CIKCK # 91418

Date of Notification (1)		7.00			Name o	f Building	Owner/Operator (2		TICENSING			7	
03/	06 /	12	_	1	Nort	h Jersey	Recycling	ļ	BESTOS COTHROL &	2A		1	1
Agencies Notified	Type Notificati	ion			Street A	Address						1	
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☑ DOLWD	☐ Amended				City, St	ate, Zip Co	ode	711 131		•			3
☑ DHSS	Amendmer			- 1	Nort	h Berger	n NJ 07047			-	7		7
			uaing		Name o	of Contact		TV F	Telephone Numb	er	11 11	i	
(NJAC 5.25-6)	☐ Cancellation	0.500			Step	hen Gui	do	I. III					
	<u> </u>			-			FORMATION	58	and the second second second	111916			
Name of Facility Where	Shotomont is Ta	king	Dlace	(3)	PAG	IEIII II4I	ORMATION	Type of Facility					
Street Address	Abatement is Ta	aking i	1 1000					School (K-12	100	ial bu	ldinas	s.	
300 Washington St	reet							homes, etc.)				-,	
City (5)							- North	Square Feet	# of Floors	Blo	g. Ag	e	-0:25/1/2
Hoboken								5,000	3	8	30		
County (6)					Count	v Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
Hudson					- 37 (SERTINA)	, , , ,	,						
Name of Monitoring Firm	Hired by Buildi	ing O	wner (	8) [	ASCM N	No.	Name of Abateme	ent Contractor (9)					
Name of Monitoring Fini	i i ilieu by bullul	ing O	wilet (	٠, ۱	1001111		JVN Restora						
0							Street Address						
Street Address							47 Foster Ro	ad					
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City, State, Zip Code							Staten Island						
Project Manager for Mor	nitoring Firm			Tele	phone 1	No.	Telephone No.		License No.				
	8						718-605-6256	5	00774				
Start Date (10)	S	chedu	uled C	omplet	tion Dat	e (11)	Name of OSHA N	Monitor					
03 / 07 /	2000				1								
Occupancy Status Durin							Street Address						21100000
☐ Facility Closed/Vacat					ment		Oli odi / Idai odo						
□ Abatement Performe	d Outside of No	rmal	Facility	Hour	s - Des	cribe	City, State, Zip C	ode					_
Time of Abatement:	AM	PN	N	_PM-		AM	City, State, Zip O	ouc					
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Scope of Work (Check a	ill that apply)						☐ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf				novati molitic			☐ Mini-End	a Procedure	on-Friable Procedur	Φ.			
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				Locat Norma			Description	of					1
Location Asbestos-Containing		۱ ،		d Sole		Asbe	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB		'		intena			., thermal systems	insulation,	(Specify	VOL	a:	aps	lso
IN Fac			Cus	todial ( (12)	200400000000000000000000000000000000000		surfacing, VAT other miscellane		SF or LF)	<u>B</u>		ulat	ē
(13)			Yes	No	N/A	1	Other miscelland	ous)				Ö	
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		-		-	1				150 LF				
2 <sup>nd</sup> Floor						vvindov	v Caulking		100 L1		-	_	-
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Name of Desistered M.	eta Haular	-		1	JDEP V	Naste	Cubic Yards of	Name of Regi	stered Landfill	1=		000000	
Name of Registered Wa				1,772	lauler II		Waste		nterprises Inc.				
Express Waste Se	I VICES LLC				NJ-80	14	10	MARSHA MENGANINA					
City, State							Disposal Date	City, State	011				
Newark, NJ							3/7/2012	Waynesbu	irg, OH				
Completed By (Print or	Туре)	Title		The course	- 200		Signature	V 2	al 1 Da		1	. ~	eranterior E
John Tardy	unes et de la contraction	S	enior	Proje	ect Ma	nager	1 1/1	1 111/11	111 - 3	31 (	01	12	
ASB-41				-	-		<del></del>	Lucu		-			
MAY 11		* 1	Do not	use th	his form	for asbes	tos licensure exem	pted activities.					

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

2012-50 Check # 5099 B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 0 3 /0 5 /1 2 James Furfaro 2012 MAR Agencies Notified Type Notification Street Address EPA Initial 586 Union Avenue DEP City, State, Zip Code Amendment DOL Belleville, NJ 07109 Telephone Number Name of Contact **⊠** DOH Cancellation ☐ DCA James Furfaro FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) James Furfaro Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 586 Union Avenue County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) residential Essex Belleville, NJ 07109 Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 3/17/2012 105 Ryerson Road Occupancy Status During Abatement (Check only one) ▼ Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☑ Glovebag procedure Full Containment w/negative pressure Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf  $\times$  >3 sf or >3 lf Is location normally used solely E e n Location of by maintenance/custodial Amount n Description of asbestos-containing m p C (Specify SF or asbestos-containing C staff(12) 0 material (ACM) a a material to be LF) p abated in facility (13) No N/A Yes 30 lf pipe insulation laundry room 12 lf pipe insulation boiler room area 9 lf pipe insulation storage room 3 lf pipe insulation closet 2 lf pipe insulation bathroom Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 1 yard B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 3/19/12 Lincoln Park, NJ 07035 Date Signature Gordana Luna Completed by (Print or Type) Title 3/5/2012

Gordana Luna

Treasurer

2012-48 B & G proj. #:

Date of Notification (1)

