UCASSG PAII	NOTII)	Pursu	ION OF ant to N	of New Jersey ASBESTOS A JAC 8:60 and ilding Owner/O	ABATEM 12:120)	ii.		1	E	7 m () 10	[3: = 1		
Date of Notification (1) 03/08/19			mes M			•	4 - 1 - 2	MA	AR 14	2019)	1 100	4
Agencies Notified Type Notification		Stre	et Addr	ess				1				-	
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Emergency (in justification) DCA Emergency (in justification) Cancellation	ncluaing	150.000	ne of Co mes N					Telephon	ie Numb				
		F	ACILIT	Y INFORMAT	ON	Type	of Facility (4)						-
Name of Facility Where Abatement is Taking Private House Street Address	Place (3)						School (K-12) Subchapter 8 Other (i.e. privetc.)	(Other tha	an K-12) nmercial	building	gs, ho	mes,	
City (5)						Squa	are Feet	# of Floo	ors	Bldg	. Age	1	
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Bergen	(0)	1	ASCM N	100 100 100	Name	of Ab	atement Contr	actor (9)					
Name of Monitoring Firm Hired by Building C Competent Supervisor	Owner (8)	1	45CIVI I	NO.			y Construct			- 72 - 27			
Street Address					Street			11					
							te 46 Suite Zip Code	14					\dashv
City, State, Zip Code					Tota	owa l	NJ 07512						_
Project Manager for Monitoring Firm		Те	lephone	e No.	250,000,000	hone 832	No. 4244	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ense No 1379).			
Start Date (10)	Scheduled 03/27/19		letion D	ate (11)			SHA Monitor s above						
03/20/19 Occupancy Status During Abatement (Chec						t Add							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Aba	Abatement							DE-15		-		
Scope of Work (Check All That Apply)													
		novatio molitio				X	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure		le Proc	edure	e	
	ls L	ocatio	n							,	Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	rmally Solely tenandial St (12)	/ by ce/	Asbestos C (i.e. therr	Descriptiontaining nal syste rfacing, er miscel	Mate ms ins VAT, o	sulation, or	Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
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Basement			X	Pi	pe insu	ilatio	n	10	UII	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		^	
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		l NI	JDEP V	Vaste Ci	ıbic Yard	ls	Name of	Registere	ed Landfi	ill			
Name of Registered Waste Hauler Academy Construction Inc		Н	auler ID 34422	No. of	Waste			ss Landf	fill				
City, State Totowa NJ					sposal D BD			sville, PA		>-4-			
Completed by Filip Geleski	Title Supe	ervisc	or	·	Signa	iture	Filip De	les Mi		03/08	/19		

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

0 2

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification Name of Building Owner/Operator 2 6 MACY'S CORPORATE SERVICES Agencies Notified Type of Notification Street Address USEPA Initial 7 WEST SEVENTH STREET Notification Amended City, State, Zip Code Cancellation CINCINNATI, OHIO 45202 **EMERGENCY** Name of Contact Telephone Number Ralph Coppola 973-265-9763 FACILITY INFORMATION Type of Facility) School (K-12)) Sub-Chapter 8 (Other than K-12)

DEP X **DCA/DOL** X DOH Name of Facility Where Abatement is Taking Place MACY'S STORE - Menlo Park Mall Street Address (X) Other (I.e. private & Commercial buildings, homes, etc.) 275 PARSAONAGE ROAD SF of Bldg. # Floor Age of Bldg. City County County Code 1 MILLION +SF 3 50+ State use Only Current Use (prior if being demolished) EDISON, NJ UNION Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatment Contractor PENNONI ASSOICATES ACM CONSULTING CORP. Street Address Street Address 24 COMMERCE ROAD 2150 STANLEY TERRACE City, State, Zip Code City, State, Zip Code NEWARK, NJ 07102 UNION, NJ 07083 Project Manager for Monitoring Firm Telephone No. Telephone Number License Number TO BE DETERMINED TO BE DETERMINED 908-687-1008 00575 Scheduled Start Date Scheduled Completion Date Name of OSHA Monitor 2019 2019 **EMSL ANALYTICAL** Month Day Year Month Day Year Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Outside Normal Facility Hours City, State, Zip Code Describe: 9:30PM TO 7:00AM Other - Describe: NEW YORK, NY 10118 Scope of Work (Checl Only One) Abatement Method Demolition Full Containment with Negative Pressure >3sf or >3lf Mini-Enclosure > 160sf or > 260lf Glovebag Procedure Renovation X Non-Friable Procedure Is Location Normally Describtion of Amount to be Abatement Type Location of ACM Facility Used by Custodial Staff ACM to be Removed Yes NO N/A Removed (Specify SF/LF) Rem. Rep. Enc. Encl. GROUND FLOOR CONSTRUCTION AREA FLOOR TILE 2000SF X 1st Floor LUGGAGE AND LINENS VAT & Mastic X 3250SF Name of Registered Waste Hauler NJDEP Waste ID No. Cubic Yds waste Name of Registered Landfill SW1896 TBD MINERVA ENTERPRISES, INC Disposal Date City, State of Registered Landfill

TRI-STATE TRANSFER ASSOC., INC. City, State BRONX, NY TBD WAYNESBURG, OHIO Completed By (Print or Type) Title Signature Date Regina Smolar GENERAL MANAGER 3/8/2019

455 Gederal No	AID otification of Ash	estos Aba	atement (Pui	rsuai	nt to NJAC 8:60-7 and 12:12	20-7)	MAR	5 U 14	2019	
Date of Notification		Nam	ne of Building	Own	er/Operator	.0-77				-
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USEPA X X DEP	of Notification Initial Notification		et Address Broadway					42.44	An other, to	24 8
X DCA/DOL X DOH	Amended Cancellation		State, Zip Co York, NY 10							
		Nam	e of Contact			Telephone Num	ber			
		Ralp	h Coppola		011	973-265-9763				
Name of Facility Where Abate	ement is Taking P	lace	LITY INFORM	IAII	Type of Facility					
					() School (K-12)					
Bloomingdales Shops at Rive Street Address	rside				() Sub-Chapter 8 (Other(X) Other (I.e. private & 0 buildings, homes, etc.)	than K-12) Commercial				
390 Hackensack, NJ 07601				SF	of Bldg.	# Floor		Age	of Bldg.	
City	County	County		_	1 MILLION +SF		3		50+	N.
EDISON, NJ	UNION	State us	se Only	Cur	rent Use (prior if being demo	lished)				
Name of Monitoring Firm Hire	d by Building Own	ner	ASCM No.	Nan	ne of Abatment Contractor			-00		
PENNONI ASSOICATES				ACE	A CONCULTING CORD					
Street Address				_	M CONSULTING CORP. et Address					
24 COMMEDOS DOAD										
24 COMMERCE ROAD City, State, Zip Code					O STANLEY TERRACE , State, Zip Code					
NEWARK, NJ 07102 Project Manager for Monitoring	3 Firm	Telephon	e No.	UNI	ON, NJ 07083	License Number	*)			
TO BE DETERMINED	TO	BE DETER	DMINIED	000	697 4000		_			
Scheduled Start Date	Scheduled Comp				-687-1008 ne of OSHA Monitor	0057	5			
3 18 2019					SL ANALYTICAL					- 2
Month Day Year	Month Day	Year			et Address					
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X Abatement Outside NormX Describe: 9:30PM TO 7	nal Facility Hours				State, Zip Code					
Other - Describe:		-		NEV	V YORK, NY 10118					
Scope of Work (Checl Only Or Demolition	ie)		Abatement							
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Name of Registered Waste Ha	uler	INJDF	P Waste ID N	No	Cubic Yds waste	Name of Registe	rod! s-	Men		
TRI-STATE TRANSFER ASSO	C., INC.		SW1896		TBD	MINERVA ENTE			1C	
City, State BRONX, NY		Dispo:	sal Date		City, State of Registered La	ndfill		-,		
Completed By (Print or Type)		Title			WAYNESBURG, OHIO Signature)		Date		
Regina Smolar		CENE	RAI MANAC	CED	//	1		Date	nares vara	

