CK 21041

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

Date of Notification (1) 1/21/2016					Building C				MANAGEM				RU	CTIC	N	
Agencies Notified	Type Notification			Street Ad 20 W.	ddress STATE S	STREE	ΞT	4	2016 JAN 27	7 A	M 9	44				
DEP DOL	Initial Amended Amendment				te, Zip Coo TON, NJ		5		• BESTOS	C	HT	in.				
DOH DCA	Emergency (justification) Cancellation	including			Contact	SIMOS	3		& LICE	Hall	ephon	Num	ber			
				FACIL	LITY INFO	RMATI	ON			-						
Name of Facility Where VACANT RESIDEN		g Place (3)					Ту	pe of Facility (4) School (K-12							
Street Address								×	Subchapter 8	(Oth				dings,	home	∍s,
City (5) MANVILLE								So	uare Feet	# of	Floor	ī	В	ldg. A	ge	
County (6) SOMERSET				County ((STATE L	Code (7) JSE ONLY)		_	Cı	ırrent Use (Prior	if bei	ng de	nolishe	ed)			
Name of Monitoring Firm J&S ENVIRONMEN				ASCM	l No.				Abatement Contr ROTHERS C			TING	s, IN	C.		
Street Address 2333 ROUTE 22 W	/EST						Street 11 V		iress ELAND AVE	NUE		-				
City, State, Zip Code UNION, NJ 07083									e, Zip Code VA, NJ 07512	2	-					
Project Manager for Mor				Telephor	ne No. 06-0073		Teleph 973-		e No. 6-8700		Lice 004	se No	,			
Start Date (10) 1/22/2016		Schedule		npletion [Date (11)				OSHA Monitor AS (9) ABOV	'E						
Occupancy Status Durin	ig Abatement (Chec	k Only On	e)				Street				-	-				
Abatement Perform	ated During Entire F	Period of A	baten	nent			City. S	State	, Zip Code							
X Other – Describe:	VACANT					_	200									
Scope of Work (Check A	All That Apply)							7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	enova emolit						Full Containmer Mini-Enclosure Glovebag Proce	dure	-					
		1	10 11 11 11 12 12 12 12 12 12 12 12 12 12	250-347					Non-Exempted	(*) an	d Non	Friable	Pro	Abate		
Locatio	n of	l N	Locat Iormal	lly		Des	scription	n of							ре	
Asbestos-Containing TO BE AB	Material (ACM)		d Sole intena			os Cont	aining N	Mate	erial (ACM)		moun Specif		ת		En	т
In Faci	lity	Cust	odial (12)	Staff?	(i.e.	surfac	cing, VA	AT, c	or		or LI		Remova	Repair	caps	Enclosure
(13)		Yes	No	N/A		other n	niscellar	neou	18)				val	air	Encapsulate	sure
EXTER	IOR	1.00	X	1		3 BC	DLLAF	RDS	3			-	Х			
			- 89%		(11)	N TAC						-				
Name of Registered Wa	ste Hauler		49.50	IJDEP W lauler ID	(200 (200 (200)	Cubic of Was			Name of R							
TWO BROTHERS	CONTRACTING	9	100	8743		1			WASTE	MAN	IAGE	MEN	TG	.R.O	.W.S	3.
City, State TOTOWA, NJ						Dispos 1/25/2	sal Date 2016	,	City, State	VILI	.E, P	4				
Completed by VIVECA RAMOS		Title PRO	JECT	COOF	RDINATO		ignature	e 1/4	ea Ra	n	n_	Dat 1/2	e 1/20)16		

Ch# 3974

Date of Notification (1) 01/21/2016		Name o	f Building Cational Fl	owner/Operat	tor (2016	AN 27	AH 9:45	-			
Agencies Notified Type Notification		Street A	Address		AKRE		AIT 9: 45		-		
X EPA X Initial Amended			Highway ate, Zip Coo	AD 2800.00.5	400E	LICEN	CUNTROL SING	•			
X DOL Amendment #_ Emergency (incl	uding	Union	Beach, I			0214	OING				
DOH justification) DCA Cancellation	9		f Contact Staeppe	rfenne			Telephone N	mber	Ý		
				RMATION			1	-	-		
Name of Facility Where Abatement is Taking Pl International Flavors&Fragrances, Inc	ace (3)					Facility (4					chin IIII ali adiabasa a
Street Address 1515 State Highway 36					St.	her (i.e. pr) 3 (Other than K ivate & comme		ilding	s, hor	nes,
City (5) Union Beach				•	Square		# of Floors		Bldg	Age	
County (6) Monmouth			Code (7) USE ONLY)		Current		r if being demo	hed)			
Name of Monitoring Firm Hired by Building Own Garden State Environmental	ner (8)	ASC	M No.		ne of Abate ich Corpo		ractor (9)				
Street Address 555 S. Broad Street					et Address 6 McBride			•			
City, State, Zip Code Glen Rock, NJ 07452					, State, Zip oodland F		07424	•			
Project Manager for Monitoring Firm Bruce Wolf		Telepho	one No. 52-1119	√ele	ephone No. 3-225-84		License 01104			-	
	heduled Co 2/15/2016	mpletion		Nan	ne of OSHA	Monitor	Laboratories				
Occupancy Status During Abatement (Check O		V.			et Address		Laboratories				
Facility Closed/Vacated During Entire Perio	od of Abate	ment		10000000	33 Route		t				
Abatement Performed Outside of Normal F Other – Describe: start 3:30 pm	acility Hour	rs			, State, Zip nion, NJ 0						
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	X Renov Demol				Mini- Glove	Enclosure ebag Proce	nt with Negative edure (*) and Non-Fri			uro	
	Is Loca	tion	,			Lxempted	() and Non-Fi	DIE FI		ateme	nt
Location of	Norma Used Sol	ally		Descripti	ion of			_	1	Туре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Maintena Custodial	ance/	Asbest (i.e.	os Containing thermal syste	ems insulation	ACM) on,	Amount (Specify	Re	7	Enca	En
(13)	(12))		surfacing, \other miscel			SF or LF)	Remova	Kepair	Encapsulate	Enclosure
	Yes No	N/A								ate	roi .
FCP room/lab		X		elbov	vs		235 sf	×			
FCP room		X		tank insu	ılation		100 sf	×		_	
	*							-		+	
Name of Registered Waste Hauler	1000	NJDEP W	CONTRACTOR OF THE PROPERTY OF	Cubic Yards	S	Name of R	egistered Land	1 1			
Lilich Corporation .		Hauler ID I 8724	No.	of Waste		GROWS	, Landfill				
City, State Woodland Park, NJ		W		Disposal Da	- 1	City, State Morrisvill	In DA				
Completed by				11/4	133	IVIOLLISVIII	IE, FA				

CK 2700

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

RECEIVED

			(Pur	suanı	IALM OF	C 8:60 and 5:16)		i	air	IAL		
ate of Notification (1)	-			Name	of Building	Owner/Operator (2	2)	4.7	77		टम्म	21	CONT
1 / 21 /	16			Anit	a Green		<u></u>	1	15	Sar			
gencies Notified Type Noti	Cation			Street	Address	-	- 1			0	91	45	CAM
EPA ⊠ Initial										Œ	LH	CEA	15/110
DOLWD Artens	ied		-	City, S	tate, Zip C	ode	+ - \delta \fi	1 2 1	:010				with C
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DCA Emerg		duding	1	of the second	of Contact			Telephone	Numt	M-			
(NJAC 5:23-8) justific					Colino		WANT	(· · ·		1			
12 00.1100						FORMATION	1 1 7 1 1 7 2		-				
ame of Facility Where Abatement	s Taking	Place	(3)				Type of Facility ((4)		-		-	
Green Residence							School (K-12						
Ireel Address							Subchapter 8 Other (i.e., pr			ial bu	iding	s,	
tt. /5\		Santani - a					Square Feet	# of Floc	3	Bid	g. Ag	18	-
ity (5) Willingboro							1,400	3			00	**	1
ounty (5)	-		-	Coun	ty Code 17	(STATE USE ONLY)	Current Use (Pri		molk				-
Burlington					, 1	////	Residence	an 15 an		m0303(#)			
lame of Monitoring Firm Hired by B	uilding O	wner (E) TA	SCM	No.	Name of Abateme	ent Contractor (9)						
Mgmt & Environmental Con	15		4			Shade Enviro	nmental, LLC						
treet Address						Street Address							
PO Box 341						623 Cutler Av	renue						
ity, State, Zip Code						City, State, Zip Co	ode						-
Chesterfield, NJ 08515						Maple Shade	NJ 08052						
rotect Manager for Munitoring Firm			Teler	phone I	No.	Telephone No.		License	lo.	-			
Bill Weisgarber			60	9-298-	4070	855-755-0099	(III	00842					
Start Date (10)	Sched	uled Co	omplet	ion Dat	9 (11)	Name of OSMA N	fonitor						
01 / 25 / 16		2 /				EMSL Analyt	ical, Inc.						
Occupancy Status During Abatemen	1					Street Address			-				
Facility Closed/Vacated During E				nent		200 Route 13	0 North						
Abatement Performed Outside of	Normal	Facility	Hours	. Des	cribe	City, State, Zip Ci	ode			-			-
Time of Abstement:AM	PN	A/	_PM-		AM	Cinnaminsor							
cope of Work (Check all that apply)										-		
							tainment with Neg	gative Press	16				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		⊠ Rei				☐ Mini-End	losure g Procedure						
3 5 100 81 01 5200 #		☐ Þ¢.					mpted (*) and No	n-Friable Pr	cedu	9			
		ls	Locati	on				471		Ab	atem	ent Ty	pe
Location of			lamal			Description of	S			Z	R	E I	Encl
Asbestes Containing Material (A	CM)		d Sole			stos Containing Ma	- CONTROL CONT	Amou	2070	Remo	Repa	Enca	ICIO
TO BE ABATED IN Facility			ntenal odial S		(1.e	., thermal systems surfacing, VAT		(Spec		loval	air.	psu	osure
(13)			(12)			ather miscellane				-		psulate	0
*: (5#)		Yes	No	N/A									
and 2nd Floors				M	Sheetro	ock		3,412	iF	\boxtimes			
nd Floor				×	Floor T	ile		555 \$	=	Ø			
		П			<u> </u>								
		_							—	To		П	П
fame of Designated March 172 for			=	JDEP 1	Maste	Cubic Yards of	Name of Regis	tered Leads	ī	10			_
lams of Registered Waste Hauler				auler II		Waste	Cumberlar			50			
Freehold Cartage				02265	i	40							
City. State						Disposal Date	City, State	DA					
Freehold, NJ	The Filter Lie			98		02/05/16	Newburg,	ra					
Completed By (Print or Type)	Title					Signature	20		1000	te			
Christina Lynch	0	perati	ons l	Nanag	er	IMA	NULL		1	21,	11	0	

