA NI	'niloi'	00484	VI.			-
12/10/2018 Occupancy Status During	Abatement (Chec	12/26/201 (Only One)	8		- Andrews	E A8 (9)	BOV					. –
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Scope of Work (Check All	That Apply)	Reno	vation			Bult Con	alarunn	with Magalive				
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(13)		Yes No		other m	enstana	ous)			PENG	R.	Sadatc:	
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BEST REMOVAL INC

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Date of Notifican	e,(1)		-	Name	Building Own	at/Oparator (2)		- 1	12	U.	13	17	7
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Uminut Manager 6	r Monitoring Firm					F	lackensa	k, Ne	w Jersey 07	501				
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Date of Notification (1 12-5-2018 Agencies Notified	1			Name Mond	of Building Own delez Internat	er/Operational In	or (2)		The state of the s	DEC	1		2018	
EPA DEP	Type Notificat X Initial Amended	i		Street 100 E	Address Deforest Aver tate, Zip Code				ASB	EST	08 (. JAI	TEN	
× DOL × DOH DCA	justification	cy (includ	ing	East Name	Hanover, NJ of Contact	07936		T	elephoi		EN	E MG		
Name of Facility Where	Cancellat Abatement is Ta		2 (3)	1	Stock	TION		7	32-33	31-54	05			124
Street Address							Type of Facili	K-12)						
100 Deforest Aver							etc.)	e. private	& com	than K-12) ommercial buillin			s, ho	mes.
East Hanover, NJ County (6) Morris	17936			County	Code (7)		Square Feet 100000+						Age	
Name of Monitoring Fire	Hired by Buildin	g Owner ((8)	ASCN	USE ONLY)	Nama				molish	ied)			
Street Address						Gree	en Environme	ent Contractor (9) nmental Services, LLC						
City, State, Zip Code						235	Virginia Aver	nue						
Project Manager for Mor	toring Firm		1	Telephor	ne No.	Jerse	ey City, NJ 0	7304	Lican	ise No		-		
Start Date (10) 12-17-2018		Schedu	uled Cor	mpletion [Date (11)	201-3	333-8855 of OSHA Monito	Or .	0117					
Occupancy Status Durin	Abatement (Che	ck Only C	ne)			ntal Se	rvices	, LLC						
Facility Closed/Vaca Abatement Perform Other – Describe:	d Outside of Nor	Period of mal Facilit	Abaten ty Hours	nent		ue				_				
Scope of Work (Check A	That Apply)					Jerse	y City, NJ 07	7304		-				
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Throughout 3			X			Insulati / Masti	18		SF	×				
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Name of Registered Waste Green Environmental			На	DEP Was uler ID No 34889			Name of Fairless			dfill				-
City, State Jersey City, NJ Completed by					Disposa 12-27-		City, State	e						
Liliana Serrano		Title Office	Mana	iger	Sig	nature (uso	The		Date 12-5-	201			

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Mr. CK#5	192 PF	ALL	(Purs	uant to NJAC	3 8:50 an	40A16	0)	W-= 9-1	نا د	W	E	Comments of the same
Date of Notification (1)	1		Na	me of Building	g Owner/C	Operato	r (2)	050	1 2	0040	TOTAL SERVICE	AND THE REAL PROPERTY.
Agencies Notified	Type Notification		Ctr	2000	Man	aG	pmet!	J J DEC	1 4	2018	-	1
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DEP	Initial Amended	5	City	State, Zip C	ode	1	001-9) T ASBESTOS	NIE A	<u>VTRO</u> G	1.8.	
	Amendment Emergency		-	me of Contact	Maint	tie lo	1, NJ(7060	-	*****	Date of the lates	
DOH DCA	justification) Cancellation		i wa		E,			Telephone N			ia	
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Street Address						Street	Address	274700	12	410	ue.	
City, State, Zip Code					/	45	Montr	osend				
ony, otato, zip obac					1	1 0		10500	())		
Project Manager for Mor	itoring Firm		Tele	phone No.		- 1	one No.		ic To			
Start Date (10)		Schodulad	Complete	ion Date (64)				(C)	9			
9/5/18		10	1 1	ion Date (11)		Name	of OSHA Monito	or				
Occupancy Status Durin	g Abatement (Check	Only One)	1-0		\leftarrow	Sireet	Address		-			
Facility Closed/Vat Abatement Perform Other – Describe:	ated During Entire P	eriod of Abr	atement. ours	and the second second	ort. in any office Degrees	City, St	late, Zip Code					
Scope of Work (Check A	,											
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¥ ≥160 sf or ≥260 lf						And the state of t	Mini-Enclosu	re	1 550	ne		
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City, State	1502	77		dispose dispose	Disposal	Date	City, Stat	e lana and				
Completed by	101017	Title			//)) - Sion	1/ ()	11(6)	TOPIT	n			W. Cartesian
Breen Gire		County Code (7) (STATE USE ONLY) ASCM No. Name of Abalement Confractor (9) City, State, Zip Code City City, State, Zip Code City City, State, Zip Code City City, State, Zip Code				4-	Mary and the same of the					
ASB-41 (R-06-08)			7			- V	1		-16	<i></i>		