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× DOH justification □ DCA □ Cancellation			eg Bak	Y INFORM	ATION	1							120	7
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Greg Baker's Residential							F C	hool (K-12) bchapter 8	Other	than K-12)		. ho	moc	
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Hunterdon Name of Monitoring Firm Hired by Building	Owner (8)	1	ASCM N	lo.		Name	of Abate	ment Contr	ractor (9)				
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Street Address								per Aven	ue					
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Project Manager for Monitoring Firm		Te	elephone	No.			hone No -899-90			01336		- 52-53-		
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Start Date (10) 3/20/2019	4/15/201			20 69			et Addres							\dashv
Occupancy Status During Abatement (Che	ck Only One	nly One)						5						
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Scope of Work (Check All That Apply) X ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Re	enovati emolitio	on				Mir	ni-Enclosure	e cedure	n Negative F			9	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	Soleh ntenan odial S (12)	ice/	(i.e. t	herma	l syste	g Materia ems insul VAT, or llaneous)	ation,	(Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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		1.	NJDEP V	Naste	Cubi	ic Yar	ds	Name o	of Regis	stered Land	fill	1		
Name of Registered Waste Hauler MKD Property Maintenance LLC		F	Hauler II 03799	No.	of W	laste D		Waste City, St	e Man	agement	- Fair	less	Lan	llift
City, State					Disp	osal [Jale	Morr	isville	, PA 1906	67			
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Project #		A	1000	Total Services)	

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

Check # 4577

Date of Notification (1)			Name	of Buildin	g Owner/	Operato	r (2)		. Commen			-			
03/08/2019			Beth I				. ,					0 1	5	N I	7
Agencies Notified Type Notification			Street	Address					574.	7) T			-	-	
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Name of Facility Where Abatement is Takin	g Place	(3)	FAC	CILITY IN	OKMAI	ION	Typ	e of Facility	(4)	,	The section		Marche .	. 7000	
Residence	_						[m]	46	202						
Street Address							H	School (K Subchapte	er 8 (Oth						
								Other (i.e. etc.)	private	& comr	nercia	l bui	ldings	, hom	es,
City (5) Randolph, NJ 07869							Squ	are Feet	# 0	of Floors	\$	I	3ldg. /	Age	
County (6) Morris				Code (7)			Curr	ent Use (P	rior if be	ing den	nolish	ed)			
Name of Monitoring Firm Hired by Building	D						<u> </u>								
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Street Address						-		oration L	LC						
ouest/ idaless						Street		side Rd							
City, State, Zip Code							CANAL COLUMN	Zip Code							-
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Project Manager for Monitoring Firm	roject Manager for Monitoring Firm							, 143 07 0 No.	09	Licen	se No	1			
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Occupancy Status During Abatement (Chec	k Only C	ne)				Street									
Facility Closed/Vacated During Entire F	eriod of	Abaten	nent			2333	Rt 2	2 West							
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Scope of Work (Check All That Apply)															
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Statement of the last of the l	Renova Demoli						ill Containn ni-Enclosu		Negati	ive Pr	essu	re		
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Location of Asbestos-Containing Material (ACM)		ed Sole		Asha		scription			١.	roman a morror w			·,	-	
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Name of Registered Waste Hauler			JDEP W auler ID		Cubic of Was			Name of	Registe	red Lan	dfill				
Nick Restoration LLC		19889	03378		TBD			G.R.O.	W.S						
City, State Randolph, NJ		1/			1	al Date		City, Star							
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Nikica Mrda													019		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 03 11 19 Arlene Lombardi Agencies Notified Type Notification Street Address **⊠** EPA **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Fairfield, NJ 07004 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Arlene Lombardi **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Lombardi Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Fairfield 1.981 2 57 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Enviro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03 / 20 / 19 03 / 22 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If ☐ Mini-Enclosure ≥160 sf or ≥260 If ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Removal Enclosure Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Lower Level Living Room & Hallway \boxtimes Floor Tile 274 SF \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 1 City. State Disposal Date City, State Freehold, NJ 03/22/2019 Morrisville, PA Completed By (Print or Type) Title Signature Date Christina Lynch Vice President of Operations 31119

State of New Jersey

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DATI	N	OTIFK	CATIO	N OF ASE	SESTOS ABATER 8:60 and 12:12	MENT	M/	AR 1	4	201	9
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Project Manager for Monitoring Firm		Tek	ephone	No.	856-77	9-0472	# 013	371			_
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Cocupancy Status During Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facilit	y Hou	#S		City, State, Zip C	Code					_
Other - Describe:							antive Pressure				
Scope of Work (Check all that apply)			·~		Moni-En	ntainment with Ne closure	gauve riessure				
>3 sf or ≥3 H √2 ≥160 sf or ≥260 H	XX	enovat Milome	on		Gloveb	ag Procedure cempted (*) and N	on-Friable Procedu	re			
₩ 5100 st or 5500 m	Is	Locati	on					A	bater Typ		
	Usek	ormality Sole	y ty by		Description of stos Containing Ma	of sterial (ACM)	Amount			Er	Г
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TO BE ABATED IN Facility		Staff?			surfacing, VAT other miscellane	ous)		oval	alr	ulate	ome
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NOTIF	ICATION	OF	ASBI	ESTO	SABA	TEMEN	T
	(Pursuan	t to I	NJAC	8:60 a	and 5:	16)	

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Name of Monitoring Firm	Hired by Buil	ding Owr	ner (8) [ASCM	No.	Name	of Abateme	ent Contractor (9)						
							Gr Tec		CONTRACTOR							
Street Address								Address								
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City, State, Zip Code	ity, State, Zip Code							ate, Zip Co					15-13-0-0-3			
					Wayne	, NJ 0747	0									
Project Manager for Moni-	toring Firm			Tele	phone	No.	Telepho			Li	cense No.					
							973-63	8-1777		01	127					
Start Date (10)	10	Schedule					Name o	of OSHA M	onitor							
		200000000000000000000000000000000000000	-		_ / .	19	Enviro	vision Co	nsultants,Inc							
Occupancy Status During								Address								
□ Facility Closed/Vacate □ Abatement Performed	d During Enti	ire Period	of A	bate	ment		20-21 \	Wagaraw	Road, Bldg .#	# 35E						
Time of Abatement:	AM-	omai Fa PM/	CHITY	PM	s - Des	AM	City, St	ate, Zip Co	de							
						· · · · · · · · · · · · · · · · · · ·		wn, NJ 0				1				
Scope of Work (Check all	tnat apply)						H	Clean up	and decontarr ainment with N	ination	with negativ	e press	sure			
>3 sf or >3 lf 2 160 sf or >260 lf		\boxtimes		ovati			Ц	Mini-Encl	osure							
☐ ≥ 100 SI OF ≥200 II			Den	nolitio	n		×	Glovebag	Procedure npted (*) and N	Tent	with Negativ	e Press	sure			
			ls l	ocat	ion			NOII-EXE	inpled () and r	NOII-FII	able Procedi		1			
Location			N	ormal	ly		De	scription o	f				atemo			
Asbestos-Containing N TO BE ABA		A)		Sole	ly by nce/		stos Con	taining Mat	erial (ACM)		Amount	Removal	Repair	Encapsulate	Enclosure	
IN Facilit				dial S	Staff?	(I.e		I systems i			(Specify SIF or LF)	VOU	air	apsu	nso	
(13)		-		(12)	1	-	other	miscellane	ous)		J. J. Z. J.	<u>m</u>		late	Гe	
	Yes									1						
Basement					\boxtimes	Pipe ins	ulation			100	LF					
												П	П	П	П	
		T	1		П											
														닏		
Name of Registered Wast	e Hauler		1	N ID		Hauler ID No.	Cubic V	rale of the	No. 15	1					Ш	
									Name of Reg	jistered	Landfill					
Gr Tech LLC 003378:					5	TBI		T.R.R.F. In	С							
900 * 0. A0000000						Disposa		City, State								
Wayne, NJ 07470 Completed By (Print or Type) Title						TBI		Tullytown, I	PA							
200	pe)	Title						gnature	0 0	1	D	ate				
N.Jevtic ASB-41		Owner	0					//	Hewic Wenad 03/11/19							

