State of New Jersey

CK# 204!	<u></u>	NOT		TION OF ASB fursuant to NJAC		OS ABATEME and 12:20)	NT								
Date of Notification (1): 6/13/16	Name	of Bu	ilding Ov	wner/Operator (2): WNSHIP BOARD C	VE EL	NICATION				-					
Agencies Type Notification	Stree	t Addre)r el	211	JUN 16 AM	1: 69							
(X) Initial Notification			Zip Code												
(X) DEP () Amendment (X) DOL Notification	-		ELD, NJ (07003		- 1	11105 JON	i Hills	_						
() Emergency		of Co E SIBE				Teleph	one Number	~							
(X) DOH () Cancellation () DCA															
				FACILITY INFO											
Name of Facility Where Abate MIDDLE SCHOOL	ement is	Taking	g Place (3	3): BLOOMFIELD		pe of Facility (4):									
2 111 20 1910						School (K-12) Subchapter 8 (Other th	an K-12)								
Street Address: 60 HUCK RO	AD					Other (i.e., private & c nomes, etc.)	ommercial buildings	•							
City & State (5): BLOOMFIE	LD, NJ				Sq	uare Feet: NA	# of Floors:	2	Bldg.	Age:	NA				
County (6): ESSEX			unty Cod TATE U	le (7) SE ONLY)		rrent Use (Prior if be DDLE SCHOOL	eing demolished):	g demolished):							
Name of Monitoring Firm	Hired	by	Building	ASCM No.:	Na	me of Abatement Co	ontractor (9):	ctor (9):							
Owner:(8) BRIGGS ASSOCIATES				0004	S/I	M Enterprise of NJ	. Inc.								
Street Address:						eet Address:	,			-					
3 CROSSWICKS STREET					33	339 North 6 th Street									
City, State, Zip Code:					Cit	y, State, Zip Code:	*								
BORDENTOWN, NJ 0850					Pr	ospect Park, NJ 07	508								
Project Manager for Monitorin	ng Firm:			Telephone No.:	Te	lephone No.:	License No.:								
	0 1 1 1	10		609-298-5520	-	73) 595-6955	00641								
	7/03/16		npletion l	Date (11):		me of OSHA Monito M Enterprise of Ne									
Occupancy Status During Abatem					Str	eet Address:									
(X) Facility Closed/vacated Durin () Abatement Performed Outside	g Entire P	eriod o	f Abateme	nt	P.O. Box 8265										
() Other – Describe: occupied/un	occupied	a i aciii	ty Hours			y, State, Zip Code: ledon, NJ 07538									
Scope of Work (Check all that app	ily):														
$(x) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $(x) \ge 160 \text{ sf or } \ge 260 \text{ lf}$				enovation emolition		() W	ull Containment w rap & Cut lovebag Procedure on-Friable Procedure		ative i	ressu:	re				
Location of		Locat		Dec	scrin	tion of		T		emen	t				
Asbestos-Containing Material	Use	d Sole	ly by	Asbestos Conta	ainin	g Material (ACM)			Τ.	уре					
(ACM) TO BE ABATED		intena ustodi		(i.e., therma	ing,	tems insulation, VAT, or	Amount	Re	R	Encapsulat	Enc				
IN Facility		Staff?		other r	nisce	ellaneous)	(Specify	Removal	Repair	apsı	Enclosure				
(13)	Yes	(12) No	N/A				SF or LF)	'al	-	ılat	ıre				
SECURITY VESTIBULE	100	X	13/72	FLOOR TILES /	MA	STIC	800 SF	X							
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC, INC. Hauler II 19551															
City, State: BRONX, NY		Dispo 7/7/1	sal Date:		City, State: WAYNESBURG, OH										
Completed By: MIKE ALTADOUKA			Title: PRESI	DENT	Sign	ature:	Date: 6/13/16								

NOCK

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

140		NOI				AC 8:60 and 5:10		MEG	EI	W	E	F	
Date of Notification (1)				Name	e of Buildin	ng Owner/Operator (2)	17-3-C				7111	
06/	13 /	16		0.55		oard of Educatio	(1000)	M	V 16	201	6	$\parallel \downarrow \parallel$	
Agencies Notified	Type Notific	ation		Stree	t Address			JUI JUI	1 0	201	J	F	
⊠ EPA	☐ Initial			62	E. Plum	n Street	***************************************	3-					
☑ DOLWD				City,	State, Zip	Code		ASBEST			OL	&	
⊠ DOH	Amendm	-				J 08360		L	CENSI	NG			
□ DCA (NJAC 5:23-8)	☐ Emerger justificati	ncy (includin ion)	g		of Contac			Telephone N	umber				
(140/10 3.23-0)	☐ Cancella			100000	ul Farina	5.50		Telephone W	amber				
		pi pi		FA	CILITY II	NFORMATION		1					
Name of Facility Where A	batement is	Taking Plac	e (3)		4.		Type of Facility	(4)					
Vineland HS South							School (K-1						
Street Address								8 (Other than K		1)			
2880 E. Chestnut S	treet	(4)	1	69		31	homes, etc.	orivate and comr)	nercial b	ulidin	gs,		
City (5)							Square Feet	# of Floors	В В	ldg. A	ige	1/4	
Vineland, NJ 07361				1.0							0		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being dem	olished)			-	
Cumberland						Ale in	- 4 ²⁷	= # 9.70				- 5) -885 - 33	
Name of Monitoring Firm		ding Owner	(8)	ASCM		Name of Abateme						1	
Pennoni Associates	s Inc.			001	02	ALL PRO MA	NAGEMENT L	LC .		12			
Street Address				. 8		Street Address					-1		
515 Grove Street, S	uite 1 B	20 B			-	27 Outwater				3.7			
City, State, Zip Code Haddon Heights, N.	J 08035					City, State, Zip Co Garfield, NJ						* *	
Project Manager for Moni			Tel	ephone	No	Telephone No.	07020	License No.		V.	<u> </u>		
Thomas Adams	toring r iiiii		0000000	56-547		973-928-4888		1188	a v				
Start Date (10)		Scheduled (- 1500			Name of OSHA M	E THE	1100			- 6		
06 / 20 /	16	08	(1) B	1 /			NAGEMENT L	LC					
Occupancy Status During	T. 4 V					Street Address	TO COLINEITY E		. 5				
☐ Facility Closed/Vacate				mont								- 54	
☐ Abatement Performed					scribe	27 Outwater I			8				
Time of Abatement:						City, State, Zip Co Garfield, NJ				111			
Scope of Work (Check all	that apply)				14 1	Garrield, NJ	07020						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	and apply)	100000	enovat emoliti			☐ Mini-Enc ☐ Glovebag	ainment with Ne losure g Procedure mpted (*) and No					-	
		ls	Loca	tion						atem	ent T	vne	
Location		1 1	Norma			Description o					T		
Asbestos-Containing N TO BE ABA		11	ea Soi aintena			estos Containing Ma e., thermal systems i		Amount	Removal	Repair	ince	Enclosure	
IN Facilit		Cus		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	ova	=	ısdı	uso	
(13)		74	(12)	10000000	-	other miscellane			_		Encapsulate	0	
Fan Room- B211		Yes	No	N/A	Surfaci	ing Coupling and		2 400 05		-	-		
Fan Room- A216						ing Sprayed on		2,400 SF					
	- W-1					ing Sprayed on		3,800 SF		닏			
Fan Room- A217				10	Surfaci	ing Sprayed on		1,600 SF					
			Щ								Ш		
Name of Registered Wast ATC	e Hauler			IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis		^				
020100804				1A-37		As Needed		nterprises LL	C				
City, State						Disposal Date	City, State	611					
Shirley, NY		I		<u> </u>	TBD Waynesburg, OH								
Completed By (Print or Ty	pe)	Title			Signature / Date								
Raymond Blum		Project	Man	ager		10-13-16							

