...ATION (Pursuant . . ESTOS ABATEMENT AC 8:60 and 5:16)

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)					Sederici -		
. 12 / _	30 /	13		Jei	rsey Cen	tral Power & Ligi	ht/First Energy		7	E.	7			
Agencies Notified	Type Notifical	tion	,		t Address	* .	0	1.68						
⊠ EPA	☑ Initial			PO	Box 191	1 - 300 Madison	Ave		53	į				
DEP DCA (NJAC 5:16)	Amended Amendme	ent #		City,	State, Zip (Code		JAN 22	014		_,:			
☑ DHSS	☐ Emergence		ng	Mo	rristown	, NJ 07962	*	N TOTAL		7				
DCA (NJAC 5:23-8)	justificatio			Name	of Contac	at		Telephone Numb	er	- 1	1			
(11370 3.23-0)	☐ Cancellati	on		Ke	nneth Se	borowski				•	- 1			
	1 1 2 4		1,39	FA	CILITY	NFORMATION	1 14 -	<u> </u>						
Name of Facility Where	Abatement is Ta	aking Pla	ce (3)				Type of Facility School (K-12							
Street Address				-			☐ Subchapter 8	(Other than K-12)						
801 St John's Stree	et • '						Other (i.e., property) homes, etc.)	rivate & commercia	al build	lings,				
City- (5)		*****			HS HSM L	7.	Square Feet		BI	dg. A	ae			
Cape May							2,500	2	1	50+	J -			
County (6)				Cou	nty Code (7)(STATE USE ONLY)		or if being demolis	hed)					
Cape May					,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	residence							
Name of Monitoring Firm	Hired by Build	ing Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Health & Safety Se			. (-/	117			nvironmental S							
Street Address						Street Address		,						
318 12th Street							lehem Pike - S	uite 60						
City, State, Zip Code			-	-		City, State, Zip Co	Transfer and the state of the s							
Hammonton, NJ 08	3037					Spring House								
Project Manager for Mor			Te	lephone	No.	Telephone No.		License No.	1			_		
Jim Proctor	3		2000	09-704		215-542-7000	,	00847						
Start Date (10)	Is	cheduled	Comp	etion Da	ate (11)	Name of OSHA M	Monitor				_			
1/13/		1		31/		CES		8 2 1						
Occupancy Status Durin	g Abatement (C	check onl	y one)			Street Address		10						
□ Facility Closed/Vacate	ed During Entire	e Period	of Abat	ement		1121 N. Beth	lehem Pike - S	uițe 60						
☐ Abatement Performed					scribe	City, State, Zip Co	ode	8						
Time of Abatement:	7:00AM-7:00P	M/	PM	AM		Spring House	e, PA 19477		•					
Scope of Work (Check a	ll that apply)			•						(6)		165		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renova Demolit			☐ Mini-End	g Procedure	pative Pressure n-Friable Procedur	·e					
			Is Loc	ation				93		atem	ent T	ype		
Location	NOTE TO THE PARTY OF THE PARTY		Norm	ally lely by	2	Description of			77	п	П	Tm		
Asbestos-Containing TO BE ABA			/lainter			estos Containing Ma ermal systems insula		Amount (Specify	Removal	Repair	nca	ncl		
IN Facil	itv			Staff?	(i.e., the	VAT, or	ation, sunacing,	SF or LF)	ova	=	psu	Enclosure		
(13)			(12		-	other miscellane	ous)		_		Encapsulate	G,		
		Ye	s No	N/A										
thru out building				\boxtimes	Floor t	ile 9"x 9"		260 SF	\boxtimes					
Ceilings and walls th	ru out			\boxtimes	Joint C	Compound	,	3310 SF						
Exterior					Exterio	or Transite		1500 SF						
Exterior north west of	door				Windo	w Glazing		25 LF	-					
Kitchen					Sink			1			Ш			
Name of Registered Was	te Hauler			NJDEP Hauler I		Cubic Yards of Waste	Name of Regis					05		
STG		581 S		2090		30	Minerva La	ndfill						
City, State						Disposal Date	City, State							
New Castle, DE		20.				2/7/14	Waynesbu	rg, OH 44688						
Completed By (Print or T	ype)	Title	- F - 12	Signature						Date				
Patricia Visco		Office	Man	ager		co- 1	12/30/13							