PAID

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

CK 5004

Date of Notification (1)			1	Name of	f Building	Owner/Operator	(2) JUSTAT	AECE		M		
Agency Notified	Type Notification		18	Street A	ddress		<u> </u>	11:31				
DEP DEP DOL	☐ Initial ☐ Amended Amendment # ☐ Emergency (incl	hudin a	0	City, Sta	ate, Zip C	Code	. TN,	07015		019		Allega de la constantina della
DOH DCA	justification) Cancellation	uunig	1		f Contac	USTAFA		Telephone Number				***
						ORMATION		a la estada de de la compansión de la comp	arri e	344	q =,	
Name of Facility Where	Abatement is Taking	Place (3)			•		Type of Facility	(4)				
MR RA	FAT MUST	TATA			2.5			8 (Other than K-12)	Dec			
2							homes, etc.	rivate & commercial build)	mys,			
City (5) .				• • •	127		Square Feet	# of Floors Bld	J. Age	-		
CLET	70N			4			2100.	. Z	19	45	<u> </u>	
			10	County	Code (7)	(STATE USE	Current Use (F	rior if being demolished)				
A	SSAIC		- (ONLY)		e e	RESI	DEN CE				
Name of Monitoring Fir		wner	ASCM	No.		Name of Abatem	ent Contractor ((9)				
(8)						Best Rei	noval In	ıc				
Street Address				***************************************		Street Address						
				77 19		450 Sou	th River	St				
City, State, Zip Code						City, State, Zip C						
5-13-1						Hackensa	ack, N.J	. 07601				
Project Manager for Mo	onitoring Firm	Te	elephon	e No.		Telephone No.		License No.				
		10 11		(44)		Name of OSHA		1 00300		-		- (1)
Start Date (10) 3) 21 19		d Complet					monwo Environm	ental				
Occupancy Status Dun				/		Street Address	GIIVIIOIIII	lentar				
Occupancy Status Dun	ing Abatement (Oneo	·	7000				wler St					
 □ Facility Closed/Vaca □ Abatement Performs 	nted During Entire Peri	od of Abat	ement	ent 280 Huyler St City, State, Zip Code								
El Other – Describe:	8:00 Dr.	TO S	: >=									
Scope of Work (Check □ ≥ 3 sf or ≥ 3 if □ ≥ 160 sf or ≥ 260 if	all that apply)			☑ Reno □ Dem		D Full O Mini-	Containment with Enclosure ebag Procedure	h Negative Pressure				
		Is	Location	on					P	bate	pe pe	nt
Asbestos-Contain TO BE IN F	ition of sing Material (ACM) ABATED acility 13)	Normali ed Solei intenar Custodi Staff? (12)	ly by nce/ al	Asbe (i.e	Description stos Containing M thermal systems surfacing, VA other miscellan	aterial (ACM) insulation, I, or	Amount (Specify SF or LF)	Removal			Enclosure	
		Yes	No	N/A					\perp	_	_	
BASEMEN		0		VAT		130SP	X					
			٠	*-		74 14	1					
									L			
						40						
Name of Registered W Best Rem			No.	Vaste H	lauler	Cubic Yards of Waste	100	istered Landfill a Enterprise	Q	T.1	T.C	
			17	109		21/201		a Encerprise	5	, 11.		_
City, State	ols N T	07601				Disposal Date 3/22/19	City, State	ahuma OF 11	60	0		
Hackensack , N.J. 07601 Completed by Title						3/22/19 Signature	wayne	sburg, 0h,44	00	,		-
J. Maioran	1	stima	tor			Signature ~	سممض	9 1	3/11	/1	9	
J.Maloran	0 1 E	эгтша	tor (Similar								1	_

of acol			- 27					25		1 1 1	MAI	7 1 4	- 20	19	kna
Date of Notification (1) 03/07/2019					Building County				ls & Speci	al Se	rvices		-,-	2	
	Type Notification Initial			Street Ac 327 Ea	dress ast Ridge	ewood	Ave		1)			1 1			*
× EPA × DEP × DOL	Amended Amendment				te, Zip Cod us NJ 0										
	Emergency (justification)	including		Name of	Contact					Tele	phone Nu	ımber			
DOH DCA	Cancellation			Jodice	Thomas	3				20	1-343-60	000			
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Al Bergen County Acad		g Place (3)							of Facility (4 School (K-12	2)					
Street Address 200 Hackensack Ave	е							×	Subchapter 8 Other (i.e. pr etc.)				lings,	home	s,
City (5) Hackensack NJ								Squar	re Feet	# of	Floors	В	ldg. A	ge	
County (6) Bergen				County C	code (7) ISE ONLY)				nt Use (Prio		ng demolis	shed)			
Name of Monitoring Firm I		Owner (8)		ASCM	No.				tement Cont rprises LL		(9)				
Street Address 1253 N Church St								Addres							
City, State, Zip Code Moorestown NJ 080	57						- 1985 Alk	State, Z In Par	ip Code k						
Project Manager for Monit Michael R Stocku	toring Firm	=		Telephor				none N			License 01129	No.			
Start Date (10) 03/30/2019		Schedule	d Con	100000000000000000000000000000000000000			Name		HA Monitor		, 1 . 1 . 1 . 1 . 1 . 1				
Occupancy Status During	Abatement (Chec							Addres							
➤ Facility Closed/Vaca			2						erland Av	/e					
Abatement Performe Other – Describe:	ed Outside of Norr	nal Facility	Hours	atement											
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Mir Glo	II Containme ni-Enclosure ovebag Proc n-Exempted	edure	-			e	
			Locati							. /			Abate	ement pe	
Location			lormal d Sole				scription					-	١,		
Asbestos-Containing I TO BE ABA In Facilit (13)	TED	Ma	intenar odial S (12) No	nce/	thermal surfa			(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
		165	140								- OF				
Lower level utility	room 028a			x glue d				ts		3	5 SF			X	
			1 200			0.11	\/ 1		l Name of						
Name of Registered Was DYV Enterprises LLC			H	IJDEP W lauler ID 03414(No.	of Wa			Name of F						
City, State Lincoln Park NJ							sal Date	Э	City, State		19007				
Completed by		Title	Signature					11.0							
Dorian Carpio		20192500	nager Loud N						o Da	10	0	03/07/	2019)	

107	具和社														
Date of Notification (1) 3/4/19				Name of Reside	Building C	Owner/C	perator	(2)			MAR 1	4 20	019	1	الميا
Agencies Notified Ty	pe Notification			Street Ad	ddress							11.5			
EPA DEP DOL	Amended Amendment				te, Zip Coo ford, NJ)						. Server 1		
DOH DCA	Emergency (i justification) Cancellation	ncluding	4.3	Vince I	Contact Mamome					Telep	hone Nur	nber			
Name of Facility Where Abo	toment in Taking	Place (2		FACII	LITY INFO	RMATI	ON	Tv	pe of Facility (4	1)					
Name of Facility Where Aba Residence Street Address	ternent is Taking	J Place (3	<u>,</u>						School (K-12 Subchapter	2)	than K-13	2)			
Street Address								×	Other (i.e. pretc.)	rivate &	commerci	al build			s,
City (5) Rutherford								1000000	uare Feet 248	# of F	Floors	2332	ldg. A	ge	
County (6) Bergen				County C	Code (7) JSE ONLY)			Cu	ırrent Use (Prio	r if being	g demolish	ned)			
Name of Monitoring Firm Hir A. Seine Lighthouse S		Owner (8)		ASCM	l No.				batement Conf ank Service		9)				
Street Address PO Box 354				•			Street 1256		ress perty Avenu	е					
City, State, Zip Code South Orange, NJ 070	179								, Zip Code NJ 07205						
Project Manager for Monitor Sarah Calandra	ing Firm			Telephor 201-34	ne No. 19-2666		Teleph 844-		e No. 2-7465		License N 01316	0.			
Start Date (10) 3/20/19		Schedule 4/5/19	A. S						OSHA Monitor E Lighthouse	Soluti	ions				
Occupancy Status During A	batement (Chec	k Only On	PO												
Facility Closed/Vacated Abatement Performed Other – Describe:	d During Entire F Outside of Norm	Period of A al Facility	Abatem	atement ours PO Box 354 City, State, Zip Code South Orange, NJ 07079											
Scope of Work (Check All T	hat Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				>>		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				e	
		le	Locati	on					THE PROPERTY OF	()	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Abate	ement	
Location of		1	Normal	ly		De	scription	n of				-	Ту	pe	
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)		Ma	d Sole intenar todial S (12)	nce/		thermal surfa		s ins		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basemen	1		X			Pi	pe Wra	ap		100	0 LF	х			
Basemen			X				loor Ti	- CONT.			0 SF	Х			
Name of Decisters 4.04-	Haular		l N	JDEP W	lacto	Cubia	Yards		Name of	Pagistor	ad Landfil	_			
Name of Registered Waste Newark Carting	ndulef	Н	lauler ID 4509		of Wa			Waste I	99000			11			
City, State East Orange, NJ						Disposal Date				e rgyle, F	PA				
Completed by Alison Lamers		Title Office	e Mar	nager			Signatur	e	MUS		Di C	ate 5	19		