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

No Charle		N	OTI					10S ABA1 60 and 5:16						
Date of Notification (1)					Name	of Building	Own	er/Operator (2	2)					
	10 / .	16						of Education		16 IIII IC				
Agencies Notified EPA	Type Notifica	ation				Address E. Plum S	Stree	et		16 JUN 16 1		1/5		
☑ DOLWD	☐ Amended			1		tate, Zip Co			(E.98	& LICENS	27317	ЭI		
☑ DOH	Amendme					eland, NJ		360		& LICENS	ING	e l		4
☑ DCA	☐ Emergend		uding		2.7	of Contact		-		Telephone Num			ASI 041-0	
(NJAC 5:23-8)	justification	grane.				l Farinac				· ·	50.			
					FAC	CILITY INF	FOR	MATION						
Name of Facility Where A	Abatement is T	aking F	Place	(3)	1710	JICIT T 1141	-	and trioit	Type of Facility (4)				
Vineland HS South				. ,				19	School (K-12)					
Street Address	1	-				50 8			Subchapter 8 Other (i.e., pri	(Other than K-12	?) rcial bu	ildino	c	- 1
2880 E. Chestnut S	treet							83	homes, etc.)	vate and comme	i Giai Du	liding	٥,	
City (5)	-			41				*	Square Feet	#.of Floors	Blo	dg. Ag	je :	
Vineland, NJ 0736	1			9.			E .	+		5 H ₂				0
County (6)			4		Coun	ity Code (7)	(STA)	TE USE ONLY)	Current Use (Price	or if being demoli	shed)	1		1 - 1
Cumberland						8							- 1	
Name of Monitoring Firm		ding Ov	vner (8)	ASCM		201	(H) 50	ent Contractor (9)					-
Pennoni Associate	s Inc.	- 5	38		0010	2	; A	LL PRO MA	NAGEMENT LL	_C,	9 5	+	4	3.10
Street Address		18 3		224				eet Address						*
515 Grove Street, S			W 15			7 Outwater	17	<u> </u>		î-		. 1		
City, State, Zip Code					100000000000000000000000000000000000000	, State, Zip Co								
Haddon Heights, N		ge" s	8 0	1				arfield, NJ	07026	Titanaa Na			1	
Project Manager for Mon Thomas Adams	itoring Firm			10000000	Telephone No. 356-547-0505 973-928-4888					License No.				
Start Date (10) 06 / 20 /	Charles and State	Schedu 08	374		tion Da	te (11) 16		ne of OSHA M LL PRO MA	lonitor NAGEMENT LI	-C	ne ²² to	8	N.,	
Occupancy Status During	Abatement (Check	only o	ne)	8.		Stre	eet Address				- 1	5	
☐ Facility Closed/Vacate					ment		2	7 Outwater	Lane					
☐ Abatement Performed						CO. 10 C. 10	City	, State, Zip Co	ode	(1) to 10				
Time of Abatement: _	AIM	PM		_PIVI-		AIVI	G	arfield, NJ	07026			24	//.	
Scope of Work (Check a	I that apply)	920 3	S 69	8	3	200	(4)	M Eull Con	tainment with Neg	ativo Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		. [⊠ Re ☐ De	novati molitic				☐ Mini-End			ıre			
			ls	Locat	ion		_	Z Non Exc	inplod () and Ho			atem	ent T	vpe
Location	of			lorma				Description of					200	
Asbestos-Containing		1)		a Sole intena	ely by nce/			Containing Ma rmal systems		Amount (Specify	Removal	Repair	nca	nclo
TO BE ABA			Cust		Staff?	(1.6.		urfacing, VAT		SF or LF)	oval	=	Encapsulate	Enclosure
(13)			V	(12) No	N/A	+	oth	ner miscellane	ous)				ate	CD
Fan Room- B211			Yes		П	Surfacii	ng S	prayed on		2,400 SF				
Fan Room- A216			\boxtimes		П	Surfacii	na S	prayed on		3,800 SF		П		
						prayed on		1,600 SF		П	\boxtimes	П		
Fan Room- A217				Suriacii	ny 3	prayed on		1,000 01		H				
Name of Decision 1991		IDED.	Masta	Cub	nic Varde of	Name of Pagin	tered Landfill			П				
Name of Registered Was	2200		DEP Waste Cubic Yards of Name of Register			Interprises LLC								
City, State							Disp	posal Date	City, State					
Shirley, NY							Т	BD	Waynesbu	rg, OH				
Completed By (Print or T	ype)	Title		Signature /// Date										
Raymond Blum		Pro	oject	Man	ager				UN-		10 -	10	.11	,

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	2)					
6/13/	16		We	st New Yo	ork Board of Ed	ucation /	lob #1606-2089	C	hk. #		
Agencies Notified Type Notifica	tion		Stree	t Address			0011 /	OA	M 12.	:58	1
			602	28 Broady	vay						
□ DOLWD □ Amended			City,	State, Zip C	ode		是 1 10 m		711	Sept.	
□ DHSS Amendme □ DCA □ Emergence	- 10 10 10 10 10 10 10 10 10 10 10 10 10	-	We	st New Yo	ork, NJ 07093	9	& LICE	H. 1	NG		
□ DCA		ig	Name	of Contact			Telephone Numb				
☐ Cancellati	(T)		De	an Austin			3				
			FΔ	CILITY IN	FORMATION		i ————				
Name of Facility Where Abatement is T	aking Plac	ne (3)		OILITT III	ONWATION	Type of Facility	(4)				
사이 보면 1915년 1일 - 12대로 이 1915년 1일	aking i la	Je (3)				School (K-12					
Memorial High School						Subchapter 8	Other than K-12				
Street Address							rivate and commer	cial bu	ilding	s,	
5501 Park Avenue						homes, etc.)		Tol	de Ae	_	
City (5)						Square Feet	# of Floors		dg. Ag	je	
West New York						420,936	3		TBD		
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Section of the sectio	or if being demolis	shed)			
Hudson						Unoccupied	I - School		11316	TEL	
Name of Monitoring Firm Hired by Build	ling Owne	r (8)	ASCN	l No.	Name of Abatem	ent Contractor (9)					
Maser Consulting					Asbestos an	d Mold Service	es, Corp.				
Street Address					Street Address						
331 Newman Springs Road, S	uite 203				3859 Sylon E	Boulevard					
City, State, Zip Code					City, State, Zip C	ode					
Red Bank NJ 07701					Hainesport,	NJ 08036					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
TBD				3-1950	609-702-0400)	00862				
15.5	Scheduled				Name of OSHA N						
Control of the second of the s	7				EMSL Analyt						
Occupancy Status During Abatement (Check onl	y one)			Street Address						
□ Facility Closed/Vacated During Entitle			ement		200 U.S. Rou	ite 130 North					
☐ Abatement Performed Outside of No	ormal Fac	lity Hou	ırs - De	scribe	City, State, Zip C	ode					
Time of Abatement:AM	PM/	PN	1	_AM	Cinnaminson						
Scope of Work (Check all that apply)	1107252		- 9////								
						tainment with Ne	gative Pressure				
☐ ≥3 sf or ≥3 lf		Renova Demolit			☐ Mini-End	closure la Procedure					
∑ ≥160 sf or ≥260 lf	Ш.	Jemoni	1011				n-Friable Procedu	re			
		Is Loca	ation						atem	ent T	vpe
Location of		Norm	ally		Description	of			_		T
Asbestos-Containing Material (ACN		sed So Nainten			stos Containing Ma		Amount	em	Repair	nca	ncl
TO BE ABATED IN Facility		ustodia		(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	=	psu	Enclosure
(13)		(12)	-14	other miscellane		Of Or Er)	_		Encapsulate	e
	Ye	s No	N/A	1						(D	
SEE ATTACHED LIST OF ACM				SEE AT	TTACHED LIST	OF ACM			П	П	
						50000 50000005550		-	E		t
										Ш	
										П	
Name of Registered Waste Hauler		ᆜᆜ	NIDEL	Waste	Cubic Yards of	Name of Regi	stered Landfill				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- 10	Hauler		Waste	GROWS L					
Carnevale Disposal			1729		40	- Contract Contract Administration	anum			_	
City, State					Disposal Date	City, State					
Hamilton, NJ					7/24/16	Morrisville	e, PA 19067				
Completed By (Print or Type)	Title				Signature		D	ate			
Kimberly A. Trumbetti	Offic	e Coo	rdinat	or	9×1/			6-1	3-	10	
ASB-41					-XY			ų I	u l	4	
MAY 11	* Do r	ot use	this for	m for asbes	tos licensure exem	pted activities.					

CK60219 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 0646-02 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) JUN 1 6 2016 Pennsville School District 02 06 Type Notification Street Address Agencies Notified Initial 30 Church Street **ASBESTOS CONTROL & ⊠** DOLWD City, State, Zip Code Amendment #1 **⊠** DHSS Pennsville, NJ 08070 Emergency (including DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CENTRAL PARK School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 43 OLIVER AVENUE homes, etc.) Square Feet # of Floors Bldg. Age City (5) >50,000 58 **PENNSVILLE** County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) SCHOOL SALEM Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) DELTA/BJDS, INC PENNONI ASSOCIATES INC 102 Street Address Street Address 1345 INDUSTRIAL BLVD 515 GROVE STREET SUITE 1B City, State, Zip Code City, State, Zip Code SOUTHAMPTON PA HADDON HEIGHTS, NJ 08035 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. ALAN LOYDE 856 547-0505 215 322-2900 00783 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 08 / 31 / 16 06 / 15 / 16 CRITERION LABS Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 3370 PROGRESS AVE Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-____AM BENSALEM PA 19020 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure □ Renovation ☐ Mini-Enclosure ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Repair Enclosure Removal Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 4,000 SF \boxtimes \boxtimes PLASTER CEILING HALLWAYS X 2 BOILERS X BOILER INS/GASKETS 600 SF П 2.500 M FRONT OF UNIT VENTILATOR FLOOR TILE X П П П Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Waste MINERVA LANDFILL SERVICE TRANSPORT 20990 Disposal Date City, State City, State

PROJECT MGR.