0 3 /0 5 /1 2

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 5098 Name of Building Owner/Operator (2) Barbara Correnti Street Address

Agencies Notified	Type Notificati	on S	treet Add	ress				100					
☐ EPA	✓ Initial		10 Clin	ton AVen	ne		МД	R 7 2012					
☐ DEP				, Zip Code		_	1	11 / /////					
DOL	Amenda	-0.9-0.07100 N		, NJ 0703	2			4-19-1					
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				FAC	CILITY INFORM	NOITAN		1 1 mg		ingi <b>, yek</b>		- 1	-
Name of facility wh	nere abatement is	s taking pla	ace (3)					Type of Facility					
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Barbara Corren	ti							The same of the sa	napter 8 (C			-12)	
Street Address									(Private/C ./Homes, e		rciai		
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City (5)		Cour	nty (6)		-	Cour	nty Code (7)						
						(Stat	e use only)	Current Use (F	Prior if beir	ng dem	olish	ed)	
Kearny, NJ 07			dson					residential					
Name of Monitorin	g Firm Hired by E	Bldg. Owne	er (8)		ASCM No.		Name of Abatement 0	Contractor (9)					
n/a			Web-residence in the second				B & G Restoratio	n, Inc.					
Street Address							Street Address						
							105 Ryerson Roa	d		-			
City, State, Zip Cod	е						City, State, Zip Code						
-							Lincoln Park, NJ	07035	License	Mumb	or		
Project Manager for	r Monitoring Firm		F	Phone Num	ber		Telephone Number 973-696-6869		0378	Num	eı		
V							Name of OSHA Monit	or	0370				
Scheduled Start Da	ite (10)	Sched	I. Comple	tion Date (1	1)		B & G Restoration						
3/15/2012		3/15/	2012			- 11	Street Address	11, 1110.			X(9//)	100000	
Occupancy Status I	During Abatemen						105 Ryerson Roa	d					
□ Facility closed						-	City, State, Zip Code						
	erformed outside	of normal	facility ho	ours-		- 11							
Describe: Other-Descri	be:						Lincoln Park, NJ	07035					
Scope of Work (ch		)			<del></del>								
			n			☐ F	ull Containment w/neg	ative pressure	☑ Glove	bag pr	oced	ure	
>3 sf or >3 lf		≥160 sf or				M M	lini-enclosure		☐ Non-f	riable į	oroce	dure	
				y used sole	ivl			т		R	R	E	TE
Location of asbestos-cor	ntaining	by mainte			1	ion of as	sbestos-containing	Amount		e m	e	n	E n
material to be	•	staff(12)			- material		•	(Specify LF)	SF or	0	a	c a	C
abated in fac	inty (13)	Yes	No	N/A						e e	ľ	р	-
basement boiler	room				pipe insula	ation		65 lf		X			
storage room				X	pipe insula	tion		8 lf					
garage área				X	pipe insula	tion		6 lf		$\boxtimes$			
					1								
Registered Waste F			EP Haule		Cubic Yards of	Waste	Name of Registered						
B & G Restoration	on, Inc.	195	63		1 yard		Tullytown Resou	rce & Recover	y Center		-	-	
City, State	1.07025			Disposal 3/16/12			City, State						
Lincoln Park, N		Title		3/10/1	Signature		Tullytown, PA		Date		_		
Completed by (Pring Gordana Luna	(or type)	Title Treasure	r		Joignaturo		Gordana Luna		3/5/20	)12			
Jordana Dana		2.045470			<u> </u>				L				

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SCRA	ree t	Mo money
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Date of Notification (1	) 2/24/12			Nan	ne of Buildi	ng Owner/Operato	r (2) Ronni Weins	stein	U V	/ IL		
Agencies Notified	Type Notification	on		Stre	et Address		9 Dogwood I	MAR	7 20	112		刘
DEP DOL	Amended Amendment		-	City	, State, Zip	Code	ridgeton, NJ (	L.,	X III TO	1. 2.	j	
DOH DCA	iustification Cancellation	)	ng	Nam	ne of Conta		The seconds.	Telephone N	umber	5, 10° (1, 10.00)		
				F/		FORMATION				_		v1 . F0
Name of Facility Where		ing Placesiden	2000 m 100 m				Type of Facility  School (K-1	100000				
Street Address	39 Dog	wood	Driv	/e				8 (Other than K private & comme		ilding	S,	
City (5)	Br	idgeto	n				Square Feet	# of Floors	E	Bldg. /	Age	
County (6)	mberland	Idgott			unty Code ( E ONLY)	7) (STATE	Current Use (Pr	rior if being dem Residence				
Name of Monitoring Fire		Owner		ASCN	л No.	Name of Abater	nent Contractor (9					
(8)	MECS					Ster	vens Environi	nental Serv	ices, I	nc.		
Street Address	PO Box 34	41		<del></del>		Street Address	PO E	30x 322			W 201400	
City, State, Zip Code	Crosswicks, NJ	0851	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mo			0.000	ephone	No.	Telephone No.		License No.				
William W	eisgarber Jr.		(60	9) 29	98-4070	(609) 25	59-9688		0049	3		
Start Date (10) 4/4/12	Sch	eduled (	2/5/		ate (11)	Name of OSHA		ECS		SC 80 SC 1000		
Occupancy Status Dur	ing Abatement (Ch	eck only				Street Address						
☐ Facility Closed/Vaca☐ Abatement Performed  Control Other - Describe:	ed Outside of Norm	al Facili				City, State, Zip C	ode	ox 341 s, NJ 08515				_
Scope of Work (Check  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		enovat			☐ Mini-End ☐ Gloveba	ntainment with Neg	gative Pressure				
1	- 6	N	Location ormally Solel	,					A	bate Typ		
Location Asbestos-Containing TO BE ABA IN Facilit (13)	Material (ACM) TED	Mai C	ntenan ustodia Staff? (12)	ce/ il		Description of os Containing Mat- thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
baseme	ent	Yes	No	N/A		floor tile		795 SF	×		CD	
Dascine	.iit			^		Hoor the		773 31				
									$\Box$			
Name of Registered Wa Stevens Environ		es Inc.	Н	JDEP V auler ID 182	No.	Cubic Yards of Waste 2 CU	Name of Regist	ered Landfill T.R.R.F.,	Inc.			
City, State	Allentown, 1			102	-/	Disposal Date 4/5/12	City, State	Tullytown,				7
Completed By Mahlon E. Ste	Title	)	oiect	Man	ager	Signatule	7	Date	2/24	/12		
Trialiton D. Ott			1000								_	_