CK 3904

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

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Some of Facility Where Adalements is Taxing Place 1 Facility Where Adalements is Taxing Place 1 Street Address City 19 County (Cost) Conty (Cost) Con		NOTIFICATION OF ASE	BESTOS ABATEL	MENT 201E	-14	ED		
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Dep Amenand Amenand Action of Sale 20 Code Code Sale 20 Code Code Sale 20 Code Code Sale 20 Code Code Code Code Code Code Code Code		Stree: Address	0T CD	હૈ	ICE LOW	TROI		
October		1_135_	1		- TANKS	-106		=
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SOON DOAD DEFINE STATE STREET ADDRESS STREET ADDRES	i imendment	TREET (TREET	IFIELD	N.). 0				_
Sample S	M DOR institution	Name of Conta			elephone Numbe	2 f		
Name of Facility Where Aparement is Taking Pace 3 Street Appress City (S) County (S) C	C Cancellation	BRUCI	BREUR	NIG				+
Name of Facility, Where Abalement is Tawny Place 1 RESIDENCE Street Address City (5) OCCANU CITY County (6) County (6) County (7) County (7) County (8) County (8) County (8) County (8) Name of Monitoring Firm Hired by Building Owner Size Address To State Done					· .			
Size Address City (5) Comp (1) County (5) County (6) County (1 Type of Facility	4			
Size Address City (5) OCDAW CITY County (6) Appe MAY Size Address	Name of Facility Where Abatement is Takin	g Pace 3		School (K-12	1			
County (5) OCDAW CITY County (60) County (60) Name of Monitoring Pirm Hired by Building Owner Name of Monitoring Pirm Size (20)	RESIDENCE			Subchapter 8	()ther than K-12)	12.12.14		
Source Feet: So	Street Address	4 A 45			iv te & commercia	l buildings		
County (5) OCDAM CITY County (5) OCDAM CITY County (5) County	J E C J W J				T # of Floors	T Bldg A	.ge	
County (6) C NOC MAY County Cook STATE Current Use (Prior if being demolished) Vac An T	City (5)				7			
County (6) Cape May Name of Monitoring Firm Hilled by Building Owner Size I Address Size I				1000	1 C demalish			_
Name of Monitoring Firm Hired by Building Owner Size Address Sue	O CCPIPE CO	County Code	7; (STATE	2		(eu)		
Name of Monitoring Firm Hired by Building Owner ASON No Name of Apatement Contractor (9) K LEMIC O. N.C. Street Address 36.9. S. P. C.U. C. Street Address Street Address 36.9. S. P. C.U. C. Street Address Street Address	County (0) ARE MAY	USE DAL-			<u>OI</u>			_
Size Address Si		Dumer ASCH No	Name of Abater	ment Contractor (9)				
Size Address Size Address 3 6 9 S PRUI & AUE City, State Zip Code City, State Zip City, State City, State City, State City, State City, State City, State Completed Signature City, State			KLEV	nco INC	4			_
Size 2 Dode Size 2 Dode Project Manager for Monitoring Firm Size 2 Dode MAPLE SHADE OCUPAND STATE Shade Shade Size 2 Dode MAPLE SHADE OCUPAND STATE Size 2 Dode MAPLE SHADE OCUPAND STATE Size 2 Dode MAPLE SHADE OCUPAND STATE OCUPAND	(6) N./A				-			
Project Manager for Monitoring Firm Proport No. September 12 Sian Date (10) 2 - 2 - 16 Coopupador, Status Duning Adatement (Check only one Abatement Performed Outside of Normal Facility, Hours Other - Describe Score of York (Check all that abolt) Constitute of Normal Facility, Hours Consti	Street Address			S SPRI	LE AVE			
Project Manager for Monitoring Firm Sign Date (10): 7 - 7 - 16 7 - 9 - 16								
Size	City State Zip Code			C	is ALT	080	25	
Project Manager for Morelloning Film Sistan Date (10): 7 - 2 - 16 7 - 9 - 16 Sociopancy Status During Abatement (Check only one): Abatement Performed Outside of Normal Facility Hours Other - Describe: Other - Describe: Observed Work (Check all that apply): 1 - 2 - 3 - 5 - 7 - 9 - 16 Total of 23 tf Sociopand Work (Check all that apply): 1 - 2 - 3 - 5 - 7 - 9 - 16 Total of 23 tf Sociopand Work (Check all that apply): 1 - 2 - 6 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	On, ,			LE JE DE				
Start Date (10) 2 - 2 - 16 2 - 9 - 16 Screen Address Facility Closed Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describer Screen Facility Closed Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describer Score of Work (Check all that abolt) 2 3 st or 23 ft 2 3 st or 23 ft Score of Work (Check all that abolt) Tobation of Asbestes Consisting Material (ACM) Asbestes Consisting Material (ACM) Start IN Facility Start S	Been Managay for Monitoring Firm	Telephone No		c 6/172		_1		
Sian Date 110) 2 - 2 - 16 Occupancy Status Duning Abatement (Check only one Fability Closed/Vacated Duning Entire Period of Abatement Facility Hours Abatement Performed Outside of Normal Facility Hours Other Describe Scope of Work (Check all that abol) 23 st or 23 tf 21 60 st or 230 tf Demotitor Aspestes Containing Material (ACM Custoda Staff Solts) Normally Used Soleh by Material (ACM) Custoda Staff Solts	project manager to moustone				_0019			_
Size Second Sec	1 Sone	nuled Completion Date 11	Name of OSHA		7			
Occupancy Status During Abatement (Check only one Facility Closed/Vacated During Entire Pends of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe Scope of Work (Check all that aboly) 23 st or 23 th 21 for 3 th 22 th 21 st or 23 th 21 coation of Asbestics - Containing Material (ACM) To BE ABATE IN Facility 13 to 23 th 14 to 15 th 15 to 25 th 16 th 25 th 25 th 17 th 25 th 25 th 18 th 25 th 25 th 19 th 3 th 25 th 10 th 3 th 25 th 10 th 3 th 25 th 11 th 3 th	Start Date 110.	-9-16	JOSEPH	CLEMM) R			_
Abstement Performed Outside of Normal Facility Hours City State Zin Code MaPCE SHARE City State Zin Code City Zin	/ - / - 16	- 1						
Abstement Performed Outside of Normal Facility Hours City State Zin Code MaPCE SHARE City State Zin Code City Zin	Occupancy Status During Apatement (Che.	CK ONLY ONE	369 5	. SPRUCE	AVE			_
Abatement Performed Outside of Normal Facility Other - Describe: Containment with Negality Pressure	of - 11- Classificated Dunna Entre Pe	100 01 40010111011			Markette Section			
Other - Describe: Scope of Work (Check all that apply)	Abatement Performed Outside of Normal	1 7 8 (311.) 10 013	WLARIE	SHADE	V.T 08	052		
Renovation Demotron Renovation Renova	Other - Describe:		TOTALCE	OFFICE				
Renovation Demotron Renovation Renova	Scope of Work (Check all that apply		Ti Fall Co	ntainment with Neg	ga ive Pressure			
Demoitor Demoitor Demoitor Demoitor Description of Non-Exempted (1) and Non-Inable Procedure Abatement Type Location of Asbesics-Containing Material IACM TO BE ABATED IN Faoth 13 Name of Registered Waste Hauler Name of R	3600e 0.110.410.65.5		T Min-Er	closure				
Abatement Type Location of Used Soleh by Mantenance Custodia Staff Solet Mantenance Custodia	≥3 sf or ≥3 ff	Demoisso	· . 賈GloveD	ag Procedure	Tible Depending	۵		
Is Location Normally Location of Used Soleh by Used Soleh by Used Soleh by Mantenance Custoda: Staff Soleh by Used Soleh by Mantenance Custoda: Staff Soleh and Soleh by Used Soleh by Mantenance Custoda: Staff Soleh and Soleh by Used Soleh by Mantenance Custoda: Staff Soleh and Soleh by Used Soleh by Mantenance Custoda: Staff Soleh and Soleh an	2160 st or ≥260 If	A) Stringer	Non-E	kembisa (,) and No	n- rable Processi	ahair	ement	
Location of Asbestos-Containing Material (ACM) TO BE ASAFTED IN Facilit 13 Name of Registered Waste Hauler Name of Registered Wastered Wastered Wastered Wastered Wastered Wastered Wastered Waste		is Location						
Asbesics Containing Material (ACM) Asbesics Containing Material (ACM) TO BE ABATET IN Faolity 13 Name of Registered Waste Hauler Name of Registered Waste Hauler Vigory	5		Deservice 1			-	T	T
SIDING X TRANSITE SOOSE X Name of Registered Waste Hauler NUDEP Waste Hauler ID No. PAPLE SHAPE N. J Signature Completed St. Signature Date 1-22-16	Location of	in the second series	ers Containing Ma	steria: (ACM)		_	E	1
SIDING X TRANSITE SOOSE X Name of Registered Waste Hauler NUDEP Waste Hauler ID No. PAPLE SHAPE N. J Signature Completed St. Signature Date 1-22-16	Asbestos-Containing Material (ACM)	Custoda	nermal systems	insulation		Re Re	den	
SIDING X TRANSITE SOOSE X Name of Registered Waste Hauler NUDEP Waste Hauler ID No. PAPLE SHAPE N. J Signature Completed St. Signature Date 1-22-16	TO BE ABATED		surfacing (A)	C'	SP OF LF!	palr	Sul	
SIDING X TRANSITE SOOSE X Name of Registered Waste Hauler Name of Regist red Landfill Of Waste Of Waste Oity, State WOOD SINE Date Occupation Date Occupat		12	omer miscellarie	200	_	프	ale	
SIDING X TRANSITE SOOSE X Name of Registered Waste Hauler Hauler ID No. of Waste City State WOOD SING N. J Signature Completed By Title Completed By Signature Date 1-22-16	700	1 20 1 1 1			2			-
Name of Registered Waste Hauler Of Waste Osposal Date			Ta		"500 SE	X		1
Name of Registered Waste Hauler Name of Registered Waste Hauler KLCMCO INC. Osposal Date	Simil	X	IKAM STI	<u></u>	- 30000	1	1	T
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KLCMCO INC. 17904 Social Date City, State WAPLE SHAPE N. J Signature Date 1-22-16		NUDEP Wase		Name of Regis	st red Landiii	. ^		
City State WAPLE SHADE N. J Signature Completed By City State WOOD SINE IN J Date 1-22-16	Name of Registered Waste Hauter	Hauler ID No.	of Waste	CM	M. V.	4		=
City State WAPLE SHADE N. J Signature Completed By Title Completed By	KIMED LNE	17904	2	Ciny State				
MAPLE SHADE N.) Signature Completed By Title Completed By			USDOSA: Dale		ILLIANT IN	1. J		
Camperson S.		1.7		1 - MOOK	1000			
Camperson S.	Title		Signature	0 0	Date (-	22-1	6	
	Completed By	ICE PRINTAL	Mue	11/ Ju				

A Emergency &

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

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& Emergency	NC		ATION C	OF ASBEST NJAC 8:60	ros /		ENT	CK	, 5th	ERL	Elv	E	٠.	
Date of Notification (1) 1/21/16				Building Ow n Web Pr			(2)	£2	2016	11127		to to		
Agencies Notified Type Notification		St	reet Add	dress				2	158F	F 15	AM	9: 8	17	
EPA Initial Amended Amendment #_				e, Zip Code leasant N		3742	0		A SBE C	ICEN:	CHI	RO	L	
Emergency (inc justification)	luding	. N	ame of (Telepi	one Num	her			
DCA Cancellation		I N	ari	ITY INFORI	N A TI	ON					_			
Name of Facility Where Abatement is Taking P Kari Ann Web Private Home	lace (3)		FACIL	II I INFOR	IVIA I I	ON	-	Facility (4						
Street Address							T St	ibchapter her (i.e. p	8 (Other livate & c	mmercia) ıl buildi	ngs, l	nome	s,
City (5) Point Pleasant NJ 08742							Square 1000+		# of F	ors	35	dg. Ag +	je	
County (6) Ocean			ounty C	ode (7) SE ONLY)			Current	Use (Pric	or if being	demolish	ed)			
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCM	No.			of Abate	ment Con	tractor (9			*		
Street Address						7.77.5	Address 30x 329							
City, State, Zip Code				2			tate, Zip t Berlin	Code NJ0809	91					
Project Manager for Monitoring Firm	-1741175	T	elephon	ne No.			none No. 753-98			cense No 0727	0.			
	chedule /28/16		pletion D	Date (11)		Name Sam		A Monitor						
Occupancy Status During Abatement (Check C	Only On	e)				Street	Address	3						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of A Facility	bateme Hours	ent		_	City, S	State, Zip	Code		-				
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenovat emoliti				2	Mini Glov	Containm -Enclosur vebag Pro	e cedure	250			_	
	775	6.6 BW				<u>L</u>	Non	-Exempte	d (*) and	von-Friat			ement	
Location of Asbestos-Containing Material (ACM)	1	Location Normalled Solel	у	Ashesto		escription		(ACM)	An	ount		Ту	ре	
TO BE ABATED In Facility (13)	Cust	intenan todial S (12)	taff?	(i.e. th	herm: surf	al system acing, VA miscella	ns insula AT, or			ecify r LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		E. d	arian Ci	dina		100	OSF	x	_		
Exterior Siding			X			erior Si of shin				SF	x	-		
Roof shingles			Х		nu	OI SHILL	gies		- 03		^			
Name of Registered Waste Hauler		100 0 0 0 0 0	JDEP W	20,000 A		ic Yards			Register	d Landfi	I			
United Containers		11000	auler ID 2459	NU.	8	/aste	2	G.R.O						
City, State Elm NJ						osal Date 3/16		City, Sta Morris	ville PA		-1-			
Completed by Anthony T Perna	Title Pres	ident			8	Signatu	C	~		100	ate /21/1	6		