Signature

WAYNESBURG, OH 44688

Date

58 PYLES LANE, NEW CASTLE DE. 19720

Completed By (Print or Type)

MICHAEL PARSON

	CKIDIP	î	(Pu	CATION irsuant	ate of New OF ASBE to NJAC 8	STOS A	12:120	0)		16	CE		V	E	1		
Date of Notification (1)					Building ((2)	11	-					111	111	
6/9/2016				appearance of	Vashing	ton St I	LLC		111	1	.HIN 1	6	20	16	L	21	
Agencies Notified	Type Notification			Street A					12	Ī	, 11 120				1	1	
☐ EPA	☐ Initial				ylvan Av		300					-00	17.44	PO	-2		
DEP DEP	Amended				te, Zip Co					ASI	SESTOS LICE	NICI	NO	ì			
DOL	Amendment Emergency (-	Englev	vwod NJ	J 07632	2				LINE	140	-		V		
☐ DOH	justification)	moidanig			Contact					Tele	nhone Ni	ımhe	45	100			
☐ DCA	Cancellation			PeterT	iflinsky												
		5		FACI	LITY INFO	RMATIC	NC	-									
Name of Facility Where	Abatement is Taking	g Place (3	3)					Type	of Facility (4)							
Private Property									school (K-1			40)					
Street Address									Subchapter Other (i.e. p				uild	inas	home	24	
8								U e	tc.)	invato c	. 0011111101	olul D	uu	90,			
City (5)									e Feet		Floors			dg. A	ge		
West New York N	J							8000		1			+5	50			
County (6)				County C				Currer	nt Use (Pri	or if bein	ng demoli	shed)				
Hudson County				STATE	JSE ONLY)	B-occurrence											
Name of Monitoring Fire	m Hired by Building (Owner (8)		ASCN	No.				ement Cor		4						
N/A				N/A			Dina	igo En	vironmer	nt LLC							
Street Address							Street	Addres	s								
N/A							339	Lafaye	ette St								
City, State, Zip Code							City, S	State, Zij	o Code								
N/A							New	ark NJ	07015								
Project Manager for Mo	nitoring Firm		Telephor	ne No.		Teleph	hone No).		License	No.						
N/A				N/A			973-	491-08	377		01240						
Start Date (10)		Schedul	ed Con	pletion [Date (11)		Name	of OSH	A Monitor								
6/10/2016		6/21/2	016				J&S	Enviro	nmental	Corp							
Occupancy Status Duri	ng Abatement (Chec	k Only Or	ne)				Street	Addres	S								
☐ Facility Closed/Va	cated During Entire F	Period of	Ahatem	ent			2333	Route	e 22 We	st							
	med Outside of Norm																
Other - Describe:						_	Unio	Union NJ 07083									
Scope of Work (Check	All That Apply)						1500000000	51110 07000									
≥3 sf or ≥3 lf			Renova	tion] Full	Containm	ent with	Negative	Pres	SUL	e			
2160 sf or ≥260 lf			Demolit					Min	i-Enclosure	Э							
							-		vebag Prod -Exempted		d Non Eric	able [)roc	odur			
								1 1401	-Exemple	J () all	I NOIPT HE	able i		Abate		4	
		101	Location Normall	200000									,	Ty			
Location Asbestos-Containin		194 00000 20	ed Sole	5000	\ ab aat	Des tos Conta	scription		(ACM)	Λ.	mount						
TO BE A		1 2000 10	intenar			thermal				17/18	Specify		70	70	Enc	E	
In Fac		Cus	todial S (12)	мап?			ing, VA		***	SF	or LF)		Removal	Repair	aps	Enclosure	
(13)		(/			other m	niscellar	neous)					Va	#	Encapsulate	sure	
		Yes	No	N/A											е		
Exter	rior			Х		roofin	ig mat	terial		80	00 SF	×					
		1											1				
											-						
Name of Registered Wa	1000	JDEP W		Cubic '			Name of	Registe	red Landf	fill							
Newark Carting Inc			E	auler ID	No.	of Was	ste		ISES B	ethleh	am land	liit					
			02	1509		D:	-15 (
City, State Po Box 5670 Newa	rk N I 07105			1		Dispos	al Date		City, Stat		ttor rd 1	Bath	lah	02	ο Λ		
	CUI 10 UF IUD	199741		-//_		1	lau - 1		2333 A	hhiept		er rd Bethlehem PA					
Completed by		Title	dont	1/11	1//	Si	ignature	3				Date 6/9/2016					
Carlos Gomes		ries	ident	100	/ · V						6	שופונ	U I	U	ò		

Check# 2931

State of New Jersey - Notification of Asbestos Abatement

GAC Project # 060-16			(Pursu	ant to N.J.A.C.	8:60-7 and 12:120-7)		EG	EIW	E	D		
Date of Notification (1)					Name of Building Owner/	Operator (2)		_ 6 [/		1111		
June 8.	2016				RUTGERS, THE ST	TATE UNIN	ERSITY (OF NJ	- 11	1 111		
Agencies Notified	,	Notification	Type		Street Address	111		1 6 2016	: 11	UII		
□EPA		☑ Initial I	Notifica	ition	ENVIRONMENTAL	HEALTH &	SAFETY	DEPT.	, Ir			
□ DCA		□Amende	ed Notif	ication #	27 ROAD 1, BLDG	4086, LIVII	NGSTON	CAMPUS				
X DOL		□ Emerg		NOW 1500 WAS 1000 1000 1000 1000 1000 1000 1000 10	City, State, Zip Code		ASBESTO		21 8			
DEP- No Longer REQUIF	RED		cation I	has the state of t	PISCATAWAY, NJ	08854		ENSING	JL a			
X DOH		□ Cance		Otto!)	Name of Contact		Telephone		-			
		- Carice	iieu	3	MICHAEL SMITH, E	ENV.						
					HEALTH & SAFET	The state of the s	1					
				FACILITY INF								
Name of Facility Where Abater	ment is Tal	king Place (3)			Type of Facility (4)							
PHARMACY, BLDG# 3	3750				School (K-12)							
Street Address					☐ Subchapter 8 (other th	nan K-12)						
BUSCH CAMPUS					Other (i.e. private & co	mmercial build	dings, homes,	etc.)				
BOSCII CAMI OS					Sq. Feet: N/A #	of Floors: 2	Bldg. Age	60+ year	rs			
City (5)	County (6			Code (7)								
PISCATAWAY	MIDD	LESEX	(State I	Use Only)	Current Use (prior if being	g demolished				25 est est e		
							EXTERIO	R EXCAVA	TION A	AREA		
Name of Monitoring Firm Hired	by Bldg. (Owner (8)	ASCM		Name of Contractor (9)							
ATC			0098	3	CDEENWOOD ADA	TEMENT C	ONCHITA	NTC INC				
Charak Address					GREENWOOD ABA	IEWENIC	UNSULTA	NIS, INC.				
Street Address 3 TERRI LANE					Street Address							
3 IERRI LANE					268 MAIN STREET							
C't. Ct-t- 7:- C-d-												
City, State, Zip Code BURLINGTON, NJ 080	116				City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitoring		Telephone N	lumbor		Telephone Number		License Nu	mhor	-5-8/8/101			
BRIAN KEARNY	1 FILLI	609-386			relephone Number		Licerise indi	<u>IIDEI</u>				
DINAN KLAKKI		003-300	-0000		973-492-0477		00840	00840				
Scheduled Start Date (10)		Scheduled (Completio	n Date (11)	Name of OSHA Monitor			•				
06/20/16			/27/16		<u>`1</u>							
000000000000000000000000000000000000000					ENVIROVISION, INC	C						
Occupancy Status During Ab					Street Address							
☐Facility Closed/Vacated Di				it	20-21 WARGARAW	BOAD						
■Abatement Performed Out	tside of No	ormal Facility	Hours -		City, State, Zip Code	RUAD						
Describe					Oity, Otate, Lip Oode							
☑Other – Describe: Shift												
	(2	24 hours a	s need	led)	FAIRLAWN, NJ							
Scope of Work (Check all that	annly)											
Scope of Work (Officer all that	арріу					Full Contain	ment with Ne	enative Pres	sure			
≥ 3 sf or ≥	3 If			☑Renovation	×		ure (Wrap &		Ju. 0			
□ ≥ 160 sf or >				□ Demolition		Glovebag P		,				
					_		ted (*) and N	lon-Friable F	roced	ure		
Location of Asbestos-Containing	na Is Lo	ocation Norma	Ilv Used	Description of Ast	pestos Containing Material	Amour		tement Type	100001			
Material (ACM) in Facility (13)		ly by Maint./C			al systems insulation, surfac	ing, (Speci	fy SF					
60 50 50 50 50 50 50 50 50 50 50 50 50 50		f? (12)		VAT, or other mis	cell.)	or LF)	Rem	ove Repair E	ncap E	nclose		
EVOAVATION ASSE	YES		NA					1 1				
(exterior)		X		TSI		<9 LI						
(exterior)	-											
	-											
Name of Page Wester Head		NIDEDW	to Lie i	ID#		40.07	Nome of D	gistored La-	4611			
Name of Reg. Waste Hauler See Hauler Below #1 &	2	NJDEP Was		ID#	Cubic Yards of Waste:	40 CY		gistered Land S. North L		11		
			VI									
Hauler #1) Greenwood Abate	ment Cons	sultants, Inc	Butler, 1	NJ 07405		Disposal Da	<u>ite</u>	City, State				
NJDEP # 28969	(4)					06/27/16		100 New F Rd. Morris		200		
Hauler #2) Newark Cartin		Newark, N.	J					19067		7		
NJ DEP# 04509	,							215-736-1	700			
Completed by (Print or Type)		<u>Title</u>		-	Signature		<u>Date</u>	0.0011				
RAYMOND C. PEDAL	22 10 12	SENIOR P		T	Raymond C. P.	dalino	June	8, 2016				
		MANAGEF	3									