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Date of Notification (1) 12/06/2018					e of Buildi	ng Owner	/Operate	or (2)					7 E	i pla		
Agencies Notified	Type Notificat	ion		Chron	4 4 1 1		ciates	Inc	1131		-		Management (1995)	-		
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Name of Facility Where A	batement is Ta	king Place	(3)		CILITY IN			Type of Facili	ty (4)					_		
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Middlesex Name of Monitoring Firm	direct by D. Hall			(STATE	y Code (7) E USE ONL	Y)		Current Use (Prior if being demolish Residential								
Iris Environmental L	aboratories	g Owner (8)	ASC	CM No.		Name Unite	me of Abatement Contractor (9) nited Safety LLC								
2333 Route 22 Wes								Address roy Lane								
Union, NJ 07083								tate, Zip Code oln Park, NJ (07035							
Project Manager for Monit Rick Eustaquio	oring Firm				one No. 206-0073	3	Teleph	one No. 276-0099		License 01317	No.					
Start Date (10) 12/17/2018		Scheduled Com 12/18/2018					Name	of OSHA Monito		01317						
Occupancy Status During Facility Closed/Vacat Abatement Performed Other – Describe:	d During Entire	Dariad of	۸ In	ment			Street / 22 Tr City, St	Address roy Lane tate, Zip Code								
Scope of Work (Check All	hat Apply)						Linco	In Park, NJ 0	7035							
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and Froor Otalis I	- AUIC		X		Wi	nite Join	t Com	pound	100) SF	X					
Name of Registered Waste United Safety LLC City, State	lauler		Ha	JDEP Wa auler ID 1 36820	No.	Cubic Ya of Waste TBD		Name of I								
incoln Park, NJ						Disposal TBD	Date	City, State								
completed by anco Petkov		Title Projec	ct Ma	nager		Sign	ature	2 ash	2	Date 12	e /06/ !	018				
							-	15/11/20	1	121	001.	010				