JEmergency &

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

CRES 30/ED

Date of Notification (1) 1/22/16					vner/Operato Private Ho		2016 JA		7 14					
Agencies Notified Type Notification		St	reet Add	Iress			ASREC	ro	- 47	9: 4	7			
EPA Initial DEP Amended Amendment				, Zip Code NJ 0820			ASBES & L	ICE	NSING	RO	L			
Emergency (justification) DCA Cancellation	including	1000	ame of C	Contact			0	Tel	phone Nu	ımber				
Name of Facility Where Abatement is Takin	g Place (3)		FACILI	TY INFOR	RMATION	Ту	pe of Facility (4)				-			
Eileen Kajeteke Private Home							School (K-12) Subchapter 8	(O#F	ar than K	12\				
Street Address						×	Other (i.e. pri	vate	commerc	cial bu	ildir	ngs, h	omes	3,
City (5) Avalon NJ 08202						1 1	uare Feet 000+	# 0	Floors		Bld 35	g. Ag	е	
County (6) cape may			ounty Co	ode (7) SE ONLY)		Cu	rrent Use (Prior	if be	ng demolis	shed)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.			batement Control Inc.	racto	(9)			×.		
Street Address					Stre	et Ado	iress							
City, State, Zip Code		Santi Cas			City	, State	e, Zip Code	11						
Project Manager for Monitoring Firm		Т	elephon	e No.	Tele	phone		7 1	License	No.				
			deffer D)_t_ /dd\			3-9800 OSHA Monitor	_	00727					
Start Date (10) 1/25/16	Scheduled 1/28/16	Comp	oletion L	ate (11)	1 222	me	DSHA WOULD							
Occupancy Status During Abatement (Che	ck Only One)			Stre	et Ad	dress							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Ab mal Facility H	ateme	ent		City	, State	e, Zip Code							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edur	1.73 (i				3	
	le l	ocatio				122	Non-Exempled	() =	10 14011-111	able i		Abate	ment	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Mair Custo	Solely Solely atenan dial S (12)	y by ce/ taff?	Asbest (i.e.	Description Containing thermal syst surfacing, other misce	ig Mat ems ir VAT,	erial (ACM) asulation, or	1	Amount Specify F or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
Laurda Daam	Yes	No	N/A		Floor	Tile		_	50 SF	×				-
Laundry Room		-	X		Floor				50 SF	×				
bedroom		SV/_ ==			11001									
		V/2-1-												
Name of Registered Waste Hauler	-	37000	JDEP W		Cubic Yard of Waste	ds			tered Land	dfill				
United Containers		1.377.2	2459	65.11.75.25,0	2	. ,	G.R.O.							
City, State Elm NJ					Disposal D 1/28/16	ate	City, Stat Morrisv		'A 1906'	7				
Completed by Anthony T Perna	Title Presid	dent			Signa	ature -				Date 1/22		3		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

			(Pursuar	it to N.	JAC 8:	60 and 12	2:120)	RE	CEChe	k # 105	19			
Date of Notification (1)	nuary 22, 2015				of Building		/ Operator der, Inc.	200	an .		4				
Agencies Notified	Type Notification	1		_	Address			-01	JAN	27 AM	A .				
□EPA □DEP				2260 St	tate High	iway 33		458	ESTG	27 AM S CONT ENSING	1:46				
DOL					ate & Zip				LILL	NSING	TUL				
⊠DOH	Amende Amendr			Neptun	ie, NJ 07	7753				Q					
DCA	Cancella	_		Name o	of Contac	t					Tele	phone	Nur	nber	
				James	Pittenge	r					- 1				
				FAC	ILITY	INFOR	RMATION								
Name of Facility When Residence	re Abatement is	Γaking Pla	ace (3)				Type of Faci								
Street Address								apter 8 (Ot	her than	K-12)					
								- TO		mmercial	uildings	hom	e, et	c.)	
							Square Feet		# of Floo	ors	Bldg	. Age		00.000	
City (5) Atlantic Highlands						ŀ	936 Current Use		eina dem	nolished)		83	yea	rs	-
Adantic Highlands							Residence		oning don						
County (6) Monmouth			inty Cod E ONLY												
Name of Monitoring F	irm Hired by Buil	ding Own	er (8)		ASCM		Name of Ab		ontracto	r (9)					
Street Address							Street Addre	ess							
City, State & Zip Code)						City, State 8		1						
			IT.	11 N	l		Little Egg F		08087	Lie	ise Numb	or			
Project Manager for M	17.0			elephone N			Telephone N 609-296-691	16		Lice	ise Nume	00817	7		
Scheduled Start Date February 2,		cheduled	A STATE OF THE STA	ion Date (1 ch 2, 2016	7.0		Name of OS Synatech, I		or					- 27.57	
Occupancy Status Du Facility Close	ring Abatement (ed/Vacated Durin			Abatemer	nt		Street Addre 829 Radio F								
	erformed Outsid	Filmonomora					City, State 8)						
Other - Desc	cribe:						Little Egg F	larbor, N	08087						
Facility Occu	pied During Abat	ement													
Scope of Work (Chec	k all that apply)						_	7 - " 0			D	25.25			
>3 sf or > 50 lf				Renovation	n		F	Mini-En		t with Nega	ve Pressi	ıre			
25 si 6i 2 50 ii 2160 sf or 226	O If		П	Demolitio			F	=	ag Proce	dure					
										*) and Non-	riable Pro	cedu	re		
	ation of	20.00		ion Norma			Descrip Asbestos-	otion of		Amount	Specify	Ab	atem	ent T	ype
Asbestos-Contai	ning Material (At ABATED	JIVI)		by Mainten odial Staff			Materia	I (ACM)		SF	LF)				
	Facility					١,	(i.e., therm nsulation, su					_		Щ	ш
	(13)					· '	or other mis	cellaneou	s)			Rem	Repair	ıcap	ncio
			550							1		Remova	pair	Encapsulate	Enclosure
			Yes	No	N/A			51	1100-00-00-00-00-00-00-00-00-00-00-00-00			_		te	CD .
Front Porch Area				Х			Sia	ling		100	SF	Χ			
Name of Registered V	Waste Hauler		NJDEP		Cubic `	Yards of	f Waste	Name	of Regis	tered Landf	i				
Synatech, Inc.			Hauler 2	D No. 7429	10			Grows	s Landfil	1					
City, State					Dispos	al Date		City, S	state						
Little Egg Harbor, N	J				March	3, 2016		Morris	sville, PA	4					
Completed By		Title			Signati		- 171			Date					
Diane Aloia		Executiv	e Admir	istrator	1)(A -	- Elle			January 22	2016				

CK	599	EIV	/ F
		30	_

Date of Notification (1)	16			Name o	of Building	OWNer/Operator	(2) LCT		2016	IAN 2	7 4	t.	- 0
Agency Notified	Type Notification			Street /	Address				oBE oBE	S FOS	Cis	17	9: 4
D DEP Z DOL	Amended Amendment#		1	City, St	ate, Zip C	wood,	NJ. 6	704) a	LICE	NSI	VG.	RO
₽ DOH	 Emergency (including justification) 	ng		Name o	of Contac	t		Telepho	te Num	ber			- 2
□ DCA	□ Cancellation				5 H						6 mm) (
N 65 TH 145	At	÷- /2\		FACIL	JTY INFO	ORMATION	Type of Facility	· (A)					
Name of Facility Where	Abatement is Taking Pla U.S. HARCT												
Street Address	(43. 1174°C			**			☐ School (K-1:	8 (Other th	ın K-12)			
40			3		٠.,٠		Other (i.e. p.		Minercia	i bullain	gs,		
City (5) .)00	14	٠,	·;	•••	Square Feet			Bldg.	_		4.0
MAP	200 W 3						2200.				707	SP	as.
County (6)	-					(STATE USE	Current Use (F			shed)			
ES:	SEX			ONLY)	**	*		1000	Œ				
Name of Monitoring Firm	n Hired by Building Own	er	ASCM		*10		nent Contractor (
(8)			954	-			moval In	C					
Street Address	**					Street Address							
							th River	St					
City, State, Zip Code						City, State, Zip		0.76	0.1				
Dais at Manager for Man		17.	lank as	M-		Telephone No.	ack, N.J	. U/O					
Project Manager for Mo	monng rum	ie	epnor	ne No.			-7444 -		388				
Start Date (10),	Scheduled C	ompleti	on Da	te (11)		Name of OSHA							
2/4/16	2	215	11	8		Omega :	Environm	ental	JA.				
Occupancy Status Durin	ng Abatement (Check on	ly one)				Street Address							- 30
☐ Facility Closed/Vacate	ed During Entire Period	of Abate	ement			.280 H	uyler St						
Abatement Performer Other – Describe:	d Outside of Normal Fac	ility Hot			77	City, State, Zip (Code ckensack	, N.J	. 07	606	i.e		
Scope of Work (Check a	all that apply)					953 (22)	Containment with	,					
□ ≥ 3 sf or ≥ 3 lf J2 ≥ 160 sf or ≥ 260 lf			2.	☐ Ren ☐ Den	ovation notition	☐ Mini- ☐ Glov	-Enclosure rebag Procedure -Exempted (*) an			90 90			
		le	Locati	ion							The state of the state of	tem	20000
		N	lormal	lly		B	-4				- 1	уре	Т
. Locati Asbestos-Containi			d Sole		Asbe	Description stos Containing M		` /	nount		-	m	
TO BE A	BATED		ustodi	ial	(i.e	, thermal systems surfacing, VA*		(pecify or LF)		Removal	Encapsulate	Enclosure
(1:			Staff? (12)	•		other miscellan		3	UI LI		BAO	Bulle	Jus
				T	1							9	
BASELLEN	~	Yes	No	N/A	-	VAT		1	00	86	×	+	+
100001000				+	-	1.20	·	4	00	<u> </u>	/	+	+
				+						-		+	+
		-	_	-	-					`r.		+	1
Name of Registered Wa	ste Hauler	NJ	DEP V	Naste F	lauler	Cubic Yards of	Name of Reg	stered Lan	128			1	
Best Remo		100000000000000000000000000000000000000	No.	109		Waste 3/2 e	Minor			ises	, I	LC	;
City, State						Disposal Date	City, State						
Hackensac		601				75/18	Wayne	sburg	Oh	,446	88		
Completed by	Title					Signature	المراه م	0		Date /	22/	1 /	
J.Maiorano	Est	imat	or			I X J	مر قارق می	_		- '/		10	,