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

D&S Proj. #: 14-05

ASB-41

Name of Building Owner/Operator (2) Date of Notification (1) 1 2 / 2 7 / 1 3 David Fapohunda Agencies Notified Type Notification Street Address 🔀 Initial ☐ EPA 59 Beverly Road Amended DEP City, State, Zip Code Amendment #: 冈 DOL Emergency WEST ORANGE, NJ 07052 (including DOH X Name of Contact Telephone Number justification) ☐ DCA David Fapohunda Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) David Fapohunda Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 59 Beverly Road Square Feet # of Floors Bldg. Age County (6) County Code (7) Current Use (Prior if being demolished) (State use only) WEST ORANGE Essex Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Project Manager for Monitoring Firm Phone Number Telephone Number 973-345-8020 01169 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 01-07-2014 01-11-2014 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 If Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure is location normally used solely Location of E е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m staff(12) р C (Specify SF or material (acm) to be C material (ACM) 0 a a LF) abated in facility (13) Yes No N/A PIPE INSULATION 71 l ft **BASEMENT** Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd Disposal Date City, State City, State PATERSON, NJ 07503 01-13-2014 TULLYTOWN, PA Completed by (Print or Type) Signature Date Title 12-27-2014 BOGDAN JOLDZIC PRESIDENT Do not use this form for asbestos licensure exempted activities.

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

D&S Proj. #: 13-500 Emergency

								1 1 6	7,3	-					
Date of Notification (1)	Name o	f Building Own	er/Operator (2)) .			10	-5	77.		T				
1 2 / 2 7 / 1 3	CIBC	0	÷ 1)							1	-				
Agencies Notified Type Notificat	tion Street A	ddress					JAN	2 2014	1		1				
EPA Initial Amended	30 St	onegate Rd					UAN	2 2014			ĺ				
DEP Amendment #:		ite, Zip Code							_			_			
DOL Emergency		Γappan, NJ 0	7675						i		İ				
DOH (including		Contact	1013	100			Telephor	ne Number							
justification)							, cooping								
DCA Cancellation	Eddy	/ Sujac							_						
		FACI	ILITY INFORM	ATION			21	- 11							
Name of facility where abatement i	is taking place (3)					Туре	of Facility	(4)							
CIBCO							_	ol (K - 12)	4141	1/	10\				
Street Address						1	20 (500)	apter 8 (C (Private/C			12)				
oli osi rida i os							Bldgs.	/Homes, e		olai					
36 Engle St						Squa	are Feet	# of Floor	s	Blo	Bldg. Age				
City (5)	County (6)			10-10-10-10-10-10-10-10-10-10-10-10-10-1	nty Code (7)	l I									
NEST CONDUCTOR NO CONTRACTOR CONTRACTOR	7.516			(Stat	te use only)	Curi	ent Use (P	rior if bein	g dem	olishe	ed)				
ENGLEWOOD	Bergan		ASCM No.	L.,		<u> </u>	- 151								
Name of Monitoring Firm Hired by	Bldg. Owner (8)		Name of Abateme												
	D & S RESTO	RATION	I, INC.												
Street Address					Street Address										
			20 California												
City, State, Zip Code					City, State, Zip Coo	ie									
			Paterson, NJ		200X										
Project Manager for Monitoring Firm	ľ	Phone Numb	er		Telephone Numbe			License		er					
					973-345-802			10	1169						
Start Date (10)	Sched. Comp	oletion Date (11	1)		Name of OSHA Mo										
12-28-13	1-4-14			-	D & S Restora	ation, inc									
Occupancy Status During Abatemer		2)													
Facility closed/vacated during					20 California A City, State, Zip Coo						_				
Abatement performed outside					City, State, Zip Cot	ie.									
Describe: NORMAL H	IOURS			-	Paterson, NJ	07503									
Scope of Work (check all that apply				<u> </u>	Tuterson, 110		ntainment v	u/nogotivo	propo	uro	_	_			
57	27.55				L L	Mini-en		willegative	press	ure					
	Renovation				Ď		ag procedu	ire							
≥160 sf or ≥260 lf	Demolition	F)				Non-E	cempted (*)	and Non-		_	edure	<u> </u>			
Location of	Is location norm by maintenance		1						R e	R	E n	E			
asbestos-containing material (acm) to be	staff(12)	Custodiai			sbestos-containing		Amount (Specify S	SE or	m	р	C	n			
abated in facility (13)	Yes No	N/A	material ((ACIVI)			LF)		o v	a	a	L			
98 80 27	100	10/0							е	r	р				
First Floor & Basement			Removal of ~1,	100SF of	tiles & cleaning	1,	100 SF		X	Ш		Ш			
									ᆚ	Ш	Ш	빝			
									Ш			10			
												Ш			
Registered Waste Hauler	NJDEP Hat	11.70 (10.00 (10	cubic Yards of	Waste	Name of Register			ECOVET	v	-					
D & S RESTORATION, INC.	13506	Disposal D	3 YDS		TULLYTOWN City, State	N, KESU	UKCEK	ECOVER	(1						
City, State PATERSON, NJ 07503		1/4/			TULLYTOW	ΝΡΔ									
Completed by (Print or Type)		/) A	. 1, 1 11		Date		-								
BOGDAN JOLDZIC	Title PRESIDENT		Signature		per			12/27	/2013	3					
ASB-41	Do not use this f	orm for asbesto	os licensure ex	empte	d activities.	0.7									