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State of NJ Notification of Asbestos Abatement

D&S Proj.	#: MS 12-89		(Pursi	ant to NJAC	8:60 a	and 12:1	20)			APPRI				
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Date of Notification		: 11	- 32	ner/Operator (2)		1 5	(C) E		Dates 3/6	(signate	ure)	iis	A	Z.
Agencies Notified	Type Notification	n Street A	EL DRAGN	VEA			th whitehold	<del>*</del>	Date DE		Time:		rer	-
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☐ DEP	Amended	1	ite, Zip Code	VENUB		14_1	VIFALL		IIC III	1				
☑ DOL	Amendment#:		TFIELD, N.	T 07000	1		A			9				
DOH	Emergency (including	Namo of		1 0 1090		ħ.	· LICE		Tolophono	Numbor	-			
DCA	Justification)	nia	VIEL DRAG	ENTE A	L.,	Special and the second second second								
	Cancellation	I DAN	<del>*************************************</del>	CILITY INFORM	ATION					en e	-			
Name of facility w	here abatement is	taking place (3)	FAL	JETT INFORMA	HION			Тур	e of Facility (4	)				
		minis place (o)								(K - 12)	16			
DANEIL DRA	GNEA				<del></del>				W2000	pter 8 (C Private/C			12)	
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	ng Firm Hired by B			ASCM No.	-11	Name of	betemen	nt Contr	actor (9)	44. 4. 50. 5	**************************************			
(4)						D&S	RESTO	RATIO	N, INC.					
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Project Manager fo	or Manitoring Firm		Phone Num	ber		Telephone 973-	345-802			Control Control Control	0159	iai		
			L,			Name of (		- Commence	***					
Start Date (10)		: Sched. Com	pletion Date (	11)		D&S	Restora	ation, I	nc.					
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and the same of th	theck all that apply						T		ontainment w	negative	01955	ure		_
>3 sf or >3		Renovation					2	<b>⊠</b> Mini⊣	enclosure					
2180 sf or ≥	<u>~~</u>	Demolition	¥5				2		bag procedur Exempted (*)		-friable	Droce	dure	
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<b>asbestos-c</b> c	ontaining	by maintenance staff(12)	e/custodial			bestos-co	antaining		Amount (Specify S	E or	m	p	n	n
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D & S RESTO	RATION, INC.	13506		2 YDS		TULL	YTOW	N, RES	OURCE RE	COVE	RY			
City, State	NII OTEA2		Disposal 03/05			City, St		NI DA						
PATERSON,		Tid_	03/03	I Signature		TOLL	WOTY.	IN, YA		Date	N. Selendario			- An
Completed by (Pri BOGDAN JO:		Title PRESIDENT		Olymatoro .						03/02	/12			
A\$B-41				stos licensure ex	cempted	activities				A.7 ** ** ALA	TELE LAL		LOT LOT LOT	************