L33051	PAT		NOITA	OF AS NJAC 8	ew Jersey BESTOS ABAT 3:60-7 and 12:1:	20-7)		A Comment					W/
Date of Notification (1)					e of Building O DENTIAL INSUF			2)	Total Care	77.00 PMO	**********	- 17	
12 / 5	/18			Street	Address			144		UE	C I	2 2	2018
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X DOH	On Hold				of Contact			Telephone N		r		+	Timere page
DCA [EMERGE	NCY NOTIFICA			IAM BARRETT			973-802-217	'5				
Name of Facility Where Al	-t-m-nt in T-	Hima Diago (2)	FACIL	_ITY IN	FORMATION	T	a of Facility	. (4)				_	
Name of Facility Where Ab	atement is 1a	king Place (3)				Тур	e of Facility School (K-						
PRUDENTIAL								er 8 (Other tha	an K-1	2)			
						Χ	Other (ie.)	orivate & com	mcl. b				
Street Address 213 WASHINGTON STREE	-						quare Feet 750,000	# of Floor	rs		Bldg.		
City (5)	County (6	:1		Count	y Code (7)		The state of the s	ior if being de	molish	hed)			b
NEWARK	ESSEX	''	1		USE ONLY)		MMERCIAL	ioi ii being de	inonsi	ieu)	1 Hall	ı. La	J.
Name of Monitoring Firm	ired by Build	ing Owner (8)			ASCM No.			ment Contra					
ACCREDITED ENVIRONMI	NTAL TECHN	OLOGIES INC					R ENVIRONI eet Address	MENTAL CO	RPOR	ATI	ON		
Street Address 28 NORTH PENNELL ROA)					1	SPOOK RC	CK ROAD					
City, State, Zip Code							, State, Zip						
		PA 19063					the same of the sa	V YORK 109					
Project Manager for Monitor	ng Firm	Telepho		nber			ephone Num			se N	umber		
JASON MCCAULEY Expected State Date (10)		Sched. Comp		Date (11\		-369-7500 ne of OSHA		1101				
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Month Day	Year	Month	[Day	Year	_					7/1		
Occupancy Status During A Facility Closed/V			Abata	mont			et Address 6 ROUTE 9						
Abatement Perfo					scribe:	107	01100123						- 1
X Other - Describe	MONDAY	- FRIDAY 6PM	1-4 AM			City	, State, Zip						
Scope of Work (Check all th	Control of the Contro	AY & SUNDAY	7AM-4	r	x Full Conta	inme		GERS FALLS	, NEW	VYC)HK 12	5 10	
Demolition	Х Х	Renovation		ŀ	Mini-Enclo		2111						
>3SF OR LF		_			Glovebag								
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TO BE ABATE	D	Maint/Custod	al		sulation, surfacio			SF or LF)	REMOVAL	AR I	70	ENCLOSUR
in Facility (13	1	Staff (12) Yes No N/	_	0	r other miscella	neou	ıs)			2		FOUL	SH
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Name of Registered Waste	Hauler	NJDEP Wast		oic Yard	ls of Waste			ered Landfill	214				
NEWARK CARTING		Hauler ID No. 913			30	GR	AND CENTE	RAL SANITAF	ΥY				
City, State		310	Dist	posal D	ate	City	, State/?						-
NEWARK, NEW JERSEY				06-03/3	0/19	PL	AINFIELD TO	DWNSHIP, P.		, .	1	1	110
Completed by (Print or Type BENJAMIN SANCHEZ) Title	ECTOR OF OF	FRAT		Signature	4	1		Date	0	45	11	1