State of New Jersey - Notification of Asbestos Abatement Check # 2933 Check # 2933 (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 548-16					harman	P	0 =	D D 1				
Date of Notification (1) June 9, 2016 Agencies Notified Notification Type			Name of Building Owner/ CELGENE CORPOR		E	GE	I W	15	m			
Agencies Notified	2016				Street Address	In					HH	
I⊠ co.		□Initial N			86 MORRIS AVENU			1	6 201	6	Ш	
⊠ EPA □DCA	- 14	Bearing to the second second		ification #3 –	City, State, Zip Code	H L	. 11	IIN I	0 201	0		
☑ DOL	20	new mater	ial, loca	ation and	SUMMIT, NJ 07901 Name of Contact		-Tolon	hono Ni	umber	-		
DEP- No Longer REQUIF	RED	quantity	/-	, r	MR. RAY SANTILL	AN J A	Sans	1673	9472TR SING	OL &	. 1	
☑ DOH		□ Emerg		ncluding	Environmental Hea	7339910 · · · · · · 24	(000)	LICEN	SING			
ADMINISTRATION OF THE PROPERTY		justific Cance			Safety							
		□ Cance	lieu							-		
		. Bi (0)		FACILITY INF								
Name of Facility Where Abater CELGENE CORPORATION					Type of Facility (4) School (K-12)							
					Subchapter 8 (other than	n K-12)						
Street Address 86 MORRIS AVENUE					☑ Other (i.e. private & cor		ings, ho	mes, etc	c.)			
00 WORKIS AVENUE					Sq. Feet: 26,512 #					ears		
<u>City (5)</u>	County (6)	* 0		/ Code (7)								
SUMMIT	MO	RRIS	State	Use Only)	Current Use (prior if being	g demolished	: ADN	MINISTR	CATIVE	JEFICE	-5	
Name of Monitoring Firm Hired	by Blda. C	Owner (8)	ASCM	No.	Name of Contractor (3)							
McCABE ENVIRONME			0011						-a			
SERVICES, LLC					GREENWOOD ABAT	TEMENT C	ONSU	LTAN	rs, inc	i.		
Street Address 464 VALLEY BROOK A	VENUE	#2 A			Street Address							
464 VALLET BROOK A	VENUE	#3A			268 MAIN STREET							
City, State, Zip Code					City State, ZipCode							
LYNDHURST, NJ 0707		T-la-base b	Luck on		BUTLER, NJ 07405 Telephone Number License Number							
Project Manager for Monitoring JOHN CHIAVELLO	FIRM	7elephone N 201-438		relephone Number		Licens	se ivumi	er				
OOTHI OTHAVEEEO		201 400	4000		973-492-0477		0084	10				
Scheduled Start Date (10)	1	Scheduled C	Completio	on Date (11)	Name of OSHA Monitor							
04/22/16		12/31/16			ENVIROVISION, INC	C.						
Occupancy Status During Ab	atement (Check only o	ne)		Street Address							
☐ Facility Closed/Vacated D				nt	20-21 WARGARAW	DOAD						
☐ Abatement Performed Ou	tside of N	ormal Facility	Hours		City, State, Zip Code	KOAD				-		
Describe Security Describe	Entire Per	ind of Abater	nent Are	a Vacated (NOT								
SUB 8 – PHASE I FRI 4/22 -					FAIRLAWN, NJ 074	10						
determined - M - F 7am - 4	l pm (24 h											
Source of Work (Check all that	apply)				I DI	F. II Oantain		ala Niana	tive Desc			
□ ≥ 3 sf or ≥ 3 lf				☒ Renovation		Full Contains Mini-Enclosu			tive Pres	sure		
≥ 3 St Of ≥ 3 II	260 If			Demolition				9				
					· · · · · · · · · · · · · · · · · · ·				-Friable F	roced	ure	
Location of Asbestos-Containing		cation Norma	lly Used		bestos Containing Material	Amour	nt		ment Type			
Material (ACM) in Facility (13)		ly by Maint. todial Staff? (*	12)	(ACM) (i.e. therm: VAT, or other mis	al systems insulation, surfaci	ng, (Speci or LF)		Remove	e Repair	Encap	Enclose	
	YES		NA									
Various Locations		X			ncludes cove base)	300		X				
Various Locations		X		TSI		100		X				
Various Locations		X			or, window, expansion, et		LF	X		-		
Various Locations		X			soffits, ceilings, walls, et			X			-	
Various Locations Various Locations		X		VAPOR BARRIE	ED .	150		X	-		-	
various Locations	-	- L		VAFOR BARRIE	=1\	150	J1	III.	-			
Name of Reg. Waste Hauler		NJDEP Was	te Haule	r ID #	Cubic Yards of Waste:	40 CY	Name	of Reai	stered La	ndfill		
Newark Carting, Inc.		NJ DEP			Oubic raids of Waste.	10 01			North		ill	
Newark, NJ 04509												
					Disposal Date City, State						Aill Da	
Notes: None					12/31/16							
			215-736-1700									
Completed by (Print or Type) RAYMOND C. PEDAL		<u>litle</u> SENIOR P	ם ובי	°T	Signature		Date	e 9, 20	116			
RATIVIOND C. PEDAL		MANAGER			Raymand C. Fe	dalino	Juil	- J, A	10			