MO#23037722910

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)		TEC	EHV	EI	· .
01	22 / 1	6		1	5			2000	JAN 27	. 9		9
Agencies Notified	Type Notification				Vitale Address			20/6	JAN 27	BLA		- 11-5-
☐ EPA	✓ Initial		ı	Otileet	Address			Α	STOS LICEN	AM	9:	45
■ DOLWD	Amended		Į.	City S	tate, Zip C	ode		A SH	STAS	Ca.		
☑ DHSS	Amendment :	-						å	LICE	LUN	TRO	31
DCA	Emergency (i	including	1	3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	i, NJ 070 of Contact			Telephone	Number	MICH	1	
(NJAC 5:23-8)	justification) Cancellation							Telephone	Number			
					Vitale				2			
N		Ē	(0)	FAC	ILITY IN	FORMATION	[= 7E 00	41				
Name of Facility Where A	patement is Takii	ng Place	(3)				Type of Facility	100				
Residential							School (K-12 Subchapter 8		(-1.2)			
Street Address							Other (i.e., p			uilding	5,	
011. (5)							homes, etc.)					
City (5)							Square Feet	# of Floor	3	Bldg. Ag	je	
Clifton, NJ 07012				Count	Onda (7)	OTATE LICE ONLY	Comment Head (De	- 16 h - 1 1			7,000	
County (6)				Count	y Gode (7) (STATE USE ONLY)	Current Use (Pr	or it being d	monsned)			
Passaic Name of Monitoring Firm	Hired by Building	Owner (81 [ASCM	No	None of Abotem						
realise of workering i little	inica by banding) ISHWO!	۱,	43CIVI	NO.		ent Contractor (9)					
Street Address					+	Gr Tech LLC						
Street Address						Street Address						
City, State, Zip Code			-			576 Valley Rd	1-0110110					
City, State, Zip Code						City, State, Zip C						
Project Manager for Monit	orina Eirm		Tala	-6	N.	Wayne, NJ 074	70	11:1				
Project Wallager for World	Only Firm		Tele	phone I	NO.	Telephone No.		License I	0.			
Start Date (10)	Sah	eduled C	omolo	ion Do	to (44)	973-638-1777	Ait	01127				
02 / 01 /		02 /			50.000	Name of OSHA	VIORITOR					
. N 					10	Envirovision Co	onsultants,Inc					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate ☐ Abatement Performed					cribe	20-21 Wagaraw		35E				
Time of Abatement: _	AM-	PM/	PM_	3 - DC3	AM	City, State, Zip C						
Scope of Work (Check all		3 2)2			: 	Fair Lawn, NJ (atian with a				
September 1970-1991 - Control Department of the Control of the Con	triat apply)						p and decontaming trainment with New			ssure		
>3 sf or >3 lf		⊠ Re	novati	on :		Mini-En	closure					
≥ 160 sf or ≥260 lf	8.	De	molitic	n		Gloveba Non-Ex	ag Procedure ag Procedure ampted (*) and No	n-Friable Pr	gative Pre	ssure		
		ls	Locat	ion			omptoo () and me			batem	ent Ty	VDQ.
Location	of	1	Vorma	ly		Description	of		-			
Asbestos-Containing N			d Sole			stos Containing Ma		Amou		Repair	nca	Enclosure
TO BE ABA IN Facilit			todial		(1.6	 thermal systems surfacing, VA 		(Speci SIF or L	4 104	air	apsu	uso
(13)	3 00		(12)	_		other miscellan		011 01 2	, 5	-	Encapsulate	9
		Yes	No	N/A							CD	
Basement				X	Pipe inst	ulation		15 LF				
		ПП	П	İn	-				Г	П		
					-							
		$\dashv =$		닏							Ш	
			Ш									
Name of Registered Wasi	e Hauler		NJC	EP Waste	Hauler ID No.	Cubic Yards of Was	ste Name of Regis	stered Landfi				
Gr Tech LLC			(03378	35	TBD	T.R.R.F. Inc					
City, State						Disposal Date	City, State					
Wayne, NJ 07470						TBD	Tullytown, P.	A				
Completed By (Print or Ty	rpe) T	itle				Signature	1		Date			
N.Jevtic	0	wner				/	ewic Wena	l	01/22/	2016		
ASB-41				li i a s		tos licensure exem						
MAY 11		LIO NO	· USC II	11N 70F11	I IDE USDES	IUS HEEDSHEE EYEM	men activities					

Check#2410

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

- 1	

Date of Notification (1)				Name o	f Building C)wner/Operato	r (2)		the same	ULI	VE	D		
01/	22 / 16	_	I	етту Н	oltz									
Agencies Notified	Type Notification		_		Address				2016 JAK	27 1	14 9	1: 4	5	
□ EPA	Initial							6	NDCc.			7	U	
	Amended			City, St	ate, Zip Co	de			20501	US CL	INT	Rn	1	
□ DHSS □	Amendment #		N	/apley	vood, NJ (7040			& LI	ENSI	NG		-	
DCA (NJAC 5:23-8)	Emergency (incligation)	Janig			of Contact				Telephone	Number				
X	Cancellation		J	erry H	oltz)				
						ORMATION								
Name of Facility Where At	patement is Taking I	Place (3)				T	Type of Facility (4)					
Residential								School (K-12)		14 4 61				
Street Address								Subchapter 8 Other (i.e., pr	(Other than ivate and c	K-1 2) mmercia	l buile	dinas		
								homes, etc.)				3	1	
City (5)								Square Feet	# of Floc	S	Bldg	g. Ag	е	
Maplewood, NJ 07040					000000000000000000000000000000000000000	7		.4.						
County (6)				Count	y Code (7) (S	TATE USE ONL	.Y)	Current Use (Pri	or if being (emolishe	d)			
Essex														
Name of Monitoring Firm I	Hired by Building Ov	vner (8	()	ASCM I	No.	Name of Abat	eme	nt Contractor (9)						
						Gr Tech LLC				1				
Street Address						Street Addres								
						576 Valley R						-		
City, State, Zip Code						City, State, Zi								
Desired Manager for Manie	Lavina Firm		Tala			Wayne, NJ 0 Telephone No		0	License	No		-		
Project Manager for Monit	toring Firm		Tele	phone I	1					40.				
Start Date (10)	Schedu	ilad Co	mnle	ion Dat		973-638-177 Name of OSH		Ionitor	01127					
02 / 01 /					16									
Occupancy Status During		- 98		_ ' -		Envirovision Street Addres		nsultants,Inc			V			
☐ Status During ☐ Facility Closed/Vacate				ment				Dood Dlda #	250					
Abatement Performed	Outside of Normal	Facility	Hour	s - Des	cribe	City, State, Zi		Road, Bldg .# :	330	-				
Time of Abatement: _	AMPN	1/	_PM_		AM	Fair Lawn, N								
Scope of Work (Check all	that apply)					Clea	an up	and decontamir	ation with i	egative p	oressi	ure		
M > 2 of oc > 2 lf		⊠ n.						tainment with Neg losure	gative Pres	ure				
>3 sf or >3 lf > 160 sf or >260 lf		X Re De	molitic			Glov	/eba	a Procedure	Tent with N	egative F	ress	ure		
						☐ Non-	-Exe	mpted (*) and No	n-Friable F	ocedure		1		
			Locat lorma								Aba	atem	ent Ty	/pe
Location Asbestos-Containing I				ely by	Ashes	Descript tos Containing			Amo	nt	Re	Re	En	Enc
TO BE ABA			intena			, thermal syste	ems	insulation,	(Spe	ify	Remova	Repair	caps	Enclosure
IN Facili (13)	ty	Cusi	(12)	Staff?		surfacing, other miscel			SIF or	LF)	val	_	Encapsulate	ure
(10)		Yes	No	N/A		Other Impoor	114110	,003,					е	
Dasament			П	X	Pipe insu	lation			15 LF		\boxtimes		П	
Basement				1-	1 ipe mst	iidti()[]			13.131					
				1						-		무	Ш	닏
			Ш					S*			Ш	Ш	Ш	Ш
Name of Registered Was	ste Hauler		NJ	DEP Wast	e Hauler ID No.	Cubic Yards of	Was	te Name of Regi	stered Land	fill				
Gr Tech LLC				00337	85	TBD		T.R.R.F. Inc						
City, State						Disposal Dat	e	City, State						
Wayne, NJ 07470						TBD		Tullytown, P	A					
Completed By (Print or T	ype) Title	9				Signatu		1		Dat	е			
N.Jevtic	Own	ner					1	ewic Wena	d	01/	22//2	016		
ASB-41	IOW.	.01					-//							

CK 104593

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

RECEIVED

Date of Notification (1) 1/15/16					Building O		perator	(2)			201	JAN	27	AF	1 9:	44
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment		C		dress e, Zip Cod e, NJ 072						30	EST.	9s EN	COA 37N	G	0L
DOH DCA	Emergency (justification) Cancellation		12.3		Kellehe					Telep	hon	Numb				
Name of Facility Where House Street Address	Abatement is Takin	g Place (3)		FACIL	ITY INFO	RMATIO	ON	S S	of Facility (4) chool (K-12) ubchapter 8 other (i.e. pri) (Other			build	ings, l	nome	S,
City (5) Roselle								Square N/A		# of I N/A			N	dg. Ag 'A	je	
County (6) Union					SE ONLY)			Hous		36.33(24.5-24.0.3)		nolishe	a) 			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		D&S	Abate	ement Contr ement, Inc	•	9)					
Street Address							11 R		ren Aveni	ue						
City, State, Zip Code								itate, Zip wa, NJ	Code J 07512							
Project Manager for Mor	nitoring Firm		. 7	Γelephor	ne No.			none No 345-86				ise No. 375				
Start Date (10) 2/01/16		Schedule 2/02/16		pletion [Date (11)				A Monitor ement, Inc).						
	cated During Entire ned Outside of Norr	Period of A	batem				11 R City, S	State, Zip	ren Aven	ue						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		enovat emoliti				2	Min Glo	Containmeli-Enclosure vebag Proce	edure					9	33
Locatio	n of		Locatio	5555		Do	scription	o of						Abate Ty	ment pe	
Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Ma	d Solel intenar iodial S (12) No	nce/		os Con thermal surfa	taining I	Material is insula AT, or		(S	noui peci or L	1	Removal	Repair	Encapsulate	Enclosure
basen	nent		Χ			pipe	insula	ation		7	0 LI		X			
Name of Registered Waw		Н	JDEP W auler ID 20996		of Wa			Name of F	atem							
City, State Tullytown, PA						TBD	sal Date	γ	City, State Totowa,							
Completed by Deanna Brkusanin		Title Proje	ect Ma	anager			Signatur	llu	wBll	livee	u	1/1	e 5/16	6		