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STATE LIST CONTINUES Table Notification Content				Sim	al Address				f			
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DCA		Cancella	gou gou	NEA	VARK, NEW .	JERSEY 07102				-		/
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213 WASHINGTON STR :ET Square Square	A Section Control of the Control of					Suboha	inter S	Dittor theme	. 6 201			
City 53 NeWARX New or Menitoring First New ARX New Order (S) Finded Address SI NORTH PENNELL, RC Nor	Street Address		- Colonia			I I I I I I I I I I I I I I I I I I I	D. DOW	In A comm	hld lar	as h	sman.	ate.i
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Sinati Address 28 NORTH PENNELL, RC City, State, 20 Cde MEDIA, PA 18043	Name of Monkorine Ein	Dianal less Wester	ing Owner (a)	(STATE	USE ONLY)					i) Pha	ım. L	ab.
SENDATTH PENNELL, PC City, State, Zip Code MEDIA, PA 19033 Trisisphone Number S13 SPOOK ROOD Trisisphone Number S10-891-0114 Expected State Date (1) 12 / 08/ Month Dey Cocusency States During Abatement Parl Abate	MARKET CO CHARGO	MENTAL TECHN	OLOGIES INC		ASCM No.		rimthe.	€ Cuntract	or (8)		-	named to the
City, State, Zip Code MEDIA, PA 18083 SIFFERM, NEW DRIVE 10601	28 NORTH PENNELL RO					I GUERT ADDING	199		CHAT	ION		
Frige Managar for Moriti Hing Firm Telephone Number [10-831-0114 Expected State Date (10) 12 / 06/ Month Dey Decupency Status During Feeding Joseph Managar for Moriti Day Decupency Status During Abstement Fer Joseph Managar for Moriti Day Decupency Status During Abstement Fer Joseph Managar for Moriti Day Decupency Status During Abstement Fer Joseph Managar for Moriti Day Joseph Managar for Moriti Day Moriti Decupency Status During Abstement Fer Joseph Managar for Moriti Described Officer Abstement Abstement Fer Joseph Managar for Moriti Described Officer Abstement SATURDAY & SUNDAY TAM-4 FM SATURDAY & SU	City, State, Zip Code					313 SPOOK	ROC	ROAD				
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Expected State Date (10) 12 / 06/ Month Dey Decumency State During Facility Closed, Abatement Per Other - Describe: MONDAY - FRIDAY SPAL AM SCAPE OF UNITED STATE OUT THIS CONTROL TO THE ABATE DATE OF THE PROJECT OF	JASON MOCALILEY		Telaphone	Number	-	Tatephone No	umbs.		ARMAA I	la rest la		
Month Dey Occupancy Status During Facility Closeds Abatement Per X Other - Describ: X Other - Describ: X Other - Describ: X Describe: X De	Expected State Date (10)	Daniel de la constant	18ched Comple	114		845-359-7500		111		AGHIDA	91	
Occupancy Status During Period of Absternant Datament (Cineck only one) Pacility Closed During Entire Period of Absternant Period of A	A A II		3/			Name of OSF	AW	lo		-		
Abatement Per Jamed Cutefide of Normal Facility Hours - Describe: Cother - Describe Cother - Describe	Occupancy Status Friday	Inglamont (Ches		SCHOOL SECTION								
Cother - Describ : MONDAY - FRIDAY SPM-4 AM SATURDAY & SUNDAY 7AM-4 PM SATURDAY 8 FALLS, NEW YORK 12550 SECOPE OF SATURDAY 8 FALLS, NEW YORK 12550 SATURDAY & SUNDAY 7AM-4 PM SATURDAY 8 FALLS, NEW YORK 12550 SECOPE OF SATURDAY 8 FALLS, NEW YORK 12550 SATURDAY & SUNDAY 7AM-4 PM SATURDAY 8 FALLS, NEW YORK 12550 SCORE OF SATURDAY 8 FALLS, NEW YORK 12550 SATURDAY & SUNDAY 7AM-4 PM SATURDAY 8 FALLS, NEW YORK 12550 SCORE OF SATURDAY 8 FALLS, NEW YORK 12550 SATURDAY & SUNDAY 7AM-4 PM SATURDAY 8 FALLS, NEW YORK 12550 SCORE OF SATURDAY 8 FALLS, NEW YORK 12550 SATURDAY & SUNDAY 12550 SATURDAY & SUN	I IF DOWN IN LABORATION	JAMES IN THAT IS NOT THE REAL PROPERTY OF THE PARTY OF TH	- 47 . m 2	interment		Street Address	9			-		