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

CIPA, 6-P A P	1-	F	(P)	E	П	7//	E
	CLIH	de	4	5	_4	/A/	5

Date of Notification (1) 06/10/2016			Name of Building Owner/Operator (2) IRIS WALKER Street Address									IJį	
Agencies Notified	Type Notification				do			Ā	SBESTO	OS CO		OL &	and the second second
DEP DOL	Amended Amendment # Emergency (in		POF	State, Zip Co RT NORRI of Contact	S NJ	08349		Гт.	olenhone I		.¥		
DOH DCA	justification) Cancellation		AMY		RMATI	ION							
Name of Facility Where RESIDENTIAL	Abatement is Taking	Place (3)					Type of Facil						
Street Address							Subcha Other (i etc.)	pter 8 (Oi .e. private	ther than kee & comme	(-12) ercial bu			ies,
City (5) PORT NORRIS							Square Feet 1709	2			Bldg. 100		
County (6) CUMBERLAND			(STAT	y Code (7) E USE ONLY)	_		Current Use RESIDEN	ITIAL		olished)			
Name of Monitoring Firm Street Address	n Hired by Building O	wner (8)	ASC	CM No.		ASS	of Abatement SURED ENV	/IRONN	OF (9) MENTAL	SERV	ICE	SINC).
	City, State, Zip Code					570	CLEMS RU						
Project Manager for Mor		Telep	none No.		MUL	LICA HILL	NJ 080	62 Licens	e No.				
Start Date (10)	Scheduled (n Date (11)		100000000	304-4676 of OSHA Mor	itor	0114	5				
06/13/2016 Occupancy Status Durin	ng Abatement (Check	06/17/20 Only One)	16				Address						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire Pened Outside of Norma	eriod of Aba al Facility Ho	tement ours		200 RT. 130 NORTH City, State, Zip Code CINNAMINSON N.I 08077								
Scope of Work (Check A			CINNAMINSON NJ 08077										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(manufacture)	ovation polition			~	Mini-Enclo	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					
		[1] Windowski	cation				_ Holl Exoli	100 ()	3/14 / 10///		Aba	itemer Type	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is Location of Used S Maint Custod (tos Con therma surfa		Material (ACM) s insulation, T, or		Amount (Specify SF or LF)	Kemoval	Kepair	Encapsulate	Enclosure
OUTSIDE	Х	TRA	NSITE	HOUS	SE SIDING	2	2000 SF	Х					
			-5						+	+			
	L NUBER	1101	T O. his	Vasala	s Name of Registered Landfill								
Name of Registered Wa	Hauler	Waste ID No.	of Wa	Yards aste	CU	MBERL	AND CO		/ LA	NDFI	LL		
City, State PHILADELPHIA PA			06/1	7/2016	RO	State SENHA	AYN NJ						
Completed by RON SWANSON	Title GENER	RAL MA	NAGER		Signatu	Kascel	Jusin	0011	Date 06/1	0/20	16		

PAGE 03/04

National Comments

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)

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CHECKSTEED

Date of Notification (1) 06/10/2016			Name	of Bulls	ing Owner	/Operator	(2)			J			
Agencies Notified Type Notification EPA Initial Amended	1		Qir	Address					-	Ī	1	_	,
DOL Amendmen Emergency justification	(includin	9	Name	af Conta	RRIS NJ	08349		Tole	ohone Nu				
Carlosiano			AM'	-	NFORMAT	TON		. 1 +6161	OUDUB Mr	mpe			
Name of Fability Where Absterment is Takin RESIDENTIAL Street Address	ng Piace	(3)					Type of Fadil		there by a	7)			
Cky (5) PORT NORRIS							Other (i.i. etc.) Square Foot 1709	. private &	commerc commerc	ial bu	Bidg.	Age	mas
County (8) CUMBERLAND			Count	Code (7)		Current Use (I	Princ If Indian	domelia	hed)	100	+	_
Name of Monitoring Firm Hired by Building	Owner (8)		M No.		Name of	Abatement C)) T41 01				
Street Address	y, State, Zip Code						Address CLEMS RUN		TAL SI	EHV	ICES	SINC	D.
					,	City, Sta	ate, Zip Code IÇA HILL N						_
Project Manager for Monitoring Firm			Teleph	one No.		Telepho		T	icense N	Q,		_	
Start Date (10) 06/13/2016	Schedul 06/17/	2018	mpletion	Date (1	1)		OSHA Monte					-	
Decupancy Status During Abatement (Chec Facility Closed/Vecated During Entire F Abatement Performed Outside of Norm Other – Describs:			nant			Street A 200 R		тн					_
Scope of Work (Check All That Apply)						CINN	AMINSON I	JJ 08077				88	
≥3 sf or ≥3 lf ≥180 sf or ≥260 if		enova					Full Contains Mini-Enclosu Glavebeg Pro Non-Exemple	ré confure					
Location of Asbestos-Containing Material (ACM)	Usad	Locati ormal Sole	ly by	Asha	Des	cription of					Abate		t
TO BE ABATED M Facility (13)		ntenar odlet \$ (12) No		(1.6	i. mermai s surfaci	iyalems in ing. VAT, isosilaneo	isulation, or	Amou (Spec SF or	ify	Removal	Repair	Encapsulate	FINDOMIN
OUTSIDE HOUSE	140	X	TRA	NSITE	HOUSE	SIDING	2000	SF SF	x		市	_	
ame of Registered Waste Hauter									-		+	-	_
EPPERT			IDEP W.		of Waste	ards 3		Registered ERLAND		TYL	AND	FILE	
ty, State HILADELPHIA PA				Disposal 06/17/2	Date	Oity, State							
ON SWANSON	Tales		MANA		Sig	-			-				

State of New Jersey - Notification of Asbestos Abatement

CK 2934

				ant to N.J.A.C.	8:60-7 and 12:120)-7)	-	DECI	FIV	7 6 1	-
Date of Notification (1)					Name of Building Ov	wner/Operator (2	2	H-15-16-1		5	n
June 10, 2016					Drew Universit		100	Ϋ́.			
Agencies Notified		Notification	Туре		Street Address	1	11		1 6 200	10	П
		The second secon	Votificat		36 Madison Av	32555537555	i.i	L. ,111N	1 6 201	10	7
X EPA		⊠ Amer	nded Cer	tification #6	City, State, Zip Code	<u>e</u>		į			
DCA x DOL		□ Emerge		cluding	Madison, NJ	f		ASBESTOS Telephone Mun	CONT	201.0	
X DEP		justific			Name of Contact	Ł	1	Telephone Nur	nher. G	IUL a	
x DOH		□ Cancel	lled		James Hall						_
				FACILITY INF							
Name of Facility Where Abate	And in case of the last of the	The second secon			Type of Facility (4)						
Drew University- Con	nmons	Building			School (K-12)	45 1/ 42)					
Street Address					Subchapter 8 (other	rate & commercia	l bui	ildinas homes e	ato)		
36 Madison Avenue					Sq. Feet: Unkn					ars	
City (5)	County (6)	County C	Code (7)	oq. reet. Olikir	# 01110	7013	. Z Diag. Age	<u></u> 00 ye	uio	
Madison	Morris		(State U		Current Use (prior if	being demolishe	ed):				
III da loo li				380000000000000000000000000000000000000	11						
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM N	lo.	Name of Contractor (72. 72.00				
Briggs Associates, I	nc.				GREENWOOD A	BATEMENT	CO	NSULTANT	S, INC.		
					Street Address						-
Street Address 3 Crosswicks Street					511 MAIN STRE	FT					
City, State, Zip Code					City State, ZipCode						
Bordentown, NJ				Butler, NJ 0740	5						
Project Manager for Monitorin	g Firm	Telephone N	lumber		Telephone Number			License Number	ſ		
Michael Hoodak		609.298.	5520		973-492-0477			00840			
Scheduled Start Date (10)		Date (11)	Name of OSHA Moni	itor					\neg		
March 7, 2016		July 20, 2			EMSL inc.						
Occupancy Status During A	batement				Street Address						
Facility Closed/Vacate				ent		12.1					
Abatement Performed	Outside	of Normal Faci	ility Hours	-	1056 Stelton R	7.171.37					-
Describe					City, State, Zip Code Piscataway, No.						
Other - Describe: Oc			0040		Piscalaway, No	00004					
Phase 4- June 1		to July 20,	2016	A SUPERIOR STATE							_
Source of Work (Check all that	t apply)					F 0			-4: D		
. 2 - 5 2 1	-			☑ Renovati		X Full Cor Mini-En		ment with Neg	ative Pless	iure	
≥ 3 sf or ≥ 3 l				Demolition	ION	27777		rocedure			
	200			Demoillion				pted (*) and No	n-Friable F	rocedure	e
Location of Asbestos-Contain	ing Is I	ocation Normal	ly Used	Description of Asb	estos Containing Mate			(Specify SF	Abatemer	nt Type	
Material (ACM) in Facility (13)		lely by Maint./Cu	ustodial		al systems insulation,	surfacing, or L	F)		Remove F	Repair	
	YE YE	aff? (12) ES NO	NA	VAT, or other mise	cell.)				Encap En		
Throughout Commons		X		Spray On Fire	enroofing	14	800) sf	X	T	-
Building				TSI	sproomig		50		X		
1 st Floor				Spray on Fire	nroofing	2,5		11.1	X		
2 nd Floor Hallway				VAT	prooming	600		PACK CO.	X		
Kitchen Area					eproofing & TSI	111111111111111111111111111111111111111	00		X		
1 st Floor Mail Room,				Spray On Fire			00		X		
Storage Rooms					eproofing & TSI	3,0	00	sf & 500 If	X		
Men's, Woman's Room					eproofing & TSI	1,0	00	sf & 200 If	X		
Name of Reg. Waste Hauler	13	NJDEP Was	te Hauler		Cubic Yards of Was	ste:	Т	Name of Regist	ered Landfi	II.	\dashv
See Hauler Below # 1 &	2	See Below	8	to II	800 Cy.yds.		- 4	Meadowfill La		-	
		000 20.0.	33		ovo cy.yus.			G.R.O.W.S			
Hauler #1) Greenwood	Abatem	ent Consult	ants, Inc	Butler, NJ 0	7405	Disposal Date		City, State			
NJ DEP # 12	561 NY	DEP#				July 20, 201	16	Route 2, Bo		-842-278	4
Hauler #2) Newark Carti	ng, Inc.	– Newark, NJ	04509, N	J DEP # 19551	# 19551 Bridgeport, WVA 304-842-278					25%	
Completed by (Print or Type)		<u>Title</u>			Signature			<u>Date</u>			
Marin Graure		ger	Marin Graure June 10, 2016								