Check#2411

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

7.70		
- Bre-		
	4	

Date of Notification (1)				Name	of Buildin	a Owne	r/Operator (2)	• Монф	1601	AF	D		
	22 / 1	6			hy Lamb		TOPCIALOT ((2)	2016 JAN	77 1	la e	٠.		
Agencies Notified	Type Notification				t Address	010				-/ 4	17 5	1: y	3_	
□ EPA	Initial		3					£	& LIC	15 00				
☑ DOLWD ☑ DHSS	Amended	ш		City,	State, Zip (Code			& 111	FAIC	MI	ROL		
□ DCA	Amendment				nfield, NJ		2		10	(U)	NG			
(NJAC 5:23-8)	justification)	ncluding			of Contac)		Tolophos	. M male				
	Cancellation				ina Bzdel				Telephor		ег			
							11.71011			191				
Name of Facility Where A	batement is Takir	n Place /	31	ГА	CILITY IN	IFURN	IATION							
Residential	- Takir	ig i lace (٥)			67		Type of Facility	10000000					
Street Address			-					School (K-1	2) 8 (Other tha	K-1 2)				
Control of the Contro								Other (i.e.,	private and	ommer	cial bu	ildin	IS.	
City (5)								homes, etc.	.)				5 10	
Bloomfield, NJ 07003								Square Feet	# of Floo	rs	BI	dg. A	ge	
County (6)				TCour	to Cada (7)	OTATE								
Essex				Coun	ty Code (7)	(STATE	USE ONLY)	Current Use (P	rior if being	emolisi	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8		ASCM	NI.	Γ.,								
	,	O WILL (O	1	ASCIVI	NO.			ent Contractor (9	9)					
Street Address							ch LLC			_				
						×100-00-00-00-00-00-00-00-00-00-00-00-00-	Address							
City, State, Zip Code							alley Rd#							
						200	State, Zip C							
Project Manager for Monit	oring Firm		Tala	phone	Ma		e, NJ 0747	70						1
1 12 1 2	5		1010	onone	INO.	10000	none No.		License	10.				
Start Date (10)	Sche	duled Cor	nnlet	ion Da	to /11\		38-1777		01127					
02/02/	16			/			of OSHA N							
Occupancy Status During				_ ′ -		Enviro	ovision Co	nsultants,Inc						
☐ Facility Closed/Vacate	d During Entire Pa	riod of Al	e)	nont			Address							
□ Abatement Performed	Outside of Norma	I Facility I	Hours	- Dec		20-21	Wagaraw	Road, Bldg .#	35E	77				
Time of Abatement:	AMP	M/	PM_		AM		State, Zip Co							
Scope of Work (Check all	that apply)					Fair L	awn, NJ 0							
	and apply)					H	Full Con	and decontami	nation with n	gative	press	ure		
>3 sf or >3 if > 160 sf or >260 if		Reno	vatio	n			Mini-Enc	losure						
		☐ Dem	Olitio	n		×	Gloveba	g Procedure mpted (*) and No	Tent with N	gative	Press	ure		
		ls L	ocati	on			I MOH-EXE	mpted () and No	In-Friable P	cedure	-	1		
Location of		No	rmal	ly		D	escription o	of.			Ab		ent T	уре
Asbestos-Containing N TO BE ABA		Used Main				stos Co	ntaining Ma	terial (ACM)	Amou	it	Re	Repair	Enc	Enc
IN Facility		Custo			(i.e		al systems acing, VAT		(Spec		Removal	pai	aps	Enclosure
(13)	54		(12)				miscellane		SIF or	F)	/al	536	Encapsulate	иге
		Yes	No	N/A				•					le le	
Basement				\boxtimes	Pipe insu	lation			175 LF			П		П
			٦	П	- P - Hou	- Catholi			173 LI	-				
											Ш	Ш	Ш	Ш
											Ш			
N. CD.			<u> </u>											
Name of Registered Waste	e Hauler		NJD	EP Waste	Hauler ID No.	Cubic Y	ards of Wast	Name of Regi	stered Landf	1				
Gr Tech LLC			0	03378	5	TE	BD	T.R.R.F. Inc						
City, State						Dispos	al Date	City, State						
Wayne, NJ 07470						TE	BD	Tullytown, P	A					
Completed By (Print or Type	oe) Titl	е		VI			ignature /	, , , , , , , , ,		Date	e			\dashv
N.Jevtic	Ow	ner					Ho.	Ac Wenas	1		2//20	114		
ASB-41	1	LINE WATER	-	-					•	01/2	4112	110		

Clifton, NJ

ASB-41 JUN 95

Bilyana Kulakovska

Completed By (Print or Type)

Title

Office Administrator

Date

1/20/16

Tullytown, PA

Signature

CK 1701

Print Form

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

REDEIVER

Date of Notification (1) 01/21/2016				Name Jebel	of Buildir Home	ng Owner/ Builders	Operator	(2)		2010	S JAN . ES TO	17 .	¥ 5	D	-
Agencies Notified	Type Notification	n			Address				Á	9 % 17	<i>/</i> ** -	' A	M 9	40	
EPA DEP	× Initial			36 Ce	entral A	ve				U H	ESTO	ina		. 9	
DEP X DOL	Amended Amendmer				ate, Zip son NJ	Code				Q	ESTO	NS/A	YIR G	OL	
DOH DCA	Emergency justification Cancellatio	1)	9		of Contac med S						elephone				
Name of Facility Where Al	atomost is Taki	a- Di-	(0)	FAC	ILITY IN	FORMAT	ION								
House	Jatement is Taki	ng Place ((3)					Тур	of Facility (4)		-			
Street Address City (5)								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	ner than & comm	-12) rcial b	uilding	s, hor	nes,
Madison								Squa	are Feet	# 0	of Floors		Bldg.	Age	
County (6) Essex					Code (7)) .Y)		Curr	ent Use (Pric	or if be	ing dem	lished)			
Name of Monitoring Firm F	lired by Building	Owner (8)	ASC	M No		Namo	of Ab.	-t		(0)				
Competent Superviso	or			,,,,,,					atement Con Construct						
Street Address							Street / 205 F		ess e 46 West						
City, State, Zip Code							City, St Totov	tate, z va N	Zip Code J 07512						
Project Manager for Monito	ring Firm			Telepho	ne No.		Telephi 973 8				Licens				-
Start Date (10)		Schedul	ed Co	mpletion	Date (11)			HA Monitor		0115	-			
02/5/2016		02/26/	2016	•		´			above						
Occupancy Status During A X Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire Outside of Norr	Ahater	ment s			Street A		ip Code							
Scope of Work (Check All 1	hat Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		promotion of the last of the l	Renova Demoli				×	Mir	Il Containmei ni-Enclosure ovebag Proce	edure					
		Is	Locat	ion				INO	n-Exempted	() and	d Non-Fr	able Pr		re temer	· +
Location of Asbestos-Containing Ma	aterial (ACM)	Use	Normal d Sole intena	lly ely by	Asbe	Des stos Conta	cription of	of aterial	(ACM)	А	mount		T	уре	T
TO BE ABATI In Facility (13)	<u>=D</u>		todial 3 (12)		(i.e	thermal: surfac	systems sing, VAT siscellane	insula , or	ation,		Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								2	-	late	IГе
Thoughout ho	ouse			Х		floor til	le & Ma	astic		1,8	00 SF	×		x	
Exterior				х		S	iding			1,7	00 SF	x	+		
Roofing				x			roof			23	80 SF	x			
Window & D				Х		С	alking			10	0 SF	x			
Name of Registered Waste Academy Construction			H	JDEP Wauler ID I	No.	Cubic Y of Was 10			Name of R			ill			
City, State otowa NJ			12,			Disposa	al Date		City, State Morrisvill	e PA					
Completed by Zlate Geleski		Title VP					gnature	1	11			ate 1/21/	2016		
ASB-41 (R-06-08)							* Do not	use th	nis form for a	sbesto		-			ties.

Chex# 12418

Date of Notification (1)		Name of E	Building Own	er/Operator	(2)	(1)		10/	10			
1-21-16		Castl	e Lynn	LLC								
Agencies Notified Type Notification		Street Add		1000				D	2	3100		T
⊠ EPA I ☑ Initial			Annapol	is Lane	2			D. G.	=	ร์	N	1
□ DEP □ Amended			e, Zip Code					Soll	-	E N	111	
		10	y Hill,	NJ				-S		Z	()	-
☑ Energe toy (iii ☑ DOH justification)	cidaling	Name of 0		10.000.000			Telepho	e Monsee	r	1	1	-
□ DCA - □ Cancellation		Antho	ny Pezz	ella				-8	1	700	4	-
N		FACIL	ITY INFORM	ATION				000	,	=	CELAL	1
Name of Facility Where Abarement is Taking	Place (3)				Type of F	acility (4)	ZZ	4	ö	1	J
Hill Manor Apartments					□ Scho	ool (K-12	2)	- 7.7	7	5		1
Street Address 211 Reading Avenue					© Otne	er (i e. pr	Other the	mercial b	uild:		mes.	1,000
City (5)					Square F		# of Flor	rs		lg Age		
Oaklyn					3,200		2		275.0	0+		
County (6)		County C					r if being d					
Camden			SE ONLY) _				build:	ng				
Name of Monitoring Firm Hired by Building Or	wher (3)	ASOM	No	11 11 11 11 11 11 11	of Abatem			27				
EHS Environmental, Inc.						Envi	conment	al Co.	,I	nc.		
Street Address					Address							
411 Southgate Court, Suite	≥ E			Hi.	Haws		1e					
City, State, Zip Gode					State, Zip C		40404					
Mickleton, NJ 08056						m, P	A 19401					
Project Manager for Monitoring Firm Jack Carney		Telephon 856–22	e No 24–0080	1000000	hone No. 0-239-9	920	Lic	ense Na. 00398				1
Start Date (10) 2–1–16	Scheduled 2-5-1	Completion D	late (11)	100000000000000000000000000000000000000	of OSHA I		ronmen	al Co]	Inc.		
Occupancy Status During Adatement (Check	Only One				t Address			-				
	ened of Aba	atement .		92:	3 Haws	Aven	ue					
☐ Abatement Performed Outside of Norma					State, Zip C							
Other – Describe:				No	rristo	wn, P	A 1940					
Scope of Work (Check All That Apply)												
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	X Rer □ Der	novation molition		1	□ Mini-E ☑ Glove	inclosura bag Pro						
V:	1 15.1	ocation								Abater		
Location of		rmaily		Descriptio	n of					T/p		
Asbestos-Containing Material (ACM)		Solely by tenance:	Asbestos	Containing		CNI	Amc	int				
TO BE ABATED In Facility		d'al Staff?		ermal systen surfacing V		n,	(Spa SF or		Ror	25	Encapsulate	[-nclosure
(13)		12:		ther miscells			31 01		Remova	Repair	DSC	OSH
2	Yes	No N/A							2		ale	ē
basement	x	ì	pine	insulat	tion		85 LF		K			
basement	x			site hea		12	16 SF	-	K			
	1 1		CLAIR	site nea	at Sille	era_			_		-+	
	-	-									-	-
Name of Second 199		N.1055		5. L V			Decision	1		1		
Name of Registered Waste Hauler		NJDEP V Hauler ID		Subic Yards of Waste	İ	name of	Registere	Landfill				
Robinson Waste Disposal		17304		40		Grow	s Land	ill				
City State			į	Disposal Da	te	City Sta	te					
Voorjees Township, NJ 08043	3		2	2-8-16		Morr	isvill	PA				
Completed by	Title		-	Signatu	ıre			Date	3			
David Rowley	Proj	ect Mana	ager	4		Ke-		1-2	21-	16		
			-Jul	1			-	_		_		-