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

7,		,								0.4	, (m	. `	· .		
Date of Notification (1) 12/16/2013			ame of B			- (My JA	W_2	15.		SD				
Agencies Notified Type Notification	ion	100	treet Add		VE			1/4	بر	EST.	ر ح	AF	8:	ic	
EPA Initial Amende	nent #		ity, State				7	157	2/17	`a.,	****				
		0.000	lame of C	Tala	nhono l	Numbo	-6	3							
		EACH ITY INFORMATION													
Name of Facility Where Abatement is T PRIVATE	aking Place (3)							of Facility (4 School (K-12	2)						
Street Address 530 BURTON AVE			E .				立(Subchapter 8 Other (i.e. pr etc.)				2) ial buildings, hom			s,
City (5) HASBROOK HIGTHS							Squar 1700	re Feet)	# of 2	Floors		89	lg. Ag	je	
County (6) BERGEN			County Co		<u></u>		Curre	nt Use (Prio IE	r if bei	ng demo	olished)			
Name of Monitoring Firm Hired by Build N/A	ling Owner (8)		ASCM	No.				tement Cont							
Street Address							Addres /AN C	SS ORDEN P	L.						
City, State, Zip Code					City, State, Zip Code HACKENSACK NJ. 07601										
Project Manager for Monitoring Firm		T	elephone	e No.		Telephone No. License No. 201-708-4270 01135									
Start Date (10) 12/18/2013	Scheduled 12/19/20		pletion D	ate (11)				HA Monitor ALYTICAI	. INC			77			
Occupancy Status During Abatement (Check Only One	:)				170731774775	Addres								
Facility Closed/Vacated During Er Abatement Performed Outside of	ntire Period of Ab Normal Facility H	oateme Hours	ent			City, S	state, Z	ip Code	١.	•	-	-			
Other - Describe:						NY.	VY. 10	7018	-	-					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		enovat emolitio				2	Min	Il Containme ni-Enclosure ovebag Prod	edure					. S	
	le l	ocatio	on			Non-Exemples			d () and Non-Fria			able Procedure Abatem			
Location of Asbestos-Containing Material (ACI) TO BE ABATED In Facility (13)	Mair Custo	ormally Solely ntenan odial S (12)	y y by nce/		os Con therma surfa	escription taining I I system acing, VA miscella	Materia is insul: AT, or		(8	mount Specify or LF)		Remova	Ty Repair	e Encapsulate	Enclosure
	Yes	No	N/A		N P P	IN 100' ''	:-			00				र्ल	w
BASEMENT		X				INSUL				83		X			
BASEMENT		X		V	AT FL	OOR T	TILE 9	X9		383		X			
Name of Registered Waste Hauler		I N.	JDEP Wa	aste	Cubic	Yards		Name of	Regist	ered La	ndfill				
SHARON QUALITY CO. LLC.	H	auler ID 1 033967		of Wa	aste)		MINER	VA E			E IN	IC.			
City, State HACKENSACK NJ			**		TBD				ISBURG OHIO						
Completed by CARLOS ESQUIVEL	Title MANA	AGEF	3			Signatur	Egy	nufin	nfl	P	12/		013		
ASB-41 (R-06-08)						P. Dor	/ not use	this form for	asbes	itos lice	nsure e	exem	pted	activi	ities.