Scope of Work (Check all apply) SATURDAY & SUNDAY 7AM-4 PM WAPPINGS: S FALLS, NEW YORK 12590 WAPPINGS: S FALLS, NEW YORK 12590 WAPPINGS: S FALLS, NEW YORK 12590 Sold apply) A Foundation of Sold apply (Inc. The Inc. Sold apply) Is Location of Asbestos-Containing Metarial (ACM) A found apply) Saturday & Sunday 7AM-4 PM WAPPINGS: S FALLS, NEW YORK 12590 WAPPINGS: S FALL				ministen Plan	orbe:	1979 HOUTE	8					
Desmolition Sast OR LF Sas		DATIDON	- LUDIEA ABM'A	251		City, State, Zi	Cci s					
SSF OR LF IX >180 SF OR Location of Asbestos-conte ming Material (ACM) Material (ACM) TO BE ABAT ID Main/Custodial Inautalion, surfacing, VAT, or other miscetlaneous 18TH FLOOR MILITARY F LEK AREA X VAT & MASTIC 10 OS SF X Name of Registered Wasts NEWARK CARTING Name of Registered Wasts Name o	Ecope of Work [Check all	181 Spply)		interior	Full Con	WAPPI	NGE: 8	FALLS, N	EW Y	DAK 1	2590	
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Asbestos-conte ming Material (AC f)	IX I>180 SF OR	DODGE THE PARTY OF		-	Gloveba	g Procedure						
Material (AC 4) TO BE ABAT #D In Facility (1 1) Maint/Custodial Stall (12) Yes No NA WAT & MASTIC 1.00 9F X VAT & MASTIC 1.00 9F X Name of Registered Waste NEWARK CARTING NUMBER ABAT PROPERTY NEWARK NIEW JERSEY Disposal Date 12/06-03/30/19 Redicting Material (ACM) (is. Thermal systems (is. T	Location o		la Location	De	autoton of a	sheetoe-						
TO BE ABAT D In Facility (1) In Facility (1) In Facility (1) Insuration, surfacing, VAT, or other miscatlanaous) SERVICE STATE AREA X VAT & MASTIC 1 00 9F X Name of Registered Waste House ID No. B13 Disposal Data 12/06-03/30/19 PLAINFIESD TOW NSHIP, PA	Material (AC	A3		Car	taining Mater	fal (ACM)	I	A nount		atem	ent Ty	00
Name of Registered Waste Reuler NUDEP Waste Cubic Yerds of Waste Name of Register: I Lindfall GRAND CENTRA GANTARY Disposal Date 12/06-03/30/19 REWARK, NEW JERSEY Disposal Date 12/06-03/30/19 REALIER DOWNSTER	TO BE ABAT	!b	Maim/Custodial	(Inex	a. Thermal sy	ystems			E	9	8	Š
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Name of Registered Waste Tauler NUDEP Waste Cubic Yerds of Waste Name of Register: I Linguist Disposal Data City, State NEWARK, NEW JERSEY Disposal Data 12/06-03/30/19 PLANNERS TON WASTE NAME OF Type Title	18TH FLOOR MILITARY B	IEK ADDA							F		E	SH
Name of Registered Waste Hauler NUDEP Waste Cubic Yards of Waste Name of Register: I Lindfall GRAND CENTRA GANTARY Disposal Data City, State NEWARK, NEW JERSEY Disposal Data 12/06-03/30/19 REALIMFIERD TOW VSHIP, PA		TON AREA	X	at & Mas	ПС		11 00) SF	1			-
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City, State Disposal Data City, State NEWARK, NEW JERSEY Disposal Data 12/06-03/30/19 PLAINFIE® TON VSHIP, PA	NEWARK CARTING		WDEP Waste IC			Name of Regis	el: I L	BOOTE .				
NEWARK , NEW JERSEY Disposal Data City, State 12/06-03/30/19 PLAINFIE® TON VSHIP, PA	City. Stella		B13		1734 	GRAND CENT	AA Q	YRATIV			L	-
Completed by (Print or Type) Title T1206-12-32/19 ELAINFIED TON VSHIP, PA	NEWARK, NEW JERSEY					City, State		-			-	
PERMAMIN SANCHEZ DIRECTOR OF OPERATIONS SIGNATURE	Completed by (Print or Tune			Tot		BLAINFIERD TO	Ol VS	HP, PA				
	PENHAMIN SANCHEZ	DIREC	TOR OF OPERA	TIONS	PHINING /	LXX		Date	10			