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Print	-orm

	PACING.	NOTIF		tate of Ne N OF ASB			MEN	T		L U	l=		y (-7194			
CK3120 PA	D			to NJAC				•	1 (m) -1 m	Y				and the same			
Date of Notification (1) 3/4/19			Name o	of Building ence	Owner/0	Operator	(2)			MAF	7]	4 20	119				
Agencies Notified Type Notification			Street A	Address						Lisanti -	July 9	34	4.3				
× EPA × Initial		-	City St	ate, Zip Co	odo									6			
X DEP X DOL X DOL X DOL X DOL X Initial Amended Amendment ≠				, NJ 070						P = 10 - 10		H (1 1 1 1 2	w., 1	28			
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding	'		of Contact					Te	lephone Nu	mber						
DCA Cancellation				lueller							-70						
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFO	ORMATI	ON	Typ	e of Facility	(4)								
Residence								School (K-	100000								
Street Address								Subchapte Other (i.e.	r 8 (Oth			dinac	hom	00			
Oib. (E)							×	etc.)				10.700 S.C		es,			
City (5) Union							Squ 4,7	are Feet 91	2	f Floors		Bldg. A	ge				
County (6)				Code (7)				ent Use (Pr	10.000	ing demolis		6.1.6		_			
Union			(STATE	USE ONLY,		— Sanoti See (First it being sentonated)											
Name of Monitoring Firm Hired by Building O A. Seine Lighthouse Solutions	wner (8))	ASCM No. Name of Abatement Co Brinks Tank Service														
Street Address			Street Address							Jes							
PO Box 354 City, State, Zip Code			1256 Liberty A City, State, Zip Co						nue								
South Orange, NJ 07079								VJ 07205									
Project Manager for Monitoring Firm Sarah Calandra		100	Telepho 201-34	Teleph 844-4				License N 01316	No.								
	Schedul 4/5/19	ed Con	ompletion Date (11) Name of OSHA Monit A. Seine Lightho							ıtions							
Occupancy Status During Abatement (Check		ne)	A. Seine Lighthous Street Address						- 5010	ations				_			
Facility Closed/Vacated During Entire Pe	eriod of	Abatem	ent	-		PO B											
Abatement Performed Outside of Norma Other – Describe:	I Facility	y Hours						Zip Code	07070								
Scope of Work (Check All That Apply)		197		2-3 1 1 1 1		Sout	n Or	ange, NJ	07079	}							
≥3 sf or ≥3 If	П	Renova	tion			Full Containment with Negative Barrey						ro					
≥160 sf or ≥260 lf	_	Demolit				Full Containment with Negative Pressure Mini-Enclosure											
						Ě		lovebag Pro on-Exempte	cedure d (*) an	d Non-Frial	ole Pro	cedur	е				
	100	Locati										Abate	ement	t			
Location of Asbestos-Containing Material (ACM)		Normali ed Sole		Aabaa		scription		al (ACM)			-	1 9	pe	Γ			
TO BE ABATED	1.0000000000000000000000000000000000000	intenar todial S			thermal	systems	s insu		(5	mount Specify	Re	R	Encapsulate	E			
In Facility (13)	000	(12)	Aur.			cing, VA)	SF	or LF)	Remova	Repair	apsu	Enclosure			
	Yes	No	N/A				•				<u>a</u>	7	late	IГе			
Basement	Х			Pipe Wrap					0 LF	Х							
¥																	
Name of Registered Waste Hauler		2.00	JDEP Wauler ID		Cubic of Was			Name of	Registe	ered Landfil	l l						
Newark Carting			1509	140.	OI VVAS	ole.		Waste	Mana	gement L	andfi	II					
City, State East Orange, NJ					Dispos	al Date		City, Stat		DA							
Completed by	Title					ionature		Penn A	igyle,	PA In:	ato	1					

Office Manager

Alison Lamers

	TO	ATT	Q.						11 1 2 4 4	or organization	475-04-03-0		autor*		Pri	nt Fo
UK ODE	247 500	ALL		CATION	ate of Nev I OF ASB to NJAC	ESTOS	ABATE		r ,	E.	C E		V			
Date of Notification (1) 03/11/2019					f Building hemour			(2)		Ì	MAR 1	4 2)19		l lu	IJ.
Agencies Notified EPA	Type Notification		- 8	Street A	ddress Market S	Street			- 1	mants.			i,	201		
DEP X DOL	Amended Amendment				ite, Zip Co ngton, D		99		2	1511516	- 1		-yaq	VICE I		
DOH DCA	Emergency justification) Cancellation		133	Name of Jim La	f Contact icey					100000000000000000000000000000000000000	ephone I					
				FACI	LITY INFO	ORMATI	ON									_
Name of Facility Where A								Тур	e of Facility (4							
Street Address Canal Road				185				×	Subchapter Other (i.e. pretc.)	8 (Oth			ildin	gs,	home	es,
City (5) Deepwater								Squ 150	iare Feet 00	# 0	f Floors		Bldg 50-	g. Ag	ge	
County (6) Salem					Code (7) USE ONLY	,			rent Use (Prio emical Plar		ing demo	lished)	ned)			
Name of Monitoring Firm Harvard Environme		Owner (8)		ASCM	1 No.				batement Cont burg Indust			Comp	anv	,		
Street Address 760 Pulaski Highwa	ay						Street	et Address 17 Spillman Drive								
City, State, Zip Code Bear, DE 19701							City, State, Zip Code Bethlehem, PA 18015									
Project Manager for Mor	itoring Firm		11 8	Telephor	ne No. 26-2333		Teleph	none	separate to the property of the separate of th	-	License					
Start Date (10) 3/25/2019		Scheduled	d Com				Name	of OS	SHA Monitor		00721	L	_			
Occupancy Status During	g Abatement (Chec	04/11/19 k Only One					Bran Street	Addr	ess							
Facility Closed/Vac	ed Outside of Norr	nal Facility I	oatem Hours	ent			100000000000000000000000000000000000000		Ilman Drive Zip Code	;						
Scope of Work (Check A		25/19					Beth	lehe	m PA 1801	15						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	777		enovat emoliti				×	7	ull Containme lini-Enclosure lovebag Proc lon-Exempted	edure				dure	ı	
Location	o of	10000	ocatio	8		Do	arintian	of					Al	oate Typ	ment e	
Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	Mair Custo	Solel itenar dial S (12)	nce/		tos Cont thermal surfa		Materi s insu T, or		(8	mount Specify or LF)	Kemova		Repair	Encapsulate	Enclosure
J94		Yes	No	N/A X		Eleor	Tile/M	ootie		E	30 SF	v	1		te	
J94				X					-			X	+	4		
J94 J94		X			Roofing	<u> </u>			40 SF	X	+	-				
J94		X			Insula ow Gla				30 LF 30 LF	X	+	-				
Name of Registered Was			N.	JDEP W	/aste	Cubic		121116	Name of F							
Brandenburg Industr		npany	H	auler ID 838		of Was	ste		Salem C	Cty La			urs	Or	site	
City, State Bethlehem, PA						A 100 CO	al Date 19-4/1		City, State Alloway		ship/De	epwa	ter	NJ		
Completed by Stephen Carne		Title Enviro	nme	ntal Ma	anager	S	ignature	/_	0/2		- 1	Date 3/11/2	201	9		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check # 25814