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

Date of Notification (1)				Name of B	uilding C	wner/Operator (2)	- ATT 8: 15							
12/30/13						chool SERSTO								
	pe Notification	on		Street Add	ress	TAPES FO	9 CONTRAL CO	-						
I EPA I	7 Initial			112 W. De	lowere	Avenue & L	1371							
	Amended	Amenda	nent##				-11. O				_			
□ DOL	Emergeno		7		(6)	Jersey 08534								
□ DOH	justificatio	5.5	9	Name of C		Jersey U0554	·	IΤο	lanha	a Nim				
DCA	7 Cancellatio	333				D) D 4		lie	epnoi	ne Nur	nper			
IN DON	_ cancellati	-		DAVID J.										
Name of Facility Where Abate	ment in Toki	na Diose	(2)	FACILITY I	NFORM	ATION	T- 15 W 10							
			(3)				Type of Facility (4)							
The Pennington School Low Street Address	reliden Bidg.	<u> </u>					X_6chool K-12							
							Subchapter 8 (O	her th	an K-	12)				
112 W. Delaware Avenue														
City (5)							Square Feet	# 0	f Floo	rs Bldg	g. Ag			
Pennington, NJ 08534														
County .				County Cod	ie (7) (S	TATE USE ONLY)	Current Use (Prior if b	eing d	emoli	shed)				
MERCER														
Name of Monitoring Firm Hired	by Building	Owner (8	3)	ASCM No.	Name	of Abatement Con	tractor (9)							
Environmental Connection					CREAM RIDGE ENVIRONMENTAL INC.									
Street Address					_	Address	MONNEAU INC.							
120 N. Warren St.					000000000000000000000000000000000000000	ACK FOREST R	OAD							
City, State, Zip Code						tate, Zip Code	OAD							
Trenton, NJ 08608						12								
Project Manager for Monitoring	Firm IT	elephone	No	·		LTON, NJ 0869	1	-12:						
Ryan Broadwater	1					ione No.			nse N	0.				
Start Date (10)		19-392-4		e 5 : 43		00-7110		006	76					
			Combie	tion Date (11)		of OSHA Monitor								
12/30/2013		18/14				onmental Connect	ion							
Occupancy Status During Abat						Address			= 55	£0 = 5550				
Facility Closed/Vacated D				ent	120 N.	Warren Street					1			
Abatement Performed Ou	tside of Norm	nal Facilit	y Hours		City, S	tate, Zip Code		W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						
Other - Describe					Trento	on, NJ								
Scope of Work (Check all that a	apply)		120				Full Containment	with N	legati	ve Pre	SSUR			
≥ 3 sf or ≥ 3 lf				Renova	ition		☐ Wrap & Cut							
≥ 160 sf or ≥ 260 lf				□ Demolit	tion		Glovebag Procedure							
							Non-Exempted (*) & Non-Friable							
,		Is Loca	tion	1			1	-		t Type				
Location of Asbestos-Conta	inina l	Normaliy				estos Containing								
Material (ACM) TO BE ABAT	ED In	Solely	11-11-11 SAM			thermal systems	Amount (Specify SF or	- R	D D	Encapsulate	Enclosure			
Facility (13)	ivia	intenanc				g, VAT, or other	LF)	Removal	Repair	sol	읈			
	Ye	dial Staff	N/A		miscellan	eous)		\sigma	=	ula	i i			
CEILING/WALLS (2ND FLI			1.47	ACDECTOO	DI A CIT	ED	1000 00 700	-	-	ō				
BASEMENT		X	+	ASBESTOS			1200 SQ. FT.	X						
ST FLR CLOSET	X	+	-	INSULATIO	un & FI	1 TINGS	215 L.F.	X						
SI PLE CLUSEI		1X	-	NFVAT			75 SQ. FT.	X						
lama of Docistand Maria !!				ALIDES III										
lame of Registered Waste Hau	ler'			NJDEP Waste Hauler ID No.		Cubic Yards of	Name of Registered La	ndfill			36			
TMSTER TRUCKING			12	e de la companya del companya de la companya del companya de la co		Waste	CDOWG							
				21079		20 120.	GROWS							
ity, State						Disposal Date	City, State							
VEST CREEK,NJ						01/0814	MORRISVILLE, PA							
ompleted By	Title)			Signatur			Date						
AVID D'ANDREA	PRI	ESIDEN	T		Nais	(L)	endrea	12	120	113				
SB-41					1	11.00		1 -	20	11-				