GAC # 2015-551- Please Note: Change to this notification-Add 4,100 sf Spray Fireproofing& 700 LF TSI New Completion Date: July 20, 2016

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

Date of Notification (1)			1	Name of	Building (Owner/C	perator	(2)		l lun	{ }				
6/8/2016				133 M	onroe Ll	_C							~ ·	040	
Agencies Notified	Type Notification		5	Street A	ddress					74	I; JU	V 1	0 0	Ulb	
□ EPA	☐ Initial														11
DEP	Amended		(City, Sta	te, Zip Co	de				1	ASPEST	OSI	CON	TRO	1 8
DOL	Amendment		_ F	Hobok	en NJ						1.	CEN	Sin	3	
□ DOH	Emergency justification)	including	1	Name of	Contact					Tel	ephone Nun	nber			
DCA	Cancellation		E	3ryan											
				FACI	LITY INFO	RMATI	ON								
Name of Facility Where	Abatement is Takin	g Place (3)						Тур	e of Facility (4	t)					
Private Property		200-100		- N N NO					School (K-1						
Street Address									Subchapter Other (i.e. p				dings	home	
									Other (i.e. private & commercial buildings, hor etc.)						
City (5)								Squ	are Feet	# 0	f Floors	В	ldg. A	ge	
Hokoken NJ								110	00	2		+	50		
County (6)					Code (7)			Сип	rent Use (Prid	r if bei	ng demolish	ed)			
Hudson County			6	SIAIE	JSE ONLY)										
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.				atement Con						
N/A				N/A			Dina	go E	nvironmer	t LLC	;				
Street Address							Street				X-1942-862-18-923				
N/A									yette St						
City, State, Zip Code							100000		Zip Code			V(
N/A							New	ark N	NJ 07015				The second second		
Project Manager for Mon	itoring Firm			elephor	ne No.		Teleph				License N	ο.			
N/A				V/A			973-	491-	0877		01240				
Start Date (10)		Scheduled		pletion [Date (11)				SHA Monitor	889					
6/18/2016		6/21/201							ronmental	Corp					
Occupancy Status During	g Abatement (Chec	k Only One))				Street			906					
Facility Closed/Vac	ated During Entire I	Period of Ab	ateme	ent					ite 22 Wes	t		-0.000			
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility H	lours				33		Zip Code						
_						_	Unio	n NJ	07083						
Scope of Work (Check A	II That Apply)						_	_							
≥3 sf or ≥3 lf		-							ull Containme		Negative P	ressu	re		
≥160 sf or ≥260 lf		☐ Dei	molitic	olition				Mini-Enclosure Glovebag Procedure							
72									on-Exempted	(*) an	d Non-Friab	le Pro	ceclur	е	
		ls Le	ocatio	n								Abatement			
Location	n of		rmally			Des	scription	of					1)	ре	
Asbestos-Containing		Used Maint				tos Cont	aining N	/lateria	al (ACM)		mount			Ш	
TO BE AB		Custo			(i.e.	thermal	systems sing, VA		lation,		Specify or LF)	Rer	77	nca	ncl
(13)	ity	((12)				niscellar)	Oi	OI LI)	Removal	Repair	Encapsulate	Enclosure
Ø 3		Yes	No	N/A								<u>B</u>		ate	ře l
		103	140									-	-		
Exteri	or			Х		rootir	ng mat	erial		11.	100 SF	X			
										200-1100					
								-			-	-			
Name of Registered Was	N	DEP W	aste	Cubic	Yards		Name of F	Registe	red Landfill						
3333		auler ID		of Was						ir.					
Newark Carting Inc			04	509				1	1		am landfi	II.			
City, State	3072 W10728220 W007070			Disposal Date				1	City, State			estan e		1525-075-0	
Po Box 5670 Newart	k NJ 07105						V (500 - 50	1	2335 Ap	pleb	utter rd Be	ethlei	nem	PA	
Completed by		Title				S	ignature	Y	1		Da				
Carlos Gomes		Preside	ent				/	11	WI		6/8	3/201	16		

LIHIT LOLLI

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

Date of Notification (1)		100000		Building O			(2)		11			040		
5/27/2016		M	aplew	vood De	veloper	rs			L JU	N 1	6 4	U16		
Agencies Notified Type Notification		1	reet Ad											
□ EPA □ Initial				uth Jeffe		D Sui	te 202		ASRES"	TOS	VII.	TEL		
DEP Amended	2			e, Zip Cod	de					107	3771	1		
DOL Amendment Emergency	# including	S. Contract		any NJ										
DOH justification)	morading	11 12 27		Contact				Tel	ephone Nun	nber				
DCA Cancellation				Forgion			084350							
Name of Facility Miles of Abeles and in Takin	- Diago (2)		FACIL	ITY INFO	RMATIO	N	Type of Facilit	v (4)						
Name of Facility Where Abatement is Takin Private Property	g Place (3)													
							School (F		er than K-12	2)				
Street Address						1			& commercia		ings,	home	s,	
							7 etc.)	1.4.	f Fl	10	d = 0			
City (5)							Square Feet	2	f Floors	1	dg. A 50	ge		
Maplewood							35,000				50			
County (6)				ode (7) SE ONLY)			Current Use (rior it be	ing aemolisr	iea)				
Essex County	(2)						-f Ab -t	\tt	- (0)					
Name of Monitoring Firm Hired by Building	Owner (8)	1	ASCM	No.			of Abatement (
N/A			N/A				go Environm	ient LLC	<i>-</i>			-		
Street Address					1		Address Lafayette St							
N/A														
City, State, Zip Code							tate, Zip Code ark NJ 0701:	5						
N/A		-	1 1	- NI-				J	License N					
Project Manager for Monitoring Firm			elephor /A	ie No.			one No. 491-0877		01240	0.				
N/A	0.1.1.1.1)-t- (dd)			of OSHA Monit		01240					
Start Date (10) 5/28/2016 6/9/2016	Scheduled 6/31/201	150	letion L	Jate (11)			Environmen	100	·					
0					-		Address	tal Corp	,					
Occupancy Status During Abatement (Chec	k Only One)						Route 22 W	loct						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of Aba	atemer	nt		1									
Other – Describe:	nai Facility H	ours				The latest	tate, Zip Code n NJ 07083							
						UIIIO	11 NJ 07003							
Scope of Work (Check All That Apply)						Г	1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio nolitior				F	Full Contain Mini-Enclos		h Negative F	ressu	e			
2100 \$1 01 2200 11	7	Hondo					Glovebag F	rocedure						
						!}	Non-Exemp	oted (*) ar	nd Non-Friab					
	100 TO 10	cation	1			,						ement pe		
Location of	Nor Used S	mally	by			cription				-	.,			
Asbestos-Containing Material (ACM) TO BE ABATED		enance					Material (ACM) insulation,		Amount Specify	R	1	Enc	ш	
In Facility	Custod		aff?	(1.6.		ing, VA			F or LF)	Remova	Repair	заря	ıclo	
(13)	(12)			other m					ova	ar.	Encapsulate	Enclosure	
	Yes	No	N/A			e.						te		
Exterior Phase 3			X	_	nile	clean	un	2	200SF	x				
Exterior Friase 3	-	-	^		pile	Cicari	ир	+		1				
Name of Registered Waste Hauler		NJE	DEP W	aste	Cubic \	ards	Name	of Regist	ered Landfil	1				
		1000000	ıler ID	No.	of Was	te		170						
Newark Carting Inc		045	04509				ISES Bethleham landfill							
City, State	Disposal Date			City, State 2335 Applebutter rd Bethlehem PA										
Po Box 5670 Newark NJ 07105				// /	Appleb			ieit	ГА					
Completed by	Title	4			Si	gnature	mil	1		ate 27/20	116			
Carlos Gomes	Preside	ınt				-//	11/	V	0/	21120	010			

NOT	State of New Jersey IFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)	DOBE END DE D
	Name of Building Owner/Operator (2)	
16	Princeton University-Office of Design ar	nd Construction
on	Street Address	7 (1111 10 2010 119)
	200 Elm Dr.	