0125814	PA	m	(P	ursuant	to NJAC 8	:60 an	d 12:12	0)	 		P	1	E	ηΠ	7	5 L.
Date of Notification (1) 3/12	/2019	· Pulled		Name o	of Building C	Owner/C		r (2) Loel	b ;			IJ.	<u>E</u> ,	1		
Agencies Notified	Type Notification			Street A	Address						4	MAD	1 /	1 20	110	
EPA DEP DOL	Initial Amended Amendment Emergency		_	City, Sta	ate, Zip Coo		Blassbo	oro,	NJ 08028	.j. (.)	¥ 	MAR			113	
Ď DCA	justification) Cancellation		· [Name o	of Contact Hele	en Lo	eb			Те	lepho	ne Nu	nber	-11	45.0	
N				FAC	ILITY INFO	RMATI	ON		107							- 177
Name of Facility Where	Abatement is Takin esidential	g Place (3)					Тур	oe of Facility (
Street Address								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth				dings	home	es,
City (5)	ington, NJ 0853	34							uare Feet 2400	# 0	f Floo	ors	1	ldg. <i>A</i> 90 +		
County (6) Glouce	ster				Code (7) USE ONLY)		_	Cui	rrent Use (Prid	or if be	ing de	emolish	ned)			
Name of Monitoring Firm	n Hired by Building (MECS	Owner (8)	ASC	M No.				batement Cor Environme			ces,	Inc.			
Street Address	PO Box 341					Street Address PO Box 322										
City, State, Zip Code Cl	nesterfield, NJ 0					City, State, Zip Code Allentown, NJ 08501										
	Project Manager for Monitoring Firm Bill Weisgarber						Telephone No. 609 298-4070 Telephone No. 609 259-968						0.			
Start Date (10) 3/22/2019		Schedul		Completion Date (11) Name of OSHA Moni 4/5/2019 MECS												
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)	Street Address PO Box 341												
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F ned Outside of Norm 8 am to 4 pm	Period of al Facility	Abaten y Hours	lement						515						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	III That Apply)		Renova Demolit				×	F	full Containme Mini-Enclosure Blovebag Proc Mon-Exempted	ent with					e	
		0.00	Locati Normal	100000											ement pe	
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	Use Ma	ed Sole aintenar todial S (12)	ly by nce/	(i.e. ti	os Cont hermal surfac	scription aining N systems cing, VA niscellar	Mater s insi T, or		(5	mour Specif or L	y	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						71-2					le l	
Basement X						ermal I	Pipe Ir	nsula	ation	1	80 11	f	Х			
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered L	andfill				-
Stevens Environmer			1 2 2 2	lauler ID 18292	No.	of Was	ste 2		Fairless	Lanc		S S				
City, State Allentown, NJ							al Date 2019	n.	City, State Morrisvi		A					
Completed by Title Mahlon E. Stevens Project Manager						S	ignature		U			Da	te 3/12	/201	9	

n	_
Print	Form

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Ch	eck#	25815	5
	3 6	FI	WE

Date of Notification (1) 3/12/2019			T	Name of Buil	ding Owne				FT 3000	1 14.	IJ.	£1	Line.	
	Notification			Street Addre	ee	- R	Johnson		- MA	p. 1	1 0	1019		
	Initial			otreet Addre	55				IVIA	11	7 6	UIS		
DEP	Amended			City, State, Z	ip Code				Lauran			N 19 11		
⊠ DOL □	Amendment # Emergency (in	cluding	-			Tinton F	alls, NJ 077	24	Ass.				÷	
NA DOH	justification)	icidaling	1	Name of Con				Te	lephone N	-				
	Cancellation				Gregory		1							
Name of Facility Where Abatem	nent is Taking I	Place (3)		FACILITY	INFORMA	TION	Type of Facilit	/4\						
Resid		\-/					A THE CONTROL OF THE PERSONS							
Street Address							School (F	(-12) ter 8 (Oth	er than K-	12)				
							X Other (i.e	. private	& commer	cial bu	ilding	s, hon	ies,	
City (5)	N. 1 0770 /						etc.) Square Feet	# 0	f Floors		Bldg.	Age		
	s, NJ 07724						2400		2		50			
County (6) Monmouth			(5	County Code STATE USE O	(7) NLY)		Current Use (F	rior if be	ing demoli	shed)				
Name of Monitoring Firm Hired		mer (8)		ASCM No.		Name	me of Abatement Contractor (9)							
MEC	S					Steve	ens Environn	Environmental Services, Inc.						
Street Address	ox 341		-383				Address	ress						
City, State, Zip Code	OX 041				*	-	ox 322							
Chesterf	field, NJ 085	515					ity, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring F				elephone No.			elephone No. License No.							
Bill Weisgarber Start Date (10)				309 298-40		609 2	09 259-9688 00493							
3/22/2019				letion Date (*9/2019	11)	Name of MECS	of OSHA Monito	r		300				
Occupancy Status During Abater	ment (Check C	nly One)				Street /	Address							
Facility Closed/Vacated Dur Abatement Performed Outs	ring Entire Peri	od of Aba	ateme	nt		PO B								
× Other – Describe: 8 am to	4 pm	racility Ho	ours											
Scope of Work (Check All That A	(viga					Ches	terfield, NJ 0	8515						
≥3 sf or ≥3 lf	1 I	X Pop	ovetio	_			Full Containment with Negative Pressure							
2160 sf or ≥260 lf	İ	The second	ovatio olitior			×	Full Containn Mini-Enclosu	nent with	Negative I	Pressu	re			
						H	Glovebag Pro	cedure						
		la I a					Non-Exempte	ed (*) and	Non-Friat	ole Pro	700			
Location of		Norr	cation nally		D-			1 12				ement rpe		
Asbestos-Containing Material	I (ACM)	Used S Mainte			estos Con	scription of taining Ma	ot eterial (ACM)	Ar	nount			İ		
TO BE ABATED In Facility		Custodia	al Sta	" "	.e. thermal	systems	insulation,	(S	pecify	Re	D	Enca	E	
(13)		(1	2)		other r	cing, VAT niscellane	ous)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes N	lo	N/A						/a	7	ilate	ure	
1st fl. Hallway, Closet, 1/	/2 bath	×				Grout		Q	0 sf	7/				
			+			Olout		0	J 51	X				
	+													
													_	
Name of Registered Waste Haule	r		NJD	EP Waste	Cubic	Yards	Name of	Register	ed Landfill					
Stevens Environmental Ser				Oubic Yards Name of Registered Landfill Fairless Landfill										
City, State		5041-257(977)	Dispos	al Date	City, Stat	é								
Allentown, NJ					100000000000000000000000000000000000000	2019	Morrisv							
Completed by Mahlon E. Stevens	1032	itle	1		Si	ignature	1711		Da					
		Project N	viana	ger		_///	1			3/12/	2019	9		