^{*} 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) P Check # 9307

Date of Notification (1) ecember 30, 2013		DITTO MANAGER 122	f Building n Defeo	Owner / Operator (2)	200		En						
Agencies Notified	Type Notification		Street A	The second second second			JAN -2 .							
□EPA □DEP	200		48357 S	unburst	Drive	65 Arc	JAN-2 AI	M 8: iz	1					
⊠DOL	☐ Initial		City, Sta	ate & Zip	Code		t is the	Than,						
⊠DOH	Amended		Lexingt	on Park,	, MD 20653		$\mathcal{U}_{\mathcal{U}}$	3 1				- 1		
DCA	Amendment Cancellation	- Contract	Name o	f Contact	l .			Telepho	one	Nun	ber	-		
	Gariociiatio	'		ome Gro				5				- 1		
	75		FAC	ILITY I	NFORMATION	The state of the s		• 7	,	K1+[*]	~- 0.			
Name of Facility Whe	re Abatement is Taki	ng Place (3)	849		Type of Facility									
Residence					School (K		K 12\							
Street Address	Deixa					er 8 (Other than e., private & co		ldinas ha	m	a et	c)	- 1		
50 South Spinnaker	Drive				Square Feet	# of Floo	WATER TO SERVICE THE SERVICE OF THE	Bldg. Ag	_	-, 01	o.,	\dashv		
City (5)					1,032	1, 0, 1, 100	2	CONTROL SECTION		year	rs			
Little Egg Harbork		- T			Current Use (P Residence	Prior if being dem	olished)							
County (6) Ocean		County Code	(7)											
Name of Monitoring F	irm Hired by Building			ASCM I		ement Contractor	r (9)							
N/A Street Address					Synatech, Inc Street Address					-		-		
Street Address					829 Radio Ro	ad								
City, State & Zip Cod	е				City, State & Z	ip Code bor, NJ 08087								
Project Manager for N	Monitoring Firm	Те	lephone N	umber	Telephone Nur 609-296-6916		License	Number 00	317					
Scheduled Start Date	(10) Sched	luled Completi			Name of OSH									
		ary 10, 20°	14	Synatech, Inc										
			Abatemen	t	Street Address 829 Radio Ro									
	Performed Outside of	Normal Hours	i		City, State & Z	ip Code				1				
Other – Des	cribe:				Little Egg Har	bor, NJ 08087		e 9						
		ent										\dashv		
Scope of Work (Ched	ck all that apply)					Full Cantainman	t with Noastivo	Drocoure				- 1		
Project Manager for Monitoring Firm		\boxtimes	Renovatio	n		Full Containmen Mini-Enclosure	t with Negative	riessuie						
		· ·	Demolition			Glovebag Proce	dure							
2 2 100 01 01 220	, o	_				Non-Exempted(ble Proce	dur	е				
	cation of		on Norma		Description				Aba	teme	ent T	уре		
	ining Material (ACM)	Solely b	y Mainten dial Staff?	ance or	Asbestos-Co Material (A		Amount (Sp SF or LF							