D&S Proj. #: MS 12-89

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

							InE		国门				
Date of Notification	n (1)	Na	me of Buildin	ng Owner	Operator (2)	MITE HIRE			Acceptant Accept	100			
10 13 1/10 12	1/12		DANIEL DI	RAGNE	A			7 201	$_{2}$	-			
Agencies Notified		n Str	eet Address			in a second	in m	51 523 /	1 in Joseph W.	9			
⊠ EPA	Initial Amended		416 KIMBA	ALL AV	ENUE		1 1	and the second s					
DEP	Amendment #:_	Cit	y, State, Zip	Code			A F	LICENSING			1		
□ DOL			WESTFIE		7090						1		
□ DOH	(including justification)	Na	me of Conta	ct			Q., -	Telephor	e Number		.15		
☐ DCA	Cancellation		DANIEL I	DRAGN	EA					_			
	<u> </u>			FACIL	ITY INFORM	ATION							
Name of facility w	here abatement is	taking place	ce (3)					Type of Facility	(4) ol (K - 12)				
DANEIL DRA	CNEA								apter 8 (Oth	er tha	an K-1	2)	
Street Address	IGNEA							☑ Other	(Private/Cor	nmer			
								Square Feet	/Homes, etc		Bld	g. Ag	ie
416 KIMBAL	L AVENUE	Coun	h. (6)			Count	y Code (7)	Square reet	# 01 1 10013	1	0.0	<b>3</b> . 7. 3	
City (5)		Coun	ty (0)			100000000000000000000000000000000000000	use only)	Current Use (F	rior if being	demo	lishe	i)	
WESTFIELD		UNI	ON										
	ng Firm Hired by E	ldg. Owne	r (8)		ASCM No.	1	Name of Abatement						
							D & S RESTOR	ATION, INC.					
Street Address							Street Address						
							20 California A					-	
City, State, Zip Co	de						ity, State, Zip Code						
			Tol	- Nivesh			Paterson, NJ 0	7303	License	Numbe	er		
Project Manager f	or Monitoring Firm		Phor	ne Numbe	er		973-345-8020	)		159			
				5 - 44			Name of OSHA Mo	nitor					
Start Date (10)		Sched	. Completion	Date (11	)		D & S Restora	tion, Inc.					
03/03/12		03/09				[	Street Address						
Occupancy Status	During Abatemer	it (Check o	nly one)				20 California A						
Facility clos	ed/vacated during performed outside	of normal	od of abatem facility hours	ent.		119	City, State, Zip Code	3					
Deparihat							Paterson, NJ 0	7503					72
	cribe: NORMAL H						- <del></del>	Full Containment	w/negative	oressi	ure		
Scope of Work (	check all that appl		n.				×	Mini-enclosure					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	Renovation					×	Glovebag proced Non-Exempted (		riahle	proce	dure	
≥160 sf or	>260 lf		n normally us	end solely	,			Non-Exempled (	) and reon-	R	R	E	E
Location of asbestos-c		by maint	enance/custo	dial	1	tion of as	bestos-containing	Amount		e m	e	n	n
material (a	cm) to be	staff(12)	г		material			(Specify LF)	SF or	0 V	a	а	C
abated in f	acility (13)	Yes	No	N/A						е	r	р	
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BASEMENT (	CLOSET		X		PIPE INS	ULATI	NC	<3 L FT		X	Ц		부
										븯		닏	ዙ
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-							To 75 11	d Londfill			Ш	Ш	
Registered Waste	Hauler		EP Hauler II 506		ubic Yards of 2 YDS	Waste	Name of Registere TULLYTOWN	ed Landfill V, RESOURCE I	RECOVER	Y	9.3		
	RATION, INC.			Disposal I			City, State			0.000			
City, State PATERSON,	NJ 07503			03/05/1			TULLYTOW	N, PA					
Completed by (P		Title	احدد		Signature				Date	12			
BOGDAN JO		PRESII	DENT				Lastivities		03/02/	12	_		
.00.11		* Do not u	se this form f	or asbest	os licensure e	exempted	activities.						

003490

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

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D&S Proj. #: MS 12-90			(Pursuar	t to NJAC	8:60 a	nd 12:120)						, iş	
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Date of Notification (1)	Nam	e of Build	ing Owner/	Operator (2)			1 7	<u> </u>	*********		Total Control	17	
10  3  / 0  2  / 1  2	- 11	NDY EU						MAD	7 0010	1			
Agencies Notified   Type Notificati		et Address						Fig. 1	ZUIZ	f basin	1		
EPA Initial	1 17	0 MORT	TON ROA	ND.			1			1	4	1.7	
DEP Amended Amendment #:	1	State, Zip					1	71 - 12 - 13 to 2	** HUL &		Supplies.	Sen product	
M DOI -				NJ 07060				don't	150	eser deserva			
☐ Emergency (including		e of Conta	-	110,07000		14.		Telephone	Number				
justification)						17.53		1				e e	
☐ DCA ☐ Cancellation		INDY E	UKEK					!					_
			FACILI	TY INFORM	ATION								
Name of facility where abatement i	s taking place	(3)	- 1					Type of Facility (4	(K - 12)				
									pter 8 (Ot	her tha	n K-1	2)	
CINDY EUKER							-	Other (F				-,	
Street Address								Bldgs./F	lomes, et	c.			
170 MORTON ROAD							_	Square Feet #	of Floors	S	Blac	g. Age	,
City (5)	County	(6)				ty Code (7)			201 - 1-1		lieboo	1	_
					(State	e use only)		Current Use (Pri	or it being	g demo	iisnec	1)	
SO. PLAINFIELD	UNIC			ACCM No	1	Name of Abate	ment C	Contractor (9)					
Name of Monitoring Firm Hired by	Bldg. Owner (	(8)		ASCM No.				TION, INC.					
						Street Address		TION, INC.					
Street Address						20 Californ		re					
						City, State, Zip							
City, State, Zip Code						Paterson,		503					
		I Dh	one Numbe			Telephone Nur			License	Numbe	er	17.000	
Project Manager for Monitoring Firm	n	PIR	one Numbe			973-345-	8020		0	0159			
			D-4- (44)			Name of OSH	A Moni	tor					
Start Date (10)	Sched.	Completio	n Date (11)	)		D & S Res		on, Inc.					
03/14/12	03/23/	12				Street Address							
Occupancy Status During Abateme						20 Californ		renue			_	_	-
Facility closed/vacated durin	g entire period	of abater	ment.			City, State, Zip	Code						
Abatement performed outsid		cility nour	S-		_	D	NII OZ	502					
Other-Describe: NORMAL	HOURS					Paterson,			le e matinus	proces	ıro		_
Scope of Work (check all that app								Full Containment w Mini-enclosure	megauve	piess	JIC		
$\boxtimes$ >3 sf or >3 lf	Renovation	i.					-	Glovebag procedu	re				
>160 sf or ≥260 lf	Demolition							Non-Exempted (*)	and Non-	-friable	proce		
Location of	Is location	normally	used solely					Amount		e	e	E n	E
asbestos-containing	by mainten	nance/cus	todial			sbestos-contai	ning	Amount (Specify S	SF or	m	p a	c a	n c
material (acm) to be abated in facility (13)	Yes	No	N/A	material	I (ACIVI)			LF)		V	i	p	L
abated in idoliny (1-)	165	NO	IN/A			1011		80 L FT		e	ŕ		П
BASEMENT		X		PIPE INS	ULAT	UN		SO LIT		- 12	H	H	〒
										耑	H	Ħ	旨
								_		+=	H	H	卌
								_		-	H	片	T
					7117-1-	Name of Re	aintara	d Landfill		_			1_
Registered Waste Hauler		P Hauler	C. ST. CALL	ubic Yards o	t Waste	TULLYT	gistered OWN.	RESOURCE R	ECOVE	RY		=	
D & S RESTORATION, INC	2. 135		Disposal D			City, State				0-21			
City, State PATERSON, NJ 07503			03/14/1			TULLYT	OWN	, PA					
Completed by (Print or Type)	Title			Signature					Date	1/10			
BOGDAN JOLDZIC	PRESIDI	ENT							03/02	2/12			_
	* Do not use	this form	for asbest	os licensure	exempte	d activities.							