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

Check No. 5508

Date of Notification (1)				Nar	ne of Build	ding Owner/Opera	1(0)		E 15	E	1 1		3 (
December 07, 2018 Agency Notified □ EPA □ DCF Notification □ Initial □ Amended Amendment # □ Emergency (including justification) □ DCA Name of Facility Where Ab New Manager Starkey Notification I stark the property of the property o				ike Authority	tor (2)	1141	7 - 40 - 40 - 40 - 40 August	THE PERSON	-	P-m	-		
					et Addres								
ПЕВА	1.5.5.			7	Box 50				DEC	12	201	8	ALTERNATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED
					, State, Zi								1 1-
⊠ DOL	Amendment #			100000000000000000000000000000000000000				-	COCCTO	20.04	2.4700		1.0000
⊠ DOH		uding		Non	ne of Cont	ge, NJ 07095	5		ASBESTO LIC	FINS	NC NIR	OL 8	4
	Justification)								phone Nu	mber	Description of the second		
					Carl San	Grzeskowiak	, PE	856	5-396-22	26			
Name of Facility Where Ak	stoment in Table	DI /	0)	FA	CILITY IN	IFORMATION							
							Type of Facilit	y (4)					
New Jersey Turnpike Street Address	Interchange 14	B, Tol	Plaza	a Can	ору Кер	lacement	☐ School (K-1	2)					
							☐ Subchapter ☑ Other (i.e. p	8 (Othe private &	r than K-12 commercia	2) al buil	lings,		
City (5)							homes, etc. Square Feet	-	Floors	l Di	- 0		
Jersey City							4,080	10000	-10015		g. Ag	е	
County (6)			-	Cour	ity Code /	7) (STATE USE		1			+		
Hudson				ONL	Y)	/) (STATE USE	Current Use (F	Prior if be	eing demol	ished			
Name of Monitoring Firm H	ed by Building Ou	/ner	ASCI	M No.		I New York							
Health & Safety Serv	ices Inc	1161					ment Contractor (500					
Street Address	1005, 1110.		117				storation Co.	, Inc.					
PO Box 365					Street Address								
City, State, Zip Code	p Code					223 Randol	ph Avenue						
Berlin, NJ 08009						City, State, Zip							
Project Manager for Monito						Clifton, NJ	07011						
Jim Proctor	ng Firm			ne No.		Telephone No.		Licens	se No.				
				39-24		973-478-468	31	100	120				
Start Date (10)	Scheduled			ate (11))	Name of OSHA	Monitor						_
December 17, 2018	April 30,	2019				McCabe En	vironmental S	Service	es. L.L.C	.			
Occupancy Status During A	atement (Check o	nly one)			Street Address			-,				
☐ Facility Closed/Vacated D	Iring Entire Period	of Aba	atemen	F		464 Valley E	Brook Avenue	9					
☐ Abatement Performed Ou ☐ Other - Describe:	side of Normal Fac	ility Ho	ours			City, State, Zip (-	-
						Lyndhurst,	NJ 07071						
Scope of Work (Check all th	t apply)												
$\square \ge 3 \text{ sf or } \ge 3 \text{ If}$				☐ Rer	ovation	☐ Full	Containment with Enclosure	Negative	e Pressure				
≥ 160 sf or ≥ 260 If					nolition	☐ Glov	ebag Procedure						
						⊠ Non-	Exempted (*) and	Non-Fri	able Proce	dure			
			Locat								Ab	atem	
Location o	f		Normal ed Sole			Description	of					Туре	_
Asbestos-Containing M			intena		Asbes	tos Containing Ma	aterial (ACM)		Amount			-	
TO BE ABAT IN Facility	טַיַ	(Custodi		(i.e.	, thermal systems	insulation,		(Specify		Re:	R Inca	Enc
(13)			Staff? (12)			surfacing, VAT other miscellane	, or	S	F or LF)		Remova	Repair	Enclosure
			(1.2)		1		July				val	Encapsulate	ure
0 5		Yes	No	N/A								100	
Canopy Roof		X			Tar Wa	aterproofing or	metal deck		4080	t na			
										041		+	+
										-	-	-	+
												_	-
Name of Registered Waste H		NJ	DEP W	aste H	auler	Cubic Yards of	Name of David	and I	-16:11				
B&N&K Restoration C	o., Inc.,	ID	No.			Waste	Name of Registe	ered Lan	atill				
Tri-State Transfer Ass	ociates, Inc.	12	2695 /	2A4	56	3	Minerva Ent	terpris	es, Inc.				
City, State						Disposal Date	City, State		,				
Cliff MI Compart	NING					12/18/2018 -		011					
Clifton, NJ 07011 / Bro	nx, NY				1		Waynochin						
Completed by	Title	- 95-11-1				04/30/2019	Waynesbur	g, UH	/ T=				
Completed by G. Roger Woodman		anade	er				Waynesburg	g, OH	1.8	ate			

2018-12-06 15:35

Shade Environmental 1 >> 609 63; 0664

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

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Contraction of the Contraction o	DEC	1	2018	17-MANAMA (EXTERNACION)	