Check+= 12417

Date of Notification (1)		Name of B	uilding Owner/	Operator ((2)					-		7
1-21-16		Castl	e Lynn LI	C								
Agencies Notified Type Notification		Street Add					- 20	.>	20			
⊠ EPA ☑ Initial		1016	Annapolis	Lane				CF.	2016		1	
□ DEP □ Amended			. Zip Code					m of	JAN		70	
☑ DOL Amendment #		Cherr	y Hill, N	IJ				-S			0	
DOH justification)	cidaling	Name of C				Tele	oho :	e Number		1	[1]	
□ DCA · □ Cancellation		1	ny Pezzel						91_		TI	
Name of Facility (Africa) About 15 Table	01 2	FACILI	TY INFORMAT	ION	Ŧ	F1 /4		ZZ	3	5	[7]	
Name of Facility Where Abarement is Taking	Place (3)				Type of Faci	1000 Tel (/ Tel ())		0-1	ď	ò		
Hill Manor Apartments Street Address			1		☐ School ☐ Subcha	(K-12)	e the	70 10 10 10 10 10 10 10 10 10 10 10 10 10	5	-		1
207 Reading Avenue					Suburia Other (i e. private &	cor	mercial			omes	.
			7		etc)							
City (5)					Square Feet 3,200	1 # 01	Floc	S		ig Ag 0+	е	
Oaklyn County (5)		T 0 0-			The state of the s	20022			11	U+		
Camden		County Co (STATE US				Prior if bein			a)			
Name of Monitoring Firm Hired by Building Or	upps / 2 .	ASOM N		1 Name	apar une of Abatement	ent bui		ng				
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EHS Environmental, Inc.					mouth Er Address	IVITOIME	111	T CC	• 1 T	nc.		
411 Southgate Court, Suite	F			1000000	Haws Av	venue						ì
City, State, Zip Code	- Li				tate. Zip Cod	1.000-7.000.000	_					
Mickleton, NJ 08056					ristown		101					
Project Manager for Monitoring Firm		ı Telephona	= No		ione No.	,		nse Na				1
Jack Carney		856-22	24-0080	100000000000000000000000000000000000000	-239-992	20		00398				
Start Data (10) 2–1–16	Scheduled (2 2-5-16		ata (11)		of OSHA Mo mouth E		on:	-1 C				
Occupancy Status During Adatement (Check					Address	TIV II OI IIII	CII	ar C) • 1 -	LIIC		
	10 10 499601			Communication of the	Haws A	venue.						
 Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal 					state Zip Cod							
Other - Describe:					ristown		40					
Scope of Work (Check All That Apply)						,>				-		
□ ≥3 sf or ≥3 If	X Reno	wat on		г	3 Full Cont	ainment with	Na	ativa Dr	222115			i
∑ ≥160 sf or ≥260 lf		olition		-	Mini-Enc		145	30/75 F1	Sasur	5		ļ
				28	Glovebac	g Procedure moted (*) an	d NI .	a Erical	n Dear			1
	ī				1 NOVECKE	INDIES () al-	u me i	1-01.401		-	ment	
7 20 20 2	ls Loc Norn	237	72	2 20 30	8					Ty		1
Location of Asbestos-Containing Material (ACM).	Used S	olely by		Description	n of Material (AICN	a.	mo	nt			_	
CETABA EB OT	Mainte Custodi		(i.e. therm	al system	s insulation.	į,	Speri	fy	R	\overline{z}	100	E .
In Facility (13)	(1			facing, V. r miscella		S	For.	-F)	Remova	Repair	Encapsulate	Enclosure
	Yes N	AM o							'al	٦	llale	0.11
basement	x		pipe ii	nsulat	ion	85	LF		x			
basement	x					1.5			X			
	1 22		transi	te nea	t shield	a 10 1	J1		^	!		
		į										
Name of Registered Waste Hauler		NJDEP W Hauler ID		oic Yards Vaste	Na	me of Regist	erec	Landfill				
Robinson Waste Disposal		17304		40	G:	rows La	nd:	ill				
City State		39	Dis	posal Dat	e Cit	y State						
Voorjees Township,NJ 08043			2-8	8–16	M	orrisvi	116	, PA				
Completed by	Title			Signatu	re	7 /)	Da		0.070770		
David Rowley	Proje	ct Mana	ger	Na	SK	are	_	_ 1-	21-	16		

Check# 12416

Date of Notification (1)		Name of B	Suilding Owi	ner,'Operator	(2)							
1-21-16		Castl	e Lynn	LLC					2			
Agencies Notified Type Notification		Street Add	iress					16		5	A DE	
⊠ EPA S Initial		1016	Annapo.	lis Lane	9			~ 5	٢	=		DAEINED
□ DEP □ Amended			. Zip Code					F (1)	- 5	E	9-4	0
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☐ Emergency (i	including	Name of C					Telepho	e monte	fér	700		-
□ DCA □ Cancellation		Antho	ny Pez	zella			6	ų.	3	=		111
		FACILI	TY INFOR	MATION				I	Z	٧		J
Name of Facility Where Aparement is Taking	Place (3)				Type of	Facility (4	1	0	72	15	3	
Hill Manor Apartments					-	chool (K-12		99.32	2	L	~	
Street Address							3 (Other the ivate & cor			nae h	omas	
203 Reading Avenue					et	c)				1000		
City (5)					Square		# of Flor	rs		ig Ag	е	
Oaklyn					3,20		2		1 7	0+		
County (6)		County Ca (STATE US			1		r if being d		d\			1
Camden							build	ng				
Name of Monitoring Firm Hired by Building (Owner (8)	ASCM	VIC.	A CONTRACTOR		ment Con		20 200				i
EHS Environmental, Inc.			- 0				conment	al Co).,I	nc.		
Street Address				네 ~게용되었다	Address							i
411 Southgate Court, Suit	e E					Avenu						
City State, Zip Code					State, Zip		10401					
Mickleton, NJ 08056							A 19401					
Project Manager for Monitoring Firm Jack Carney		856-22	e Na 24–0080	1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	hone No. 0–239-			inse Na 00398				1
Start Date (10) 2-1-16	Scheduled (Completion D	ate (11)			A Monitor h Envi	ronmen	al C	n	Tnc.		
Occupancy Status During Apatement (Chec	k Only One				t Address				0.75	LAIC		
: ☑ Facility Closed/Vacated During Entire F		'amant		92	3 Haw	s Aven	ue					-
Abatement Performed Outside of Norm	al Facility Ho	ours		1.5	State Zip		-					-
□ Other - Describe:				- No	rrist	own, P.	A 1940					
Scope of Work (Check All That Apply)					7-80125c o							
□ ≥3 sf or ≥3 If	X Ren	ovation			□ Full	Containme	ent with Ne	rative Pr	ressiir	2		1
🛱 ≥160 sf or ≥260 lf		nalition			Mini	-Enclosure	3	1-11-5	00001	7		1
						zebag Prod	cedure d (*) and N	n-Eriani	e Pro	adur.		
	1 1212						3. 7 3. 3. 11	11111111111		Abate		
Lacation of		maily		F							pe	
Location of Asbestos-Containing Material (ACM)	Used 9	Solely by	Astesto	Descriptions S Containing		(ACM)	Amc.	nt			-	
CETABA ES CT		enance/ lat Staff?		rermal system	ns insula		(Spe	ify	70	Z	nes	E
In Facility (13)		12;		surfacing V ther miscell:			SF or	_+)	Remova	Repair	Encapsulate	Enclosure
W 55	Yes	No N/A							'al		late	IFO.
basement	x		pipe	insula	tion		85 LF		x			
basement	x		tran	site he	o+ ch	i o l d	16 SF		x	İ		
1			cran	SILE HE	at SIL	reru			-	-		
									-			
	<u> </u>							-				
Name of Registered Waste Hauler		NJDEP W Hauler ID	100	Cubic Yards of Waste		Name of	Registere	Landfill				
Robinson Waste Disposal		17304		40		Grow	s Land:	ill				
City State				Disposal Da	te .	City Sta	te			-	-	
Voorjees Township, NJ 0804	3		İ	2-8-16		Morr	isvill	. PA				
Completed by	Title			Signati	ure) _	-	ate			
David Rowley	Proje	act Mass-	~~~	1	2 -	DK		21	-21-	16		
	110)	ect Mana	yer	7					2000 OV	170		

Check # 12415

Date of Notification (1)		- 1		uilding Ow		tor (2)		1 2016	-11				
1-21-16				e Lynn	LLC								
Agencies Notified Type Notification		100000	treet Add						D	•	2		
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		1		y Hill	, NJ				50	â	=	IT	
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□ DCA - □ Cancellation		4		ny Pez					77577	31	• 	M	
Name of Facility Where Abarement is Taking F	Diago (2)		FACILI	TY INFOR	MATION	Tunna	of Facility (4		22	=		~	
Hill Manor Apartments	riace (3)					200			المال	9		T	
Street Address							chool (K-12 upchapter (()	913		(ď	
212 Manheim Avenue						□ 3 □ 0)ther (i.e. pr	ivate & cor	imercial	buildin	ngs h	omes	
						e	tc)				- 20 		
Oity (5)						3,20	e Feet	# of Flo	rs		lg Ag O+	e	į
Oaklyn		T 0	0					1.000		1000	J+		
County (6)			ounty Co	SEONLY)		118	nt Use Pric			3)			į.
Camden Name of Monitoring Firm Hired by Building Ov	2.	L,	ASCM 1	V.a.	Libia		rtment ement Cont		ng				
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EHS Environmental, Inc.		!	<u> </u>			eet Addres	h Envir	conment	ar cc) - , 1	nc.		
	ъ.						s Aveni	10					į
411 Southgate Court, Suite City, State, Zip Code	E				1	y, State, Zi			-				
Mickleton, NJ 08056							own, PA	1940					
Project Manager for Monitoring Firm		, T	'elephone	- N -	1	iepnone No			ense No				
Jack Carney		8	356–22	24-0080) 6	10-239	-9920	===	00398				1
Start Date (10) 2-1-16	Scheduled 2-5-1		cletion D	a!a (11)	40.000	me of OSH Plymout	lA Monitor th Envi	ronmen	al C	o.,]	nc.		
Occupancy Status During Acatement (Check	Only One					reet Addres							
□ Recility Closed/Vacated During Entire Pe	riod of Ab	atema	ent		9	923 Haw	s Aven	ue					
 Abatement Performed Outside of Norma 			7.00 E			ry. State. Z							
Other - Describe:					- 1	Vorrist	own, P.	A 1940					
Scope of Work (Check All That Apply)													1
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		novat molitic				☐ Mir	l Containmi ni-Enclosura ovebag Prod n-Exempter	e cedure					
	1		1				I LXSTIDES	31 1 31 31 31	M:-1 11301	1	-	ment	
l marker of		ocatio rmail										pe	
Location of Asbestos-Containing Material (ACM)	Used	Sole	yby	Astesto		ption of ing Materia	L/ACML	Amo	ınt				
TO BE ABATED	Main: Custor		UP 30041617		nermal sys	stems insuli		(Spe	ify	E C	R	Encapsulate	Enclosure
In Facility (13)		12:				VAT. or cellaneous)		SF or	LF;	Removal	Repair	ıpsı	iosi
1	Yes	No	N/A							/al	7	llate	6
basement	X	140	1 1000	nine	insul	lation		85 LF		x			
basement	1		1							1			-
1	X			trar	site h	neat sh	ield	16 SF		X			
Name of Registered Waste Hauler	1	N	JDEP W	as:e	Cubic Ya	rds	Name of	Registere	Landfill			1	-
Robinson Waste Disposal		Н	17304		of Waste 40		Grow	s Land	ill				
City State				į	Disposal	Date:	City Sta	te					
Voorjees Township, NJ 08043				i	2-8-16	5	Morr	isvill	e, PA				
Completed by	Title				€igr	nature		_	-	ate	2 - 2		
David Rowley	Proj	ect	Mana	rer	1	Sans	21	_	1-	-21-	16		
			Lialid	yel								-	