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	on (1) 3/2/2012					Owner / Operat				157			
Agencies Notified		ation		et Ad		MUNICATION	15			11 11			
☐ EPA	, ype i telline				BLE S	TREET							
DEP DEP	☐ Initia				e & Zip C			MAR 7	2012	14/1			
⊠ DOL		nded	100000000000000000000000000000000000000			N NJ 08329				lastered of			
□ DOH □ DCA		rgency cellation			Contact AYLOR	<b>i</b>				Telepho	ne N	lumb	er
					22/1/10/2010/00/00/11/20	200							7
Name of Facility	1/h a z a . A h = 4 =			ACIL	ITY INF	ORMATION	****			· · · · · · · ·			
Name of Facility V Ewing Central			lace (3)			Type of Fac					5		
Street Address	Office - ALIXI	2014					10	Other than K	-12)		**		
1606 Penningto	on Road							ate & comme		as, hom	ies.	etc.)	
						Square Fee		# of Floors		ldg. Ag		,	
City (5)		County (6)	County	y Code	e (7)								
Ewing		Mercer				Current Use	(Prior i	if being demo	lished)				
	n						mmur	nication cen	iter				
Name of Monitorin		y Building Owr	ner (8)	AS	SCM No.	보는 내 이 가게 하게 되었다면 그렇게 되었다.		t Contractor (			3/10		
Street Address				100		Street Addre							
8436 Enterprise						1123 BEA\							
City, State & Zip C Philadelphia pa						City, State & BRISTOL,							
Project Manager f		irm	Telephor	ne Nur	mher	Telephone N	The state of the s	A CONTRACT OF THE PARTY OF THE	License N	umher			
Mark Jenkins	or mormoring .		267-784			215-788-60			Licerise	0050	9		
Scheduled Start D		Scheduled Cor	npletion D	ate (1	11)	Name of OS	НА Мо	nitor		or still the state of			
3/12/1			3/13/12			BRISTOL I	ENVIR	ONMENTAL	. INC				
Occupancy Status		ment (Check or During Entire P		hatem	nent	Street Addre		TDEET					
		utside of Norm				City, State &				<del>0.11.00.00</del>			
	7:00 AM -1		uu		to opin	BRISTOL,			W 18				
	cupied During					,							
Scope of Work (C	heck all that ap	pply)				•				202	2000		
N >2 of on >1	) 15		<b>⊠</b> D.		41		$\bowtie$	Full Containr		egative	Pres	sure	ŧ
≥3 sf or ≥3 ≥160 sf ≥2				enovat emoliti			H	Mini-Enclosu Glove Bag P					
	.00 11			omonu	1011		H	Non-Exempte		-Friable	Pro	cedu	ire
	Location of	***************************************	Is Loca	ation		Descriptio	n of		Amount	Aba			
	stos-Containin	g	Normally		d	Asbestos-Cor			(Specify				
	aterial (ACM) BE ABATED		Solely Maintena		or	Material (A (i.e., thermal s			SF or LF)	Z.	70	Encapsulate	Enclsoure
10	in Facility	- 3	Custodia			nsulation, surfa				Remova	Repair	aps	clso
	(13)		(12			or other miscel	laneous	s)		<u> </u>	₹.	ulate	ure
nd		*	Yes No	N/A						F-7			
2 <sup>nd</sup> Floor Equip	ment Area					Floor Tile and	d Mast	tic	65 SF		H	님	H
			부부	HH	1					H	님	H	H
			$H \mid H$				10/2			긤님	H	H	H
			HIH		1		0			H	H	뉘	H
			HH	HH						ᅥᅥ	Ħ	Ħ	Ħ
Name of Registere	ed Waste Haul	er	IN N	JDEP	Waste	Cubic Yards	Name	e of Registere	d Landfill				
_		22.0.20	1 10000		CONTRACTOR OF THE PARTY OF THE	of Waste							
BRISTOL ENVIR	RONMENTAL	. INC		8706		5	10/20/10/2007/20	WS LANDF	ILL				
City, State						Disposal Date	City,		DA				
BRISTOL, PA	at as Tour N		T	itle		3/13/2012	INIOK	RRISVILLE,	FA	Date		- 5	
Completed By (Pri Patrick T. DeCa			1000	itle <b>stim</b> a		Signature Patrick	h	1000	10	3/2/20	012		
			0.000			Tatrick	1	· Dar	0/7/				