	17 / _	16		Princeton University-Office of Design and Construction										
Agencies Notified	Type Notifica	ation		Stre	et Address				N. I. U. C	UID	- 11			
⊠ EPA				20	0 Elm Dr			1						
□ DOLWD □ DHSS □			7/16	City,	State, Zip	Code	15	ASBEST	OS CON	TRO	L&			
☑ DCA	☐ Emergen		-	Pr	inceton,	NJ 08544		L	CENSING	<u>i</u>				
(NJAC 5:23-8)	justification	on)	3	Nam	e of Conta	ct		Telephone Num	ber					
	☐ Cancellat	tion		R	bert Orte	ego		1						
		***			CILITY II	NFORMATION								
Name of Facility Where A														
Princeton Universit	y-Spelman	Hall Bld	gs. 3	& 4			School (K-12) I (Other than K-12	11.0					
Street Address								ivate and comme		qs,				
Frist Lane							Smets:							
City (5)							Square Feet	# of Floors	Bldg. A	ge				
Princeton														
County (6)				Cor	unty Code (7)(STATE USE ONLY)	20.00	or if being demolis	shed)					
MERCER	Uland his Dolla	dia - 0	(0)	14001			Library							
Name of Monitoring Firm ATC Group Service		aing Owne	er (8)	ASCN 000		200 00 00 00 00 00 00 00 00 00 00 00 00	ent Contractor (9)	INC						
Street Address	S, LLC			000	198	The state of the s	VIRONMENTAL	_, INC.						
Three Terri Center						Street Address	DOTREET							
City, State, Zip Code			-			1123 BEAVER STREET City, State, Zip Code								
Burlington, NJ 0801	6					BRISTOL, PA								
Project Manager for Monit			T	elephone	e No	Telephone No.	License No.							
Michael Keehn	3			609-38		215-788-6040)	00509						
Start Date (10)	S	Scheduled	Com	pletion D	ate (11)	Name of OSHA N	P. (1)				-			
6 / _9_ /				1_/		BRISTOL EN	VIRONMENTAL	., INC.						
Occupancy Status During	Abatement (0	Check onl	y one)		Street Address								
☐ Facility Closed/Vacate						1123 BEAVE	R STREET							
Abatement Performed					scribe	City, State, Zip C	ode			- 120 -				
Time of Abatement: 7:	00AM-3:30F	PIVI/	PIVI-	AM		BRISTOL, PA	19007							
Scope of Work (Check all	that apply)					D = " •								
☐ >3 sf or >3 If		\boxtimes	Renov	ration			tainment with Neg	ative Pressure						
≥160 sf or ≥260 lf			Demo			☐ Gloveba	g Procedure							
					_	∐ Non-Exe	empted (*) and Nor	n-Friable Procedu						
Location	of			cation mally		Description			Abatem					
Asbestos-Containing N	Naterial (ACM		sed S	olely by	Asbe	Description of estos Containing Ma		Amount	Repair	Enc	Enclosure			
TO BE ABA		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		nance/ al Staff?	(i.e	e., thermal systems		(Specify	Repair	aps	losi			
IN Facility (13)	у		(1			surfacing, VAT other miscellane	100	SF or LF)	<u>n</u>	Encapsulate	Ге			
		Ye	s N	lo N/A		* 1	,			Ф				
Bldg 3 -1st to 4th Floor	s		×		Drywal	I		1600 SF						
Bldg 4 -1st to 4th Floor	s		×		Drywal	I		1600 SF						
										П	П			
					_									
Name of Registered Wast	e Hauler			NJDEP	Maste	Cubic Yards of	Name of Regist	ered Landfill						
BRISTOL ENVIRONI		IC.		Hauler	ID No.	Waste		NORTH LAND	FILL					
City, State				1870	6	Disposal Data								
BRISTOL, PA 19007						Disposal Date City, State MORRISVILLE, PA 19067								
Completed By (Print or Ty		Title				Cicactura	IIIOMAN I		ato.					
Brian Scafiro	pe)	Title Estim	ator			Signature	1 1.) . Da	1/1/11	<u></u>				
Dilai Scall C		LSull	ator			Brian	Acaferio	111	6/1/16	/				

ASB-41 MAY 11 B 5 / 6 0 6 3

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

CK 2874		N		Sta ICATION ursuant t		ESTOS A	ABATE		T and the same of		E	C	E		V [
Date of Notification (1)				Name of			perator	(2)		F-1								
	ck #2876				Church	1						HIN	1 6	2	016	1	7	
	pe Notification			Street Ad 100 Lir	idress nden Av	enue						C				Ì		
EPA X	Initial Amended		+	City, Stat	e, Zip Co	de	2.5.5.5.5.5	_			ASE	ESTC	SO	ON	TRO	L &	-	
X DOL	Amendment		_	700000000000000000000000000000000000000	on, NJ C							LIC	EMS	1.	à			
□ DOH	Emergency (justification)	including		Name of							Tele	phone l	Numb	er				
DCA	Cancellation			Msgr B														
Name of Facility Where Aba	tement is Takin	g Place (3)	FACIL	ITY INFO	DRMATI	ON	Tyr	ne of Facilit	acility (4)								
Burch Charter School		g / 1000 (0	7					×	School (F									
Street Address								ä	Subchap	ter 8								
100 Linden Avenue									Other (i.e etc.)	e. priv	ate &	comme	ercial	build	lings,	home	es,	
City (5) Irvington, NJ								Squ	uare Feet		# of	Floors			ldg. A	ge		
County (6)										Prior i	if beir	ng demo	olished	d)				
ESSEX	School																	
Name of Monitoring Firm Hi												(9)						
Omega Environmenta	al Services									рога	tion							
Street Address 280 Hyuler Street				Street Address 426 69th Street						et								
City, State, Zip Code									, Zip Code									
Hackensack, NJ 07606 Guttenberg										709	3							
Project Manager for Monitor	ring Firm			Telephor	ne No. 39-8700		Teleph 2012		No. -1700			Licens 0107						
Start Date (10)									SHA Monit	tor		100						
6/18/2016		6/21/20		Same a					s above									
Occupancy Status During A			Control of the Contro				Street	Add	ress									
Facility Closed/Vacate Abatement Performed Other – Describe:							City, S	State,	, Zip Code									
Scope of Work (Check All T	hat Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov Demoi		520				Full Contain Mini-Enclos Glovebag F	sure Proced	dure	7.5				_		
									Non-Exemp	nea () and	1 NOU-F	nable		Abate		t	
Location of	:	1 1 2	Loca Vorma			Do	scription	n of							Ту	ре		
Asbestos-Containing Ma	aterial (ACM)		ed Sol	ely by		tos Cont	taining N	Mater	rial (ACM)			mount				Ф	_	
TO BE ABATI	<u>ED</u>		todial	Staff?	(i.e.	thermal .	system cing, VA					pecify or LF)		Remova	Repair	Encapsulate	Enclosure	
(13)			(12)				niscella				(Caralla	,		lova	pair	sula	osure	
		Yes	No	N/A												te	CD	
Electric Panel	Room	x				5	Seams	3			3	3 LF			Х			
Head Start C	loset	et x Elbows - Ir							ion		2	2 LF			Х			
Boiler Room behind				In	sulatio	on			1:	5 SF		X						
Name of Registered Waste	Hauler			NJDEP W		10000000	Yards		Name	lame of Registered Landfill								
Freehold Carting Hauler ID No. of Waste TBD								Cumberland Landfill										
City, State	Disposal Date									City, State Newburg, PA								
Freeholdm NJ Completed by		Title				TBD	Signatur		New	burg	, FA	1	Date					
Completed by		1100				0	riginatul	- /	141/	- 1	/	-	Date				9	

Office Manager

6/3/2016

Gina Betances

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 06/09/2016 Lawrence Township Board of Education Agencies Notified 6 2016 Type Notification Street Address 2565 Princeton Pike EPA Initial DEP Amended City, State, Zip Code DOL Amendment # Lawrenceville, NJ 08648 Emergency (including DOH Name of Contact justification) Telephone Number DCA Cancellation Thomas Eldridge FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Lawrence High School Type of Facility (4) Street Address School (K-12) 2525 Princeton Pike Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, City (5) etc.) Square Feet # of Floors Lawrenceville NJ 08648 Bldg. Age 80000 2 50+ County (6) County Code (7) Current Use (Prior if being demolished) Mercer (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection Inc. Hazmat Diagnostic LLC Street Address 120 North Warren Str. Street Address 16 Glenwild Ave City, State, Zip Code City, State, Zip Code Trenton, NJ 08608 Bloomingdale, NJ 07403 Project Manager for Monitoring Firm Telephone No. Telephone No. Roland Jones License No. 609 392 4200 973 928 3995 01181 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/21/2016 06/26/2016 Hazmat Diagnostic LLC Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 16 Glenwild Ave Abatement Performed Outside of Normal Facility Hours Other – Describe: 7 am - 5 pm City, State, Zip Code Bloomingdale, NJ 07403 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is I postion