Chech = 12414

Date of Notification (1)		Name of E	Building Ow	ner/Operat	or (2)		101			+	-	
1-21-16		Cast]	le Lynn	LLC				1	_			
Agencies Notified Type Notification		Street Add						Ç	n	2016		\neg
⊠ EPA				lis Lar	ne			800	7	9		777
□ DEP □ Amended			e. Zip Code)	A	r	77
		Cherr	y Hill	, NJ				CEO		2		
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□ DCA · □ Cancellation			ny Pez				60ノー		-12			-
Name of Facility 14 have 15 and 5. Tales	01 21	FACIL	ITY INFOR	MATION	-	7.5		53		~	177	
Name of Facility Where Abarement is Taking	Place (3)				Lype o	of Facility (4	ì	73(9.	-		
Hill Manor Apartments Street Address						chool (K-12		7	N)	"Made"	
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Name of Monitoring Firm Hired by Building C)wner (3)	A.S.O.M	No			ement Con						-
EHS Environmental, Inc.						h Envir	ronment	al Co	.,I	nc.		i
Street Address					et Addres	-						-
411 Southgate Court, Suit	e E					s Avenu	1e					
City, State, Zip Code					, State, Zij		10401					
Mickleton, NJ 08056 Project Manager for Monitoring Firm		i Telephon	- 51-			own, PA						
Jack Carney		856-22	24-0080		phone No 10–239		Lic	onse No 00398				
Start Date (10) 2–1–16	Scheduled 0 2-5-16		ate (11)			A Monitor h Envi	ronmen	.al C		Tna		i
Occupancy Status During Adatement (Check					et Addres		LOTHICIT	ar co	. 1 -	LIIC		
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Hill Manor Apa	rtments							Пе	chool (K-12	21					-
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Mickleton, NJ	00056							State, Zip	own, P	1940					
Project Manager for Mon			-	Felephor	- 11-										
Jack Carney	nonng rinn		11000		24–008	n	CONTRACTOR OF THE PARTY.	none No	-9920	į Li	ense No				-
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Occupancy Status During							THE STATE OF	Addres							
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Scope of Work (Check A	ii That Apply)														
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≥ 160 sf or ≥ 260 lf		ш	emoliti	ion	-				i-Enclosura vebag Pro						
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Check # 12412

Date of Notification (1)			1	Name of 8	Building O	wner/C	perator (2)				,				
1-21-16				Cast]	le Lyn	n LL	C									
Agencies Notified	Type Notification			Street Ad								C/S	2	2016		
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Name of Facility Where A		g Place (3)						7000	f Facility (4)		- 1	. Z	ö	1		
Hill Manor Apa	ruments								chool (K-12		r th	0	5		~	
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Name of Monitoring Firm		Owner (8)		ASCM	No.				ement Cont							
EHS Environmen	tal, Inc.						-		n Envir	onme	ent	al Co	·, I	nc.		
Street Address							Street A		: 3 Avenu	10						
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City, State, Zip Code							City, St	000 0 000 0	Code Own, PA	10/	101					
Mickleton, NJ										1 194	-					
Project Manager for Mon Jack Carney	itoring Firm			Telephon 856–22	ie No. 24–008	0	Telepho 610-		-9920			onse No 00398				
Start Date (10)		Scheduled		npletion D	ate (11)				A Monitor							
2–1–16		2-5-							h Envi	ronm	en	al Co	٥.,:	[nc		
Occupancy Status During	g Abatement (Chec	k Only One)				Street A									
									s Avenu	ae		_				
 □ Abatement Perform □ Other – Describe: 		nal Facility H	Hours	}			City, St									
							Nor.	rist	own, PA	A 19	40					
Scope of Work (Check A	II That Apply)															
□ ≥3 sf or ≥3 lf □ 100 f = 100 lf □			nova						Containme		Ne	ative Pr	essur	е		
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(13)			(12)				miscellan						Remova	oair	Encapsulate	Enclosure
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	lame of Registered Waste Hauler						c Yards		Name of	Registe	erec	Landfill				
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David Rowley		Prof	iect	Mana	ger		1/2	bee	X		2	2 1-	21-	16		

(T) 1010

Paragon Job#

State	e of NJ		
Notification of As	sbestos	Aba	tement
(Pursuant to NJAC	8:60-7	and	12:120-7

RECEIVED

2016 JAN 27 PM 1: 60

& LICENSING Name of Building Owner/Operator (2) Date of Notification (1) 0 11 1/12 12 1/11 16 Old Bloomfield, LLC. Type Notification Agencies Notified Street Address EPA Initial 189 Rt. 46 East, 2nd Floor DEP Amendment City, State, Zip Code DOL Amendment # Parsippany, NJ 07054 Emergency (includ DOH. Name of Contact Telepho e Number justification) DCA Cancellation Alan Markus FACILITY INFORMATION Type of Facility 4) Name of facility where abatement is taking place (3) Scho I (K - 12) Residential Subc apter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs /Homes, etc. # of Floors Square Feet Bldg. Age County (6) 1.200 sf 60 County Code (7) City (5) (State use only) Current Use (I rior if being demolished) Vacant Building Parsippany, NJ 07054 Morris Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. Paragon Contracting, Inc. Street Address Street Address 590 River Rd. City, State, Zip Code City, State, Zip Code Clifton, NJ 07014 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 00748 (973) 614-1600 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) Paragon Contracting, Inc. 02/01/2016 02/10/2016 Street Address Occupancy Status During Abatement (Check only one) 590 River Rd. Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Clifton, NJ 07014 Other-Describe: Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Glovebag procedure Non-Exe npted (") Non-friable procedure Mini-enclosure 3 sf or > 3 If≥160 sf or ≥260 lf Is location normally used solely Location of F е by maintenance/custodial e n Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material to be material (ACM) C 0 a a LF) abated in facility (13) Yes No N/A V p 700 SF VAT/Mastic 700 SF X Basement/Laundry Room Siding Shingles 1.500 SF X Exterior Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Paragon Contracting, Inc. 22161 12 cyds Tullytown/GROWS Disposal Date City, State City, State TBD Clifton, NJ 07014 Tullytown, PA Signature Completed by (Print or Type) Title 01/22/2016 Goran Lazevski President

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Paragon Job#						and 12:120-7)			2016 JAN SEC	SO,	C,		
									2016 10.	•	-/;	F	<i>C</i> 3
Date of Notification (1)			uilding Own omfield, L	er/Operator (2))			4	Dr.	27	PM		<i>y</i>
Agencies Notified Type Notificati		reet Addr		LC.					B 7:0	0	17	-	9
EPA Initial		180 Rt	46 East, 21	nd Floor					LICE	NOG	NTO		<i>©</i>
DEP Amendr			Zip Code	10 1 1001						4.	6	07	
DOL Amendment #		-	any, NJ 07	1054							4		
DOH Emergency	(includ	me of Co	THE RESERVE OF THE PARTY OF THE	034				Telepho	ne Number		-		1177
justification) DCA Cancella	- II	Alan M	larkus										
			FAC	ILITY INFORM	ATION			_					
Name of facility where abatement is	s taking pla	ce (3)	8				Type o	of Facility					
Residential								_	ol (K - 12) napter 8 (O	ther th	nan K-	12)	
Street Address								Othe	(Private/C	omme			
						1	Carra		/Homes, e		DI	ig. Ag	~~
City (5)	Coun	ty (6)			Cou	nty Code (7)	1,400	re Feet	# of Floor	s	60	ıg. Aş	ge
City (5)	Journ	Ly (0)			637,537,539	te use only)			rior if bein	n dem	-	d)	
Parsippany, NJ 07054	Mor	ris			Milleres	,,		ant Buil		g dom	Olionic)	
Name of Monitoring Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abatement	Contract	tor (9)					
N/A						Paragon Contract	ting, In	c.					
Street Address					-	Street Address							
						590 River Rd.							
City, State, Zip Code						City, State, Zip Code							
						Clifton, NJ 0701	4		36				
Project Manager for Monitoring Firm	l	P	hone Numb	er		Telephone Number			License		er		
		1				(973) 614-1600			00748				
Scheduled Start Date (10)	Sched.	Complet	tion Date (1	1)	_	Name of OSHA Mon							
02/01/2016	02/10	/2016				Paragon Contrac Street Address	ting, in	c.				_	
Occupancy Status During Abatemer						590 River Rd.							
Facility closed/vacated during	entire perio	od of abat	ement.			City, State, Zip Code					-	_	
Abatement performed outside Describe:	of normal f	acility ho	urs-			,,							
Other-Describe:					_	Clifton, NJ 0701	4						
Scope of Work (check all that apply	/)												
□ Demolition □	Renovation	n			F	ull Containment w/ne	gative pr	essure	☐ Glovel	oag pr	ocedu	ire	
	≥160 sf or 2	>260 If			П	/lini-enclosure		Non-Exe	npted (")	Non-fi	iable	proce	edure
			used solel	vl	_			-		IR	R	E	
Location of asbestos-containing	by mainte			1	on of a	sbestos-containing		Amount		e	е	n	E n
material to be abated in facility (13)	staff(12)			material		obootoo oomaning		(Specify LF)	SF or	m o	pa	c	С
abated in facility (13)	Yes	No	N/A					Lr)		v e	i	р	L
Closets				Linoleum			100	SF		×		П	
				Ì					21				
Registered Waste Hauler		P Hauler	11.100	Cubic Yards of	Waste	Name of Registered							
Paragon Contracting, Inc.	221	01		3 cyds		Tullytown/GRO	WS						
City, State Clifton, NJ 07014			Disposal I	Jale		City, State Tullytown, PA							
Completed by (Print or Type)	Title		·1 ———	Signature		// /			Date		-	_	
Goran Lazevski	President	t			A	K.			01/22/	2016			

Print Form

NO ()K

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

Date of Notification (1) 1/25/2016		Name New									
Agencies Notified Type Notification X		Street 2000 City, S	Address 00 Horizon Wa State, Zip Code nt Laurel, NJ (y, Suite				25 C	2	DAN 2	77
DOH justification) DCA Cancellation		Name	of Contact y Fey			Tel	ephone		10	H2	1
Name of Facility Where Abatement is Takir Clayton Block Street Address 701-705 South New Road	ng Place (3)	FA	CILITY INFORMA	ATION	Type of Facility School (K- Subchapter Other (i.e., p	12) 8 (Oth	er than	(-12)	N. T.	Shor	1: 22:
City (5) Absecon					etc.) Square Feet 1,000		f Floors	Т	Bldg.		103,
County (6) Atlantic		(STATE	County Code (7) (STATE USE ONLY) Current Use (Prior if being de Office								
Name of Monitoring Firm Hired by Building Vertex Street Address	Owner (8)	NA NA	CM No.	Allia	of Abatement Cor nce Environme			s, Inc.			
1102 Baltimore Pike City, State, Zip Code				550	Address East Union St.						
Glen Mills, PA 19342 Project Manager for Monitoring Firm		Teleph	one No.	Wes	State, Zip Code t Chester, PA	19382	Licens				
Dave Turotsy Start Date (10)	Scheduled	610-5	558-8902	610-	701-9000 of OSHA Monitor		0050				
1/25/16 Occupancy Status During Abatement (Chec	1/28/16			Verte	ex						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Scope of Work (Check All That Apply)	Period of Aba	tement		1102 City, S	Address Baltimore Pike tate, Zip Code Mills, PA 1934						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	ovation polition	50	×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				·e	
Location of	20000	cation mally							Abat	emeni /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi (1	olely by nance/ al Staff? 2)	Asbestos Co (i.e. therm		aterial (ACM) insulation, T, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Roof	100	X		Flashing		- 2	240	X		u .	
Office area		X		tile and I			500	X			
Office Area		X	Drywall wi	th joint c	compound	1	00	X			
Name of Registered Waste Hauler Earthtech Contracting		NJDEP V Hauler ID 1620498	No. of Wa		Name of R	Register	ed Lanc	ill			
City,-State Ocean View, NJ			Dispo 1/28	osal Date	City, State	bor, N					
Completed by Robert M. Casciato	Title Presider	nt		Signature	MAT	1)ate /25/16			