Cl# 2235

Date of Notification (1)		e e e e e e e e e e e e e e e e e e e		E544	Name	e of Buildin	g Owner/Operator (	(2)	Host of the second		_		
3 / _	2 /	12			Ru	tgers Un	iversity			2011	·	100	
Agencies Notified  EPA	Type Notific  Initial	ation				t Address 7 Road 1	Bldg 4086	DEP		m	7	1	
□ DOLWD	☐ Amended	2000				State, Zip		1 (1)		-11   1  -1   11	_		-
☑ DHSS	Amendm			0			, NJ 08854	MAR	7 2010	HH			
DCA (NJAC 5:23-8)	☐ Emergen justificati	on)	cluding	3		of Contac		1073.11	7 2012 Telephone Nur	mher			
(140/10 5.25-0)	☐ Cancella				1. 55/2/25/8/3001520	ke Smith			receptione real	TIDO			
	711000000000000000000000000000000000000						NFORMATION	Tion	- 1 May 18	1			
Name of Facility Where A	batement is	Takino	Place	(3)	- ' ^	OILITT II	41 OKWATION	Type of Facility (	4)	- 1			
Armitage Hall		-		(-)			Z415	School (K-12)			1		
Street Address					-			Subchapter 8	(Other than K-1		:1		
Sept. And the Control of the Control	ig 7036	Alle Sales St.						Other (i.e., pr homes, etc.)					
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
								46000	4		30+		
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Camden								University					
	Hired by Build	ding C	wner	(8)	ASCM		Name of Abateme						
ATC					000	98		VIRONMENTAL	., INC.		130		
Street Address							Street Address						
3 Terri Lane							1123 BEAVE						
City, State, Zip Code		_					City, State, Zip Co						
		6					BRISTOL, PA	19007					
TO RECEIVE A PRINCIPLE AND A P	toring Firm				lephone		Telephone No.		License No.				× 1
					309-386		215-788-6040		00509				
Start Date (10)	200 Sec. 200						Name of OSHA M						
					6 /	12_	BRISTOL EN	VIRONMENTAL	, INC.				
							Street Address						
1/42/							1123 BEAVE						
							City, State, Zip Co BRISTOL, PA			18			
Scope of Work (Check all	that apply)											- 30	
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			⊠ Re □ De				☐ Mini-Enc ☐ Glovebag			ure			
				Loc		T		T		Ab	atem	ent T	уре
				Norm	ally lely by	1	Description o			-	_		-
		1)			ance/		stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit			Cus		Staff?	(,,,	surfacing, VAT,	or	SF or LF)	val	-	usc	Sun
(13)			Yes	(12 No			other miscellane	ous)				ate	U
Suite 242				$\boxtimes$		Floor ti	le		2,500				
			П								П	П	П
Name of Registered Wast	e Hauler	1		1	NJDEP	Vaste	Cubic Yards of	Name of Registe	ered Landfill				-
		, INC		- 13	Hauler II	O No.	Waste 30 Cu Yds	MINERVA L					
City, State	t Address I N. 5 <sup>th</sup> Street Bldg 7036  b) mden  by (6) mden  of Monitoring Firm Hired by Building Own C  t Address ferri Lane State, Zip Code rlington Township, NJ 08016  ct Manager for Monitoring Firm an Kearney  Date (10)  Schedule  3  / 12  / 12						Disposal Date	City, State					
NEW CASTLE, DE 1	Address N. 5 <sup>th</sup> Street Bldg 7036  inden  y (6)  Inden  of Monitoring Firm Hired by Building Own  Chaddress  erri Lane  State, Zip Code  dington Township, NJ 08016  It Manager for Monitoring Firm  an Kearney  Date (10)  Scheduler  Anancy Status During Abatement (Check on chility Closed/Vacated During Entire Period attement Performed Outside of Normal Factor of Abatement:  AMPM/3:  of Work (Check all that apply)  sf or ≥3 If  So sf or ≥260 If  Location of Coestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)  Yes  VCASTLE, DE 19720  eted By (Print or Type)  Title						3/16/12	WAYNESBU	JRG, OH 4468	8			
Completed By (Print or Ty	pe)	Title	1				Signature	0.	D	ate /	/		
Gino Pizzigoni		Ge	enera	l Ma	nager	8	Dino 1	izzigoni	if	3/2	1/2		