State of New Jersey NOTHICATION OF ASSESTOS ABATEMENT (Pursuant to NJA C 8:60 and 12:120)

r K U No	PAI			CATION OF A	SBESTOS ABATE			MAR	1	4 2	2019
Date of Notification (1)	7-19			Name of Buil	ding Owner/Operate		AROS				
Agenicies Notified	Type Notificat	ion		Street Addre			(A. /4 A.	1.67	in the second		yes.
⊠ cor	Amended Amendmer		_	City, State, Zi	OCTAN	CITY	N,T		-	i gallinaan	=
☑ DOH □ DCA	Emergency justification	n)	4	Nevine of Cork	aci ARKE		Telephone Nur	nber		-:-1	
	•			FACILITY II	FORMATION						_
Name of Facility Where	Abatement is Tal		æ (3)			Type of Facili	-12)				
Street Address			7/20			Subchapte Other (i.e.,	er 8 (Other than K-1 , private & commerc c.)	ial bu	ikdings	5.	
City (5)	Itan 1	(11				Square Feet 1500	# of Floors	TE	3dg. A		
County (6)				County Code USE ONLY)	(7) (STATE	Current Use (Prior if being demol	shed)			
Name of Monitoring Firm	MAY			SOM No.	Name of Abaten	nent Contractor	ACAWT (9)			_	=
(8) Name or Monitoring Fifth	I.A	OHIIG	_ _		K	LEMCO	INC				_
Street Address					Street Address	15.5P	RUCE ALL				_
City, State, Zip Code					City, State, Zip C	iple SH	ADE N.J	08	05	2	
Project Manager for Monit	oring Firm		Telepi	none No.	Telephone No. 856-77	9-0472	License No.	37	1		_
Start Date (10) 2 - 17 - 19	Sch	eduled C	ompletio	n Date (11)	Name of OSHA N	vionitor N/A					
Occupancy Status During	Abatement (Che	eck only	one)		Street Address						
Facility Closed/Vacated Abatement Performed (During Entire P	eriod of	Abatem	≄nt	City, State, Zip C	ode					=
Other - Describe: Scope of Work (Check all	that apoly)				Π F. # Coo	tainment with M	antivo Descrip				
>3 sf or ≥3 lf ≥160 sf or ≥260 lf	00.077.77	Der Der	novation molition		☐ Mini-End	closure la Procedure	egative Pressure on-Friable Procedu				
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		No	rmally Solely b	.	Description of			-	Typ	æ	_
Location of Asbestos-Containing Material IN Facility		Maint Cus	enance/ stodial taff?	Asbes	tos Containing Mate thermal systems in surfacing, VAT,	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes (12) No N	U/A	other miscellaneo	us)		val	*	iale	нө
SIDING		160	- X	(I	RANSITE		1000 SF	X			
JUING								-	-	-	\dashv
								\vdash	-	-	\neg
Name of Registered Waste	Under			P Waste	Cubic Yards	Name of Regi	stered Landfill				
	INC		Haruke 170	104 104	Disposal Date	City, State	CMUA				-
City. State MAPLE SHAV	E W.T					Wood		Ú,	T.	_	=
Completed By	Title	20.0			Signature	Mu	3-	7-	19		_
MICHAEL LOWE	1 1	PRES			- marile						

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State of New Jersey
NOTH-CATION OF ASSESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

MAR 1 4 2019

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Date of Notification (1)	7-19			Name of Buil	ding Owner/Operato	X (2) COWSTR	UCTIONT				
Agencies Notified	Type Notificat	ion		Street Addre	959 N	0 =				Stew	40.00
	Initial Amended		-	City, State, Zi	p Code			_		01	
⊠ DOL	Amendment Emergency	(includi	ng	Name of Con		4 MSTOU	ON N. J		XC	91	
□ DCA	Cancella tion		-	Name or con	JON		- actions non	106			
	1 .			FACILITY	NEORMATION				_		
Name of Facility Where	Abatement is Tal	king Plac	æ (3)			Type of Facilit	2				
Street Address	211/1/06				4.		r 8 (Other than K-1 private & commercial		iding	\$.	
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County (6)		,		County Code USE ONLY)	(T) (STATE	Current Use (F	Prior if being demok	shed)			
Name of Monitoring Firm			- A	SOM No.		nent Contractor (9)	_			=
(8) N	1.A				Street Address	LEMCO	IMC		_		=
Street Address	1				360	is Spi	RUCE ALL				
City, State, Zip Code					City, State, Zip C	PLE SH	ADE N.J	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	05	7	
Project Manager for Mon	itorina Firm		Telepi	none No.	Telephone No.		License No.			_	_
Project Manager to Mora					856-77		# 01	37		_	=
Start Date (10)	Sch	eduled C	completion (C	n Date (11)	Name of OSHA N	NIA					
3-17-19 Occupancy Status During	Abatement (Ch	eck only	one)		Street Address					100 C	
M Facility Closed Vacate	d During Entire P	eriod of	Abatem	ant .	City, State, Zip C	ode			=		=
Abatement Performed Other - Describe:	Outside of North	a roun	, , , , ,					_			=
Scope of Work (Check all	that apply)				☐ Full Con	ntainment with Ne	gative Pressure				
□>3 sf or ≥3 lf			novation molition		☐ Mini-End ☐ Gloveba	g Procedure					
≥160 sf or ≥260 H		XIVE	1100001		Non-Exe	empted (*) and N	on-Friable Procedu		bate	ment	_
		No	ocation xmally		Description of				Тут		_
Location of Asbestos-Containing Ma		Main	Solely b	Ashes	tos Containing Mate thermal systems in	erial (ACM)	Amount (Specify	B	_	Enc	En
TO BE ABATE IN Facility	D (From)	\$	stodial (aff?	(i.e.	surfacing, VAT,	or	SF & LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)	\dashv	one moderation	ω,		la la	7	ale	10
		Yes		1/A T	RANSITE		1750 SE	X.			
SIDING				4	KNNTIC		110	1			
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			_				ata and landfil	_	لــــا	لــــا	
Name of Registered Waste	Hauler		NUDE	P Waste	Cubic Yards of Waste	Name of Regi	stered Landfill				
KLEMCO	INC		117	904	Disposal Date	City, State ?		_	==		
City, State	25 IN T					Wood	BINE W	1	<u>.</u>		=
MAPLE THAT	Trbe	2			Signature 01/	M_	1.3	7-	19		
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alund	PAID	NC			BESTOS ABATEM C 8:60 and 12:12		MAR MAR	1 4	201	9	
Date of Notification (1)	7-19		Na	me of Buildi	ng Owner/Operator	ECH CO	NTRACTIV	-ريالا		,	.:
Agericies Notified	Type Notification	n	Str	eet Address	ISS RI	- 20			******		_
DEP DOL	Amended Amendment	#	City	, State, Zip	Code	0 41	7 380 T	5 V			
ES DOH	Emergency (including	Na.	ne of Conta	RELIMFIE	LO ML	Telephone Numi				=
DCA	Cancellation		INdi		UCE						
				ACILITY IN							
Name of Facility Where			(3)			Type of Facilit	y (4)				
Street Address	SIDENCI	Ξ					r 8 (Other than K-12 private & commerci		tings.		
City (5)			222			Square Feet	# of Floors	BI	dg. A		
0.17 (67	CEAN C	ITI	/			2000	1_2_	يل:	50	+	_
COUNTY (6)		ř		unty Code (SE ONLY)	7) (STATE	VA	rior if being demolis	shed)			_
Name of Monitoring Firm		Owner	ASC	M No.	Name of Abatem						
(8)	J/A				Street Address	IMCO I	NC	_			=
Street Address					369	S SPIEL	ICE ALE				-
City, State, Zip Code						E SHAD		080	25 30		_
Project Manager for Mon	itoring Firm		Telephon	e No.	Telephone No. 856-))	9-0472	License No.	71			_
Start Date (10) 3-1)-19		duled Cor	mpletion D	ate (11)	Name of OSHA N	Monitor MA					_
Occupancy Status During	Abatement (Che	ck only or	ne)		Street Address						
Facility Closed/Vacate	d During Entire Pe	riod of Al	batement		City, State, Zip Co	ode .				_	=
☐ Abatement Performed ☐ Other - Describe:	Outside of Norma	1 Facility I	Houis		City, otale, 2p or						_
Scope of Work (Check all	that apply)					tainment with Ne	active Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ Rend	ovation olition		☐ Mini-End	dosure a Procedure	on-Friable Procedu	re			
Cal -		Is Lo	cation	1	MINOREX	inpico () and it	311110000	A	bater		
		Nort	nally lolely by		Description of			_	Typ	e	_
Location of Asbestos-Containing Management		Mainte	enance/	Asbes	tos Containing Mate	erial (ACM)	Amount (Specify	71		Enc	ū
TO BE ABATE			todial aff?	(i.e.,	thermal systems in surfacing, VAT,	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		(1	2)		other miscellaneo	us)		val	+	liate	ure
		Yes	No N/A						_	_	
SIDIN	6-		X		RANSIT	<u> </u>	1250 SE	X		_	
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					Out in Vanda	I Name of Pag	istered Landfill				-
Name of Registered Wast	100 may 100 ma		NUDEP Hauter		Cubic Yards of Waste	Marile of Neg	d C IM U.	14			
(Ltmco	INC		1179	04	Disposal Date	City, State		-			=
City, State	40E IN	T					DBINE				_
Completed By	Title		^		Signature_/	071	Date -	7-	19		
- 1	CMM _	SU	y.		_ Mul	UV	= 1-3			_	