Date of Notification (1)			Name	of Buildin	g Owner/Operator ((2)		>	2	2		
	15				ville Corp.	1812	#1510-20	35 0	hk	NA	Z	
Agencies Notified Type Notification	ation		1.00,000,000	t Address				-CS	-	Z	(>
☑ EPA ☐ Initial			71	7 17 th Str	eet			50	1	v.		Fi
☑ DOLWD ☑ Amended	LOSS.		City,	State, Zip (Code			MO		-	-	
☑ DHSS Amendm ☐ DCA ☐ Emergen			De	nver, CO	80217			200	2	PH		<
(NJAC 5:23-8) justificati		ng	Name	of Contac	t t		Telepho	e Numb		_		
☐ Cancellate	ion		An	thony Vo	lkens					4		-
				-	FORMATION			-	=	C I		
Name of Facility Where Abatement is 1	aking Pla	ce (3)				Type of Facility	(4)	-				
Warehouse Roof A						School (K-12	2)					
Street Address						Subchapter	8 (Other th	n K-12)				
437 North Grove Street						Other (i.e., phomes, etc.)		ommero	ial bu	ulding	,s,	
City (5)						Square Feet	# of Flo	ors	BI	dg. A	ge	
Berlin						665,000 SF	1			52		
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being	demolish	ed)			1000
Camden						Warehouse						
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9))					
One Source Safety & Health					Asbestos an	d Mold Service	es, Corp.					
Street Address					Street Address		•		-		-	
140 S. Village Avenue Suite 13	0				3859 Sylon B	Boulevard						
City, State, Zip Code					City, State, Zip Co	ode						
Exton, PA 19341					Hainesport, I	NJ 08036						
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License	No.		-		-
Brian Hovendon			510-524	-5525	609-702-0400)	0086					
Start Date (10)	Scheduled	Comp	letion Da	ate (11)	Name of OSHA M	Monitor						
11 /9 /15	_1_	/ _3	31_ /	16	EMSL Analyt	ical, Inc.						
Occupancy Status During Abatement (Street Address							
☐ Facility Closed/Vacated During Entire					200 U.S. Rou	te 130 North						
Abatement Performed Outside of No					City, State, Zip Co	ode			-			
Time of Abatement:AM	PIVV	P	/	_AIVI	Cinnaminson	n, NJ 08077						
Scope of Work (Check all that apply)					□ Eull Cont	tainment with Ne	notive Dree		×			
≥3 sf or ≥3 lf		Renova			☐ Mini-Enc	losure	gative Pres	ure				
⊠ ≥160 sf or ≥260 lf		Demoli	ion		Glovebag							
		la I aa	-ti		⊠ Non-Exe	mpted (*) and No	n-Friable F	rocedure				
Location of		Is Loc Norm			D				Ab	atem	ent T	_
Asbestos-Containing Material (ACM	1/	sed So	lely by	Asbe	Description o stos Containing Ma		Amo	int	Re	Re	E	En
TO BE ABATED		Mainter estodia	ance/		, thermal systems	insulation,	(Spe	ify	Removal	Repair	cap	clos
IN Facility (13)	0.	(12			surfacing, VAT, other miscellane		SF or	LF)	a		Encapsulate	Enclosure
	Ye	s No	N/A	1	other miscenarie	ous)					te	
Warehouse Roof				Roofing	9		9,000	SF	\boxtimes			
11				Transit	e Decking		9,000	SF				
**				Transit	e Flues		6 e	1				
										П	П	П
Name of Registered Waste Hauler		1	NJDEP	Waste	Cubic Yards of	Name of Regis	tered I and	50				
Freehold Cartage, Inc.			Hauler I 0226		Waste 10	GROWS L						
City, State				Z	Disposal Date	City, State		W				
Freehold, NJ					1/31/16	Morrisville	, PA 190	7				
Completed By (Print or Type)	Title				Signature	1)		Date	9			
Kimberly A. Trumbetti	Office	Coo	rdinato	r	9X	1			-12	-11	9	

1 /				Name	of Buildin	g Owner/Operator (2)						_
	22 / _ 1	6				y Museum @ Cra		/ Job #1	511-2	040		. #42	227
Agencies Notified	Type Notification	1		Stree	t Address				- 73	2016			_
	Initial			235	52 Route	10 West			, d.			يور ميد. افريقاس	
	Amended	an an		City.	State, Zip (Code			- CO			m	_
☑ DHSS □ DCA	Amendment		-			ns, NJ 07950		5	W 35-355		\bigcirc		
(NJAC 5:23-8)	☐ Emergency (justification)	includin	g		of Contac			Teleph		_1		m	
	☐ Cancellation			1000 St. 1000	nda Give			relepn	HE NU	mper		~	
								L	4.2	_	-		_
Name of Facility Where Ab	atement is Taki	na Plac	e (3)	гА	CILITYIN	FORMATION	T		5	-			
Craftsman Farms - W			5 (5)				Type of Facility		2				
Street Address	Tille Oottage						School (K-12		an K-	12)			
2352 Route 10 West							Other (i.e., pr	ivate and	comm	ercial be	uildin	gs,	
City (5)							homes, etc.)					=	
Morris Plains							Square Feet	# of F	ors	BI	ldg. A	ige	
								2			105		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if bein	demo	lished)			_
Morris							Vacant						
Name of Monitoring Firm H	ired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-				
Horizon Environmen	tal					Asbestos and	d Mold Service	s, Corp					
Street Address						Street Address		, , , ,					_
PO Box 816				3859 Sylon B	oulevard								
City, State, Zip Code						City, State, Zip Co							_
Thorofare, NJ 08086						Hainesport, N							
Project Manager for Monito	ring Firm		Tele	phone	No	Telephone No.	13 00036	Linna	- NI-				_
Dave & Steve Flaniga				56-848		609-702-0400		Licens					
Start Date (10)		duled C				TOTAL CONTRACTOR OF THE CONTRA		008	12				
2/4/	16	2 /				Name of OSHA M EMSL Analyti							
Occupancy Status During A	batement (Cher	ck only	one)			Street Address							_
□ Facility Closed/Vacated	During Entire Po	eriod of	Abate	ment		200 U.S. Rout	a 130 North						
Abatement Performed O	utside of Norma	I Facilit	v Hour	s - Des	cribe	City, State, Zip Co							
Time of Abatement:	AMF	M/	PM-		AM	Cinnaminson							
Scope of Work (Check all th	at apply)					Cimaminson	, NJ 08077						_
						☐ Full Cont	ainment with Neg	ative Pre	Sure	IN/16	Fy	1(()	n
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati				osure	2010 1 10	Suic	14 (9			
△ - 100 31 01 - 200 11			molitic	n		☐ Glovebag	Procedure				t	encl	63
		Is	Locat	ion		△ Non-Exer	npted (*) and Nor	i-Friable	roced				
		100	Vorma	lly		5				Ab	atem	ent Ty	yp
Location of					I		:						!
Asbestos-Containing Ma	terial (ACM)	Use	d Sole	ly by	Asbes	Description of stos Containing Mat	erial (ACM)	Ame	unt	Re	Re	필	
Asbestos-Containing Ma TO BE ABATE	terial (ACM)	Use Ma	d Sole intena	nce/	Asbes (i.e.	stos Containing Mat , thermal systems i	erial (ACM) nsulation,	Ama (Spe	cify	Remov	Repair	Encap	1 8
Asbestos-Containing Ma TO BE ABATE IN Facility	terial (ACM)	Use Ma	d Sole	nce/	Asbes (i.e.	stos Containing Mat , thermal systems i surfacing, VAT,	erial (ACM) nsulation, or	1007 500	cify	Removal	Repair	Encapsula	O COURT
Asbestos-Containing Ma TO BE ABATE	terial (ACM) <u>D</u>	Use Ma	d Sole intena todial S	nce/	Asbes (i.e.	stos Containing Mat , thermal systems i	erial (ACM) nsulation, or	(Sp€	cify	Removal	Repair	Encapsulate	oi o o oi o
Asbestos-Containing Ma TO BE ABATE IN Facility (13)	terial (ACM)	Use Ma Cus	d Sole intena todial s (12)	nce/ Staff?	(i.e.	stos Containing Mat , thermal systems i surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	(Spe SF o	LF)		Repair	Encapsulate	Ciccaro
Asbestos-Containing Ma TO BE ABATE IN Facility	terial (ACM)	Use Ma Cus	d Sole intena todial s (12)	nce/ Staff?	Asbes (i.e.	stos Containing Mat , thermal systems i surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	(Spe SF o	LF		Repair	Encapsulate	
Asbestos-Containing Ma TO BE ABATE IN Facility (13) Basement	<u>:D</u>	Use Ma Cus Yes	d Sole intena todial s (12) No	N/A	Pipe Ins	stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned sulation	erial (ACM) nsulation, or	(Spe SF o	LF SF		Repair	Encapsulate	
Asbestos-Containing Ma TO BE ABATE IN Facility (13) Basement	<u>:D</u>	Use Ma Cus Yes	d Sole intena todial (12)	nce/ Staff?	Pipe Ins	stos Containing Mat , thermal systems i surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	(Spe SF o	LF SF		Repair	Encapsulate	
Asbestos-Containing Ma TO BE ABATE IN Facility (13) Basement Ist Floor Kitchen Bathroom(s), Master Be	edroom	Use Ma Cus Yes	d Sole intena todial (12) No	N/A	Pipe Ins	stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned sulation m	erial (ACM) nsulation, or ous)	250 100	LF SF		Repair	Encapsulate	
Asbestos-Containing Ma TO BE ABATE IN Facility (13) Basement Ist Floor Kitchen Bathroom(s), Master Be	edroom Hauler	Use Ma Cus Yes	d Sole intena todial ((12) No	N/A	Pipe Ins Linoleui Floor Til	stos Containing Mat , thermal systems in surfacing, VAT, other miscellaned sulation	erial (ACM) nsulation, or ous) Name of Registe	250 100 150	LF SF		Repair	Encapsulate	
Asbestos-Containing Ma TO BE ABATE IN Facility (13) Basement Ist Floor Kitchen Bathroom(s), Master Be	edroom Hauler	Use Ma Cus Yes	d Sole intena todial ((12) No	N/A N/A D JDEP V	Pipe Ins Linoleur Floor Til	stos Containing Mat, thermal systems in surfacing, VAT, other miscellaned sulation m Cubic Yards of Waste 5	erial (ACM) nsulation, or ous) Name of Registe GROWS Lai	250 100 150	LF SF		Repair	Encapsulate	
Asbestos-Containing Ma TO BE ABATE IN Facility (13) Basement Ist Floor Kitchen Bathroom(s), Master Be	edroom Hauler	Use Ma Cus Yes	d Sole intena todial ((12) No	N/A N/A Dipole Value of Depth Control of the Cont	Pipe Ins Linoleur Floor Til	stos Containing Mat, thermal systems in surfacing, VAT, other miscellaned sulation m Cubic Yards of Waste Disposal Date	erial (ACM) nsulation, or ous) Name of Registe GROWS Lai	250 100 150 ered Land	LF SF		Repair	Encapsulate	
Asbestos-Containing Ma TO BE ABATE IN Facility (13) Basement 1st Floor Kitchen Bathroom(s), Master Be Name of Registered Waste Be Freehold Cartage, Inc. City, State Freehold, NJ	edroom Hauler	Vse Ma Cus Yes	d Sole intena todial ((12) No	N/A N/A Dipole Value of Depth Control of the Cont	Pipe Ins Linoleur Floor Til	stos Containing Mat, thermal systems in surfacing, VAT, other miscellaned sulation m le & Mastic Cubic Yards of Waste 5 Disposal Date 2/19/16	erial (ACM) nsulation, or ous) Name of Registe GROWS Lai	250 100 150 ered Land	LF SF		Repair	Encapsulate	
Asbestos-Containing Ma TO BE ABATE IN Facility (13) Basement 1st Floor Kitchen Bathroom(s), Master Be Name of Registered Waste I Freehold Cartage, Inc. City, State	edroom Hauler	Vse Ma Cus Yes	d Sole intena todial \$ (12) No	N/A N/A Dipole N/A Dipole N/A N/A N/A N/A N/A N/A N/A N/A	Pipe Ins Linoleur Floor Til	stos Containing Mat, thermal systems in surfacing, VAT, other miscellaned sulation m Cubic Yards of Waste Disposal Date	erial (ACM) nsulation, or ous) Name of Registe GROWS Lai	250 100 150 ered Land	LF SF SF				