CR# 2236

Date of Notification (1)	2 /	12				of Building	Owner/Operator (2	2)		V E			
	/		8			•	versity		F		:11		
Agencies Notified  EPA	Type Notificat	tion				Address Road 1	Bldg 4086		MAR 7 2	012	1	]	
⊠ DOLWD	☐ Amended				City, S	tate, Zip C	ode				1	1	
☐ DHSS	Amendme				Pisc	ataway,	NJ 08854	1 1	0.00000				
☐ DCA (NJAC 5:23-8)	☐ Emergenc justificatio		aing		Name	of Contact			Telephone Numb	ber	120,000	1	
(140/10/0.20-0)	☐ Cancellation				Mike	e Smith		***: *********************************	Est Spin				
	1 —		-		EAC	II ITV IN	FORMATION	- Annews	ATT STATE OF THE S			-	-
A	1)	-lii Di	/		FAC	ALLIT IN	FORMATION	Type of Facility	(4)		-50.00	io nat	
Name of Facility Where A			ace (	)				School (K-12					
Camden Science B	ullaing 7002								Other than K-12	)			
Street Address								Other (i.e., pr	rivate and commer		ilding	s,	
315 Penn Street	1700							homes, etc.)		150			
City (5)								Square Feet	# of Floors		ig. Ag	je	
Camden								46000	4		÷00		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)		or if being demolis	hed)			
Camden								University					
Name of Monitoring Firm	Hired by Build	ing Owr	ner (8)		ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC					0009	8	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address						
3 Terri Lane							1123 BEAVE	R STREET					
City, State, Zip Code					Uncon it		City, State, Zip Co	ode					
Burlington Townsh	nip. NJ 08016	i					BRISTOL, PA	19007					
Project Manager for Mon		Carrier and the second	-	Tele	phone I	No.	Telephone No.		License No.				
Brian Kearney	into inigir inin				9-386		215-788-6040	)	00509				
Start Date (10)	Te	chedule	nd Cor				Name of OSHA M	Monitor					
3 /12 /					_ / _			VIRONMENTA	L, INC.			WILL ST	
Occupancy Status During	g Abatement (C	Check or	nly on	e)			Street Address						
☐ Facility Closed/Vacate	ed During Entire	e Period	of Al	oate	ment		1123 BEAVE	R STREET					
Abatement Performed Time of Abatement: _	d Outside of No AM	rmal Fa PM/ <u>3</u>	cility I :00P	Hour M- <u>5</u> :	s - Des :00AM	cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check al	Il that apply)		-	-	-								
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Reno	ovati	on on		☐ Mini-End	g Procedure	gative Pressure in-Friable Procedu	re			
	-		Is L	oca	tion					Ab	atem	ent T	уре
Location Asbestos-Containing TO BE AB/ IN Facili (13)	Material (ACM ATED	,	Used Main Custo	tena	ely by ince/ Staff?	Asbe (i.e	Description of estos Containing Ma e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			'es	No	N/A				000 85	NZ			
Room 308				X		Floor t	ile		900 SF				
											Ш	П	
Name of Registered Was	ste Hauler				JDEP \		Cubic Yards of	Name of Regis					
SERVICE TRANSPO	ORT GROUP	, INC.		1	lauler II 20990		Waste 2 Cu Yds	10000-100005770-100000107	LANDFILL				
City, State	AUGGORDON		1				Disposal Date	City, State	upo ou uco	•			
NEW CASTLE, DE	19720						3/16/12	WAYNESE	BURG, OH 4468	5			
Completed By (Print or T	уре)	Title Ger	neral	Mai	nager		Signature	Praigoni	1-il Di	3/2	11.	7	
							/	- gyrgen	1	,			

ASB-41 G-I 12050

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

#### Nonch

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

Cha				F 5.7	( D	0	N I I	1 11 11 12		-		
Date of Notification (1)	28 /	12			of Building ris Elm L	Owner/Operator (2	10					,
2 /							II D	7 2012	1,000	4		
Agencies Notified ☑ EPA	Type Notification	on		20000000000000000000000000000000000000	Address I <b>m St., S</b>	Suite 1C	II II M	AR / ZUIZ				
□ DOLWD		1 ±1 # 2		City, S	tate, Zip C	ode	18	BESTOS COM ROL &				
☑ DHSS	Amendmen  Emergency			Mor	ristown,	NJ 07960	1	MCFR211 2		-		
☐ DCA (NJAC 5:23-8)	justification			Name	of Contact			Telephone Numb	er			
(110) 10 0.22 07	☐ Cancellatio			Sha	un Mekk	awy		GEO - IN The Wall				
				FAC	ILITY IN	FORMATION	-Ar-					
Name of Facility Where	Abatement is Ta	king Place	(3)				Type of Facility					
Regency on Elm							School (K-12	() (Other than K 12)				
Street Address							☐ Subchapter 8	(Other than K-12) rivate and commerce	cial buil	dings	3,	
41 Elm St.							homes, etc.)					
City (5)				•			Square Feet	# of Floors		g. Ag	е	
Morristown							70,000	5		0+		
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Morris												
Name of Monitoring Firm	n Hired by Buildir	ng Owner	(8)	ASCM	No.	Name of Abateme						-
Criterion Labs, Inc						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
3370 Progress Dr						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					
Bensalem, PA 190	20					BRISTOL, PA	19007					
Project Manager for Mo			Tel	ephone	No.	Telephone No.		License No.				
Mike Panapresso			2	15-244	-1300	215-788-6040	)	00509	—puoces.			
Start Date (10)	Sc	cheduled C	ompl	etion Da	te (11)	Name of OSHA						. 1
2 / 23	/ 12		_ 2	9_/	12	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status Durin	ng Abatement (C	heck only	one)			Street Address				9.2		
☐ Facility Closed/Vaca				ement		1123 BEAVE	R STREET					
Abatement Performe	ed Outside of Nor	mal Facili	у Но	ırs - Des	cribe	City, State, Zip C	ode					
Time of Abatement:	8:00AM-4:00PM	W/F	M	AM		BRISTOL, PA	19007					
Scope of Work (Check	all that apply)						The second					
Parameter and the control of the con	an and approy	F7 -				Full Cor     Mini-En	tainment with Ne	gative Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		⊠ R	enova emolit			☑ Gloveba	a Procedure	THE PARTY OF THE PARTY OF				
☑ ≥100 si oi <u>&gt;</u> 200 ii						☐ Non-Ex	empted (*) and N	on-Friable Procedu				
			s Loc				1021			-	ent T	1
Location		110	Norm	ally lely by	Ach	Description estos Containing M	of aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containin TO BE AB		M	ainter	ance/	(i.e	e., thermal systems	insulation,	(Specify	nov	air	aps	lost
IN Fac		Cu		I Staff?		surfacing, VA7	Γ, or	SF or LF)	<u>a</u>		ulat	Тe
(13	)	\	(12 T N	T	-	other miscellan	eous)				Ġ	
		Yes	+=			1-0		250 LF				
Boiler room				$\perp \square$		sulation		125 SF				
Boiler room				$\Box$	Tank li	nsulation		123 31				旨
									무	금	1	岩
								11 151		Ш	Ш	1_
Name of Registered W	aste Hauler			NJDEP		Cubic Yards of		istered Landfill				
SERVICE TRANS	PORT GROUP	, iNC.		Hauler I 2099	20	Waste 10		LANDFILL				
City, State						Disposal Date	City, State	DUDG OU 4469	Ω			
NEW CASTLE, DE	E 19720					2/29/12	WAYNES	BURG, OH 4468				
Completed By (Print or	Type)	Title				Signature		. 6	ate	100	1.	
Brian Scafiro	9-00 W	Estim	ator			Bru	n Scape	rope)	2/	25	118	