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

Check # 9181

33							Check	# 5101				-			
Date of Notification (1)	LIN	ame of Build	dina Own	er/Operator (2)				E	M						
0 3 / 1 1 / 1 9				Gilligan Olir				15, 1	Ψ.						
Agencies Notified Type Notification		reet Addres		Ollingari Olli						- 17					
□ EPA □	" St	reet Addres	S				MAI	3 14	2019	To the second	11				
DEP Initial							, in the second				· .				
□ DOL □ Amendm		ty, State, Zi Maplewo		07040	1.										
				07040			A second				-	_			
X DOH Cancellat		me of Cont					lelepho	ne Numbe	F						
DCA Canonial		Jane Gil	ligan Ol	in											
			FACI	LITY INFORM	ATION										
Name of facility where abatement is	taking plac	ce (3)					Type of Facility								
Dirk Olin & Jane Gilligan Oli	n							ol (K - 12)			4.53				
Street Address			-			1	Subchapter 8 (Other than K-12) X Other (Private/Commercial								
Street Address								./Homes, e		root-e-ul	Service et et	r-venture.			
							Square Feet	# of Floo	rs	Blo	ig. Ag	je			
City (5)	Coun	ty (6)			0.000	nty Code (7) te use only)	Current Use (Delay if hair	a dom	olicho	d)				
Maplewood, NJ 07040	Ess	ex			Otal	c use only)	residential	Prior II bell	ig dem	UIISHE	u)				
Name of Monitoring Firm Hired by B	ldg. Owne	r (8)	T	ASCM No.	11	Name of Abatement	Contractor (9)			-					
						B & G Restora	tion. Inc.								
Street Address	-	-				Street Address									
						105 Ryerson I	Road								
City, State, Zip Code						City, State, Zip Code									
						Lincoln Park,	NJ 07035								
Project Manager for Monitoring Firm		Pho	ne Numb	er		Telephone Number (973)696-686	30	License	Numb	er					
					_	Name of OSHA Mor			03/0						
Scheduled Start Date (10)	Sched.	Completion	n Date (1	1)		B & G Restora									
03/21/2019	03/2	2/2019				Street Address	10011, 1110.								
Occupancy Status During Abatement	(Check or	nly one)				105 Ryerson F	Road								
Facility closed/vacated during e					11	City, State, Zip Code	9					-			
Abatement performed outside of Describe:	of normal f	acility hours	; -												
Other-Describe:					- 11	Lincoln Park, I	NJ 07035								
Scope of Work (check all that apply)	17	111111111111111111111111111111111111111			□w	rap & cut									
☐ Demolition 🔀	Renovatio	n			F	ull Containment w/ne	egative pressure	✗ Glove	bag pr	ocedu	ire				
X >3 sf or >3 lf	160 sf or 2	≥260 If			× N	lini-enclosure		☐ Non-f	friable p	oroce	dure				
Location of		normally u		/					R	R	E	E			
asbestos-containing	by mainte staff(12)	nance/custo	odial			sbestos-containing	Amount	05	e m	e p	n	n			
material to be abated in facility (13)	Yes	N-	NI/A	material ((ACM)		(Specify LF)	SF or	0	a	а	C			
	165	No	N/A						е	r	p	_			
basement			×	pipe insula	ation		15 LF		X	닏		닏			
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Registered Waste Hauler	INIDE	P Hauler IC	# 10	ubic Yards of \	Naste	Name of Registere	d Landfill			Ш	Ш,				
B & G Restoration, Inc.		9563		1	. 10310	Grand Centra									
City, State		[C	Disposal D			City, State									
Lincoln Park, NJ				03/21/2019		Pen Argyl, PA		To			,				
Completed by (Print or Type) Gordana Luna	Title Secretar	y/Treasu	rer	Signature	(Gordana Luna		Date 03/1	1/201	19					
	Josidia	Ji i i casul							0						

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

2019-52 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G_proj. #: Check # 9182 Date of Notification (1) Name of Building Owner/Operator (2) 10 13 1/11 11 1/11 19 1 Joanne Martin Agencies Notified Street Address X EPA Initial ☐ DEP City, State, Zip Code X DOL Amendment Morristown, NJ 07960 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Joanne Martin **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Joanne Martin Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Morristown Morris residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 03/26/2019 03/28/2019 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road 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) wrap & cut Demolition Full Containment w/negative pressure |X | Renovation Glovebag procedure >3 sf or >3 If X ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing n m staff(12) p C material to be (Specify SF or material (ACM) C 0 а a abated in facility (13) Yes No N/A V p Lower level Rec. Room VAT 275 sqft X Garage Duct 165 sqft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ 03/28/2019 Pen Argyl, PA Completed by (Print or Type) Signature Title Date Gordana Luna Gordana Luna Secretary/Treasurer 03/11/2019

2019-50

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

	-	1				Check	# 9179								
Date of Notification (1)	Nar	me of Building Ow	ner/Operator (2	2)		E	9 E I	1 10/	7 1	10.0	CHALLER TO A				
10 13 1/10 17 1/11 19 1	Jo	erome Brenne	r			<u>15</u> !!		1. 19			13				
Agencies Notified Type Notific	Stre	eet Address				1 1 1 1	48 500	-		111					
DEP Initial						M/	AR 14	201	9						
		, State, Zip Code							_	1					
	dment	Old Tappan, N.	J 07675			, Lipetico				¥2*					
▼ DOH	ACCOUNT OF THE PARTY OF THE PAR	ne of Contact			APPROPRIEST OF THE PROPERTY OF	Telepho	ne Numbe	r		-1					
☐ DCA ☐ ☐ Cance	liation	Jerome Brenne	er												
		FAC	CILITY INFORM	MATIO	N										
Name of facility where abatement	is taking place	(3)				Type of Facility (4)									
Jerome Brenner						=	ol (K - 12)								
Street Address				-			apter 8 (C (Private/C			-12)					
						Bldgs.	/Homes, e		erciai						
City (5)	County	(6)		I ca	unti Cada (7)	Square Feet # of Floors Bldg. A									
					unty Code (7) ate use only)	Current Use (P	rior if hein	n den	nolish	ed)					
Old Tappan, NJ 07675	Berge					residential	1101 11 00111	9 40	ionon	<i>,</i>					
Name of Monitoring Firm Hired by	Bldg. Owner (8)	ASCM No.		Name of Abatement (Contractor (9)									
Street Address				_	B & G Restoration	on, Inc.									
Street Address					Street Address 105 Ryerson Re	oad									
City, State, Zip Code				_	City, State, Zip Code		-	1		-					
				- 1	Lincoln Park, N	J 07035									
Project Manager for Monitoring Fire	n	Phone Numb	ber		Telephone Number		License		per						
					(973)696-6869		00	378							
Scheduled Start Date (10)	Sched. C	ompletion Date (1	1)		Name of OSHA Monit B & G Restoration	70.0									
03/21/2019	03/23/				Street Address	JII, 1110.			-	-	-				
Occupancy Status During Abateme					105 Ryerson Ro	ad									
Facility closed/vacated during Abatement performed outside	g entire period o e of normal faci	of abatement. ilitv hours-			City, State, Zip Code										
Describe:				_	Lincoln Park, N.	07035									
Scope of Work (check all that app	lv)			-											
☐ Demolition 🔀	Renovation			-	vrap & cut full Containment w/nega	ative pressure 1	Gloveb	00 00	oood.						
□ > <u>3</u> sf or > <u>3</u> lf	>160 sf or >26	50 If			Mini-enclosure		Non-fri								
Location of		ormally used solely	yl					R	R	E	T				
asbestos-containing	by maintenar staff(12)	nce/custodial	Description	on of a	sbestos-containing	Amount	36	e m	е	n	E n				
material to be abated in facility (13)	Yes	No N/A	material (3	(Specify S LF)	F or	0	p a	c a	C				
Entire 2nd floor had	100	0.000						v e	i r	р	L				
Entire 2nd floor bedroom		X	j joint comp	ound	& sheetrock	525 SF		X			10				
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Registered Waste Hauler B & G Restoration, Inc.	NJDEP I		ubic Yards of V	Vaste	Name of Registered L										
City, State		Disposal D			Grand Central L City, State	.angtill			-	1,					
Lincoln Park, NJ		3/23/2019							Ţ.						
Completed by (Print or Type) Gordana Luna	Title	Т	Signature	(/) , (/)											
	Secretary/	reasurer	1	Gordana Luna 03/07/2019											