Location of Asbestos-Containing Material (ACM)	1	Normal d Sole	lly		Description of					ype	nt
TO BE ABATED In Facility (13)	Ma	intenai todial S (12)	nce/	(i.e. the	Containing Mater mal systems ins urfacing, VAT, on her miscellaneou	ulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					<u>a</u>	=	ılate	ure
Room 101			X		Table tops		apr. 350 sf	X	-	-	-
Room 105			X		Table tops		apr. 350 sf		-	-	-
Room 101			X	1	/AT & Mastic						
Room 105			X		/AT & Mastic		apr. 350 sf	1	_		
Name of Registered Waste Hauler Hazmat Diagnostic LLC		Ha	JDEP Wast auler ID No. 035440	e Cu	bic Yards Waste 3D	Name of G.R.O.	apr. 350 sf Registered Land W.S.				
City, State Bloomingdale, NJ 07403					posal Date	City, State					\dashv
Completed by Tatiana Rotaru	Title Clerk				Signature	1	1	Date 06/09/	2016	3	

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CK5455

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

	3 2016							
Agencies Notified Type Notification Street Address 687 Route 9								
EPA DEP Amended City, State, Zip Code Licenses ASSESTOC O City, State, Zip Code Licenses Cape May	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) <u>L, ?</u>						
Emergency (including justification) Name of Contact Cancellation Telephone Number Gary Douglass Sr.	Telephone Number							
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Lower Cape May Regional High School Street Address Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)								
Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buil etc.)	dings, ho	omes,						
	3ldg, Age 50+							
County (6) County Code (7) Current Use (Prior if being demolished) Cape May School								
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)								
AHERA Consultants,Inc 00057 Hazmat Diagnostic LLC								
Street Address PO Box 385 Street Address 16 Glenwild Ave								
City, State, Zip Code Oceanville, NJ 08321-0385 City, State, Zip Code Bloomingdale, NJ 07403								
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Smoyer 609-652-1833 973-928-3995 01181								
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/17/2016 06/22/2016 Hazmat Diagnostic LLC								
Occupancy Status During Abatement (Check Only One) Street Address								
Facility Closed/Vacated During Entire Period of Abatement 16 Glenwild Ave								
Abatement Performed Outside of Normal Facility Hours Other – Describe: Start 06/17/16 at 4:00pm City, State, Zip Code Bloomingdale, NJ 07403								
Scope of Work (Check All That Apply)								
≥3 sf or ≥3 lf ■ Renovation Demolition Evaluation Full Containment with Negative Pressum Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Is Location	Abatem	ent						
Location of Normally Description of	Туре	:						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)	Repair	Enclosure						
Yes No N/A		0						
Security Office X 9x9 Floor Tile & Mastic 260sf X								
Security Ticket Booth X Plaster Lathe Ceiling 25sf X								
Security Ticket Booth X 9X9 Black Floor Tile & Mastic 25sf X								
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill								
Hazmat Diagnostic LLC Hauler ID No. of Waste TBD G.R.O.W.S								
City, State Disposal Date City, State	Date City, State Morrisville,PA							
Bloomingdale, NJ TBD Morrisville,PA								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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ol District					
	ASEES T	YEAR	7	194	
L					
	Telephone Nur	nber			
of Facility (4					
School (K-12 Subchapter l	8 (Other than K-12	2)			
Other (i.e. pretc.)	rivate & commerci	al buildi	ings, I	nome	S,
re Feet	# of Floors		dg. Ag	ge	
00+	2)+		
nt Use (Prio Dol	r if being demolisl	nea)			
tement Con					
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dale, NJ 0	7403				
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3995 HA Monitor	01181				
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ld Ave					- 55
ip Code dale,NJ 0	7403		*		
Jale, NJ U	7 403				
Il Containme	ent with Negative	Pressur	e.		
ni-Enclosure	edure				
ovebad Prod	d (*) and Non-Fria				
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ovebag Proc on-Exempted				-	
	Amount			111	111
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II (ACM) ation,		Removal	Repair	Encapsula	nclosure
n-Exempted	(Specify	Removal	Repair	Encapsulate	Enclosure
n-Exempted	(Specify	Removal	Repair	Encapsulate	nclosure
n-Exempted	(Specify SF or LF)		Repair	Encapsulate	nclosure

1				(Pu	rsuant to	NJAC 8:	:60 and 12:	120)			1111	16	20	16			
	e of Notification (1)						wner/Opera										
	/10/2016						ay Regior	nal S	School District		SPEST	222			-		
Age	ncies Notified	Type Notification		100	Street Add	경영경영					Lt						
×	EPA	Initial American			City, State		de				The state of the s						
×	DEP DOL	Amended Amendment #			Cape N												
-	DOH	Emergency (i justification)	ncluding		Name of 0	25000				Telephone Number							
×	DCA	Cancellation			Gary D	ouglass	Sr.										
					FACIL	ITY INFO	RMATION		T	4							
	ne of Facility Where chard M. Teitelm	an an agus agus agus agus agus agus agus agus							Type of Facility (
	eet Address	ian ivildale ocho	JI						School (K-1 Subchapter	8 (Oth	er than K-1	12)					
	7 Route 9								Other (i.e. p etc.)	rivate 8	& commerc	cial build	lings.	home	s,		
10000	/ (5)							\dashv	Square Feet	# 0	Floors	В	ldg. A	ge			
	ape May								60000+	2			0+				
Col	unty (6)				County C				Current Use (Price	or if bei	ng demolis	shed)					
	ape May				(STATE U	7/20		-	School		(6)						
	me of Monitoring Firm		Owner (8)		ASCM 00057		100		of Abatement Cor nat Diagnostic		(9)						
	HERA Consultan	ts,inc			0003				Address	LLO							
	eet Address O Box 385								lenwild Ave								
	y, State, Zip Code						Ci	ity, St	ate, Zip Code								
- V	ceanville, NJ 082	231-0385					E	Bloomingdale, NJ 07403						-0000			
Pro	ject Manager for Mo	nitoring Firm			Telephon		v 11 333		one No.		License	No.					
	hn Smoyer				609-65	100			928-3995		01181						
- 200	art Date (10) 6/17/2016		Scheduled 06/22/2		npletion D	ate (11)			of OSHA Monitor nat Diagnostic	LLC							
1000	cupancy Status Duri	ng Abatement (Chec						Address									
П		cated During Entire F			nent		1	16 G	lenwild Ave								
	Abatement Perform	med Outside of Norm Start 06/17/16 at 4:0	nal Facility				1		tate, Zip Code	= 400			*				
×			JODIN				_ [Bloo	mingdale,NJ (1/403							
Sc	ope of Work (Check	All That Apply)						V	1			D					
X	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli	3. P20 20.				Full Containm Mini-Enclosur		n Negative	Pressu	re				
-	-,000,01,-200,11		_	Z24112000				-	Glovebag Pro Non-Exempte	cedure	nd Non-Fri	able Pro	cedu	re			
			T _a						1 Non Exemple	. ,			Aba	emen	t		
	Locatio	on of	N	Locat lorma	lly		Descri	intion	of				T	ype			
	Asbestos-Containin	g Material (ACM)	A07333300	d Sole ntena	ely by		stos Contain	ning N	Naterial (ACM)	5	Amount	77		E	ш		
	TO BE A			odial	Staff?	(i.e.	tnermai sy: surfacing		s insulation, T, or		Specify F or LF)	Removal	Repair	caps	Enclosure		
	(13			(12)			other miss	cellar	neous)			oval	air	Encapsulate	sure		
			Yes	No	N/A									(D			
	Principal	s Office		X			Joint Co	omp	ound		450sf	Х					
	Main Entranc	e Vestibule		X			Joint Co	omp	ound		40sf	Х					
	Main Entranc	e Vestibule		Χ		F	Pipe Fittin	g Ins	sulation		10lf	X					
Na	ame of Registered W	aste Hauler			NJDEP W Hauler ID		Cubic Ya of Waste				tered Land	till					
На	azmat Diagnostic	LLC			0035440		TBD	5	G.R.O	.W.S.	1						
1	ty, State						Disposal	Date									
	oomingade,NJ						TBD		Morris	ville,N		D-#-					
1	ompleted by		Title				Sign	nature				Date 6/10/2	016				
18	itiana Rotaru		Clerk						<u> </u>			0/ 10/2	.010				