CR# 2238

Date of Notification (1)			-	Name	of Buildin	ng Owner/Operator (	)\=====	C10		-		
	02 /	12		The state of the s		k University Med		居工财富	In	$\overline{\Pi}$		
Agencies Notified  ☐ EPA  ☑ DOLWD	Type Notifica  ☑ Initial  ☐ Amended			20		t Avenue	MAR MAR	7 2012				
☑ DHSS	Amendme			1000	State, Zip	· · · · · · · · · · · · · · · · · · ·	1	2012	and the same	į		
☐ DCA	☐ Emergen	cy (includin	g			k, NJ 07601			-	1		
(NJAC 5:23-8)	justification			500/E2011 A.S.	of Conta	9.71	550E311	Telephone Num	ber			
	☐ Cancellat	tion		Fac	ilities D	ept			_	1970		
				FA	CILITY II	NFORMATION	*					
Name of Facility Where		Taking Place	(3)				Type of Facility (	20. <b>5</b> 0				
Pascack Valley Hos	spital						School (K-12)					
Street Address								(Other than K-12 ivate and commer		ilding	ıs.	
250 Old Hook Road	ŀ						homes, etc.)				,-,	
City (5)							Square Feet	# of Floors	Ble	dg. A	ge	
Westwood							100,000	3		40+		
County (6)				Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)			
Bergen							Hospital					
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Pennoni Associate	s Inc.					BRISTOL EN	VIRONMENTAL	., INC.				
Street Address						Street Address			7			
515 Grove Street						1123 BEAVE	R STREET					
City, State, Zip Code					1.	City, State, Zip Co	ode			-		
Haddon Heights, N	J 08035					BRISTOL, PA	19007					
Project Manager for Mon			Tele	phone	No.	Telephone No.		License No.				
Alan Lloyd			8	56-547	-0505	215-788-6040		00509				
Start Date (10)	Is	Scheduled C	omple	tion Da	te (11)	Name of OSHA M	lonitor	1				
3 / 12 /	A 100 A	4	200			BRISTOL EN	VIRONMENTAL	INC.				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate				ment		1123 BEAVE	STREET					
☐ Abatement Performed					cribe	City, State, Zip Co						
Time of Abatement: 7						BRISTOL, PA						
Scope of Work (Check a	II that apply)				- 22	DIGIOTOL, FA	13007					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	п пас арріу)	⊠ Re	enovat emoliti	ion on		☐ Mini-Enc ☐ Glovebag	cainment with Nega losure g Procedure mpted (*) and Nor		re			
			Loca						Ab	atem	ent T	уре
Location			Norma			Description o		in	Z)	Ŋ,	Ш	ш
Asbestos-Containing TO BE ABA			intena			estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facil		Cus	todial		(	surfacing, VAT,	or	SF or LF)	<u>×a</u>	-	usc	sure
(13)			(12)	T	-	other miscellane	ous)				ate	"
		Yes	No	N/A					+_	_	_	-
Throughout					VAT	The second second second		45,945 SF				닏
Throughout					Mastic			45,945 SF				
Name of Registered Was		P. INC.	11 (25.77	IJDEP I lauler II	O No.	Cubic Yards of Waste	Name of Regist					
				20990	)	350 Cu Yd Disposal Date	City, State					
City, State  NEW CASTLE, DE	19720					4/13/12		JRG, OH 44688	3			
Completed By (Print or T	ype)	Title				Signature	0.	, , Da	ite ,	,		
Gino Pizzigoni	100 M	Estima	tor			Deno 1	izzigoni	fil .	3/2	110	Z	