	E ABATED Facility	Cusic		(12)	(i.e., thermal		0, 0, 1	′ F	٦		_			
	(13)			- 1	insulation, surfa		- v		اچ	ZJ	nca	E		
					or other misce	maneous)	1		Removal	Repair	psu	Enclosure		
		Yes	No	N/A					va	₹	Encapsulate	ure		
Exterior	-	-	X		Asbestos-conta	ining sidina	800 SF	= >	7	Arritice)	Н	\forall		
LALGITOI						3 - 0			`					
Name of Registered	Waste Hauler	NJDEP Hauler II		Cubic `	Yards of Waste	Name of Regis								
Synatech, Inc.		27	7429	8	18.4	Grows Landfil	I							
City, State				Dispos	al Date	City, State								
Little Egg Harbor, N				_	ebruary 11, 2014 Morrisville, PA									
Completed By	Title) (i)		Signate	ure \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Date							
Diane Aloia	Exe	cutive Assista	ant		Wene alore		December 30,	30, 2013						

Dec.23.2013 12:50 PM

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PAGE. 2/ 4

0K-1405

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		14	(Pur	went (NJAC	8:60 and 12:120	T	o. "DOL"	- 11	7		7				
Bute of Welliaguen (1)	-			Name	of Bulldin	g Owner/Operator	2) 7 7 1	I D. b.		_	A	\dashv				
12/23/1	W-14 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	- 10°			Bierre, B	XOG. CEL	Marile	1/2 200	2	10	1013	Lľ				
Agencies Notified	Type Notifice	tlan			115 Woodlynno Ave.											
PEPA	Parish Amended		4	-	W COULY			DV U			#					
DOL DOL	Amondmo	et d	-					MAINIE	RA	PP	RI)A#r				
DOH DCA	Emergend justificate	ou) Miliueisani	10		Pitman, NJ 0807) Name of Sortinot 11 #9050604											
□ DGA	Convelled	on .		Jon B	on Bigu											
				FA		135	-									
Name of Facility Where	Abdement is T	diving Place	6 (3)		HIT		Type of Facility			38.4%		7				
Residence					=##		Sehool (K-1		21							
112 Woodlynne Ave	1				111		Other (i.e.,	Diner thur K-1;	al bulk	dinga,	,					
Cilly (b)							Bouera Fast	of Floors		dg.		-				
Pitman, NJ 08071							1800		-	yrs						
County (8)				USE	N. ST	T) (STATE	Current Use (P Residence	If boing domail	strad)							
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Hillsdale, NJ 07642 Name of Monitoring Owner (8)	ame of Monitoring Firm Hired by Bu wner (8)								men	t Contractor	(9)					
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Street Address 318 12th Street		1800			- 11	180 Sargeant Avenue										
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Hammonton, NJ 08	037 or Monitoring					ier	Telep	n, NJ 070	bei	1933		ense	e Nu	mber		
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