Date of Notification (1)	-				TNA	ma al Dulli			- Addubbi (box			75.00 TE	70		-
12 /	200000	, 1	18		I I I	me or suid law Jersa	ing Owner/Operator	(2)		1 9				-	
Aganoles Notified	Type Not			all all the same	24		y Division of Pro	porty mi	4gr	ment and Cons	truct	ions	TOS	00	M
EPA	Initial		n			BEL Address	•			(b/m-mg)m	net setting of the	· · · · · · · · · · · · · · · · · · ·		4	
Ø DOLWD	☐ Amen						inte Street		L.	1:	/				
⊠ DOH		dment		_		, Stato, Zig					1.4.4	1	-1	+-	-
(NAC 5:23-8)	Emery	ency (Indud	ing			J 08625-0034					11	-		-
(WALC 0:23-0)	☐ Cance	ation)				ne of Conta	- 0			Telephone Mis	Har.		Bra - "ablan.	.) -	\dashv
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Name of Coalday (ath	A1 1				F	ACILITY	INFORMATION		Division 4 person		-				4
Name of Facility Where	Abatement	15 丁蜀长	ng Pla	¢e (3)				Type of	acility	(4)	Name and Address of the Owner, where	-	-	-	4
NJ Taxation Build	ng							☐ Scho	1 (K-1)	2) 8 (Other than K-1:					1
	500000000000000000000000000000000000000							Subs	aptor.	8 (Other than K-1:	2)				1
50 Barrack Street									1, etc.)		iscial I	pulidi	nga,		1
City (5)	1,000			- Price and	-			Square	set	# of Floors		Bldg,	0.50	_	4
Trenton					0.000.000			10.00		10	1	100	-		1
County (5)			0,00		Co	unly Code	(7)(STATE USE CHLY)			ior if being demol	lab-mi	140	-	-	-
Morcor							-	Taxai	an Br	iliding	-wited)				1
Name of Monitoring Fin	Hired by B	uilding	Owns.	r (8)	ASC	VI No.	Name of Abatem	ent Contro	tor ion				-		4
Environmental Co	inoction, l	rio.					Shade Enviro								1
Street Address	SI						Street Address								1
120 North Warren	3treet						623 Cutlor Av	renue							1
City, State, Zip Code					,		City, State, Zip Co								4
Trenton, NJ 08608								NJ 080	2						
Project Manager for Mo	Itoring Flim	ding Film Telephone No.						1100 000		License No.				-	
Dominick Dercole						2-4200	Telephone No. 856-755-0099			00842					
Start Date (10)		Siche	duled I	Compl	etlon C	ate (11)	Name of OSHA M			00002					4
12 / 10 /	18					18	EMSL Analyti								1
Occupancy Status Durin	Abalement				-		Street Address	wall me-							J.
Facility Clesed/Vecal	id During Er	the Pe	dad a	Abab	trrestife		200 Route 13	e 14. 11							7
Abatement Performe	Outside of	Marmal	Facili	lu Mai	PR - On	scribe	City, State, Zio Co		-			er rouge			
Time of Abelement:	AM	P	M/SPN	1-12A	M		Cinnaminson		-	4111-1714 Paris					7
Scope of Work (Check a	that apply)	-					Cinnemingon	, NO ORO	7						
			102000000				TI Full Cont.	ainment w	th blan	other Drace					7
⊠ ≥3 ක් ගැ≥3 if □ ≥160 ක් නැ≥250 if			区 R	isveno Ilioma	lion		EXI MIRLENCI	ntainment with Negative Pressure							1
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Location Asbestos-Containing	of) Las	Norma ed Gol	illy		Description of	,	- 1		-	meiac	No. of Concession, Name of Street, or other Designation, or other	-	1
TO BE ARA	TED	rvs)	M	akmanı	ance/	Asbe	sies Conteining Mat ., thermal systems !	erial (ACI)	Amount	Senso	Repai	Вина	"	1
IN Facil	y		Cus	todial	Stoff?	11.5	surfacing, VAT,		- 1	(Specify SF or LF)	EAM	휳.	To a	11.	1
(13)	**			(12)	The Person named in column 2 is not to the Person named i	4	other miscellaned	us)	- 1	SP Dr Llej	=		astudante		1
alk ris		_	Yes	No	N/A							1	176		
4th Floor North Mech	nical Roo	m				Pipe in	Eulation		T	2 LF	Ø	10		EI	1
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	-				D									C.	
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Name of Registered Was	e Hauler				JOEP		Cubio Yards of	Name o	Regist	ered Landilli	1	1	had		1
Freehold Cartage				H	auler t		Waste	Fairk							
City, State	-	- III PERSONAL PROPERTY OF THE PERSONAL PROPER			1583		Disposal Date	City, St						_	
Frechold, NJ							12/11/2018	Morr		D.s.					
Completed By (Print or Ty	38)	Title						HODEL	411124	- Lancing Company of the Company of					
Christina Lynch				Del ele	MD -6	Operation	Signature			Dat	ie				
\$8-41		1 71	ww rr	44:00	114 61	-haustiót	5]12	2/10	11	1			
N 13		. 5	de not	use th	ls form	for eabeat	os licensuro oxompte	od activiti	5.				-		G.
					193				THE P. LEWIS CO., LANSING						