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Date of Notification (1)	44 /	40					er/Operator (2			MAR	1 4	201	10
	11 /			1		Urba	n Renewal,	LLC		MAN	1 4	20	IJ
Agencies Notified	Type Notification	on		Sanda Maria	Address						000 GD	101 1012	52 HQ
☑ EPA ☑ DOLWD	☐ Initial ☐ Amended		-	2 B	road Stre	eet, Sı	uite 400						
⊠ DOH	Amendment	#2		City, S	State, Zip C	Code		+ + + -	1	:	(1) <u> </u>		
DCA	☐ Emergency	100 to 10	ı	Blo	omfield,	NJ 07	003						
(NJAC 5:23-8)	justification))	•	Name	of Contac	:t			Telephone No	umber			
	☐ Cancellation	1		Wa	rren Spra	ake			908-670-5	711			
				FAG	CILITY IN	IFORM	MATION						
Name of Facility Where A	batement is Tak	ing Place	(3)					Type of Facility ((4)				
Commercial								School (K-12					
Street Address								☐ Subchapter 8 ☑ Other (i.e., pr			ildine		
1200 Randolph Roa	d- Building 4							homes, etc.)		nerciai b	ununig	5,	
City (5)								Square Feet	# of Floors	В	dg. A	ge	
Plainfield													
County (6)				Coun	ty Code (7)(STATE	USE ONLY)	Current Use (Pri	or if being dem	olished)		1112-	
Union													
Name of Monitoring Firm		g Owner (8)	ASCM	No.	Name	e of Abateme	nt Contractor (9)		2 - 2			
Bio Terra Solutions						AL	L PRO MAI	NAGEMENT LI	_C				
Street Address						Stree	t Address						-
P.O. Box 1224	P.O. Box 1224						Outwater L	.ane					
City, State, Zip Code						City,	State, Zip Co						
Union, NJ						Ga	rfield, NJ (
Project Manager for Monit	toring Firm		Tele	phone	No.	Telep	hone No.	2002-00-00-00-00-00-00-00-00-00-00-00-00	License No.				
Rick Eustaquio			97	3-494	-3762	973	3-928-4888		1188				
Start Date (10)	Sch	eduled C	omple	tion Da	te (11)	Name	e of OSHA Me	onitor					
03 /13 /	19	_04/	30	_ / _	19	AL	L PRO MAI	NAGEMENT LI	_C				
Occupancy Status During	Abatement (Che	eck only o	ne)			Stree	t Address						
☐ Facility Closed/Vacate						27	Outwater L	ane					
Abatement Performed						City,	State, Zip Co	de					
Time of Abatement:	Alexander Alexander	PIVI/	_PIVI-		AIVI	Ga	rfield, NJ (7026					
Scope of Work (Check all	that apply)							2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	776 FAN				
☐ ≥3 sf or ≥3 lf		☐ Re	novati	on		•	☐ Full Conta	ainment with Neg osure	ative Pressure				
☐ ≥160 sf or ≥260 lf		⊠ De	molitic	n			☐ Glovebag	Procedure					
							Non-Exer	npted (*) and Nor	n-Friable Proce	dure			
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Name of Registered Wast	e Hauler		IN	JDEP V	Vaste	Cubic	Yards of	Name of Regis	tered Landfill				
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		743						Rogers, Ol	1				
Completed By (Print or Ty Allen Monchik	pe)	itle	3.7			1	Signature	7.1 1.	,	Date			
Allen Wonchik		Project	ivian	ager			Allen	Monchik	2	3/11/	19		

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Date of Notification (1)	ANI				Name	of Buildin	g Ov	vner/Operator ((2)		MAR	1	1 2	919		
02 /								oan Renewal	, LLC		20				- 1	
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Commercial	idatement is	i akiriy r	lace	(3)					Type of Facility							
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City (5)	u- Dullullig	15							homes, etc.)							
Plainfield									Square Feet	# of Floors		Blo	lg. Ag	je		
County (6)					10	t : 0 - 1 - 1	0/07/	TT 1105 011110								
Union					Cour	ity Code (/)(SIA	ATE USE ONLY)	Current Use (Pri	or if being den	nolished	d)				
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Bio Terra Solutions	Actual Control of the	aling Ow	niei (0)	ASCIVI	NO.			ent Contractor (9)							
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Street Address P.O. Box 1224							1 -33									
P.O. Box 1224 City, State, Zip Code							-	7 Outwater								
City, State, Zip Code Union, NJ							1	y, State, Zip Co	J 07026							
Project Manager for Monit	oring Firm			Tele	phone	No	_	ephone No.	07026	I I Innana Ma						
Rick Eustaguio	omig i mii			P Period	73-494		100	ephone No. 173-928-4888		License No						
Start Date (10)		Schedul	ed Co	U (238)		20,000	-	me of OSHA M		1100	1100					
03/13/)/				MANAGEMENT LLC							
Occupancy Status During								eet Address	NACEMENT E							
☐ Facility Closed/Vacated					ment			7 Outwater I								
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Time of Abatement:	AM	PM/_		_PM-		AM	1 -	arfield, NJ								
Scope of Work (Check all	that apply)							arneiu, No	07020							
		_						☐ Full Cont	ainment with Neg	ative Pressure						
	(8)			novati				☐ Mini-Encl								
			y DC,	· iOiide					mpted (*) and No	n-Friable Proce	edure					
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7.5 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)					auler II	No.	Was	ste		off- Contain	are In	^				
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Milesburg, PA		Disposal Date TBD														
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Alleli Wonchik		Pro	ject	Mana	ager			Allen	Monchik		3/11	/1	9			

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Date of Notification (1)					Name	of Buildin	g Owner/Operator ((2)	A .	MAR 1	Λ	2019	1				
03/	11 /	19	_		Mu	hlenberg	Urban Renewal	I, LLC	B	IAII	7	2013	ľ				
Agencies Notified	Type Notific	ation			Stree	t Address											
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⊠ DOLWD		T-1			City,	State, Zip C	Code										
☑ DOH □ DCA	Amendm					-	NJ 07003										
(NJAC 5:23-8)	☐ Emergen justificati		uaing			of Contac			Telephone Nu	ımher							
(☐ Cancella					rren Spra	ā. -		908-670-5								
					FA	CILITY IN	FORMATION										
Name of Facility Where A	batement is 7	Taking P	Place	(3)				Type of Facility	(4)				_				
Commercial								School (K-12									
Street Address								☐ Subchapter 8	Other than K-	12)							
1200 Randolph Roa	d- Building	16						Other (i.e., pr homes, etc.)		nercial b	ouilding	gs,					
City (5)		1.5						Square Feet	# of Floors	10	Bldg. A	70	-				
Plainfield								Oquale 1 cet	# 01 1 10015	1,	oluy. A	ge					
County (6)					Cour	ntv Code (7)(STATE USE ONLY)	Current Use (Pri	or if heing dem	nlished)	,						
Union						3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		or it being defin	ononea							
Name of Monitoring Firm I	Hired by Build	ding Ow	ner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-				
Bio Terra Solutions							l .	NAGEMENT LI	C								
Street Address							Street Address										
P.O. Box 1224				92			27 Outwater	Lane									
City, State, Zip Code																	
Union, NJ							City, State, Zip Co Garfield, NJ										
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.		License No.			_					
Rick Eustaquio						-3762	973-928-4888		1188								
Start Date (10)	5	Schedule	ed C	omple	tion Da	te (11)	Name of OSHA M	Ionitor	1	-							
03 /13 / _	19	_04	_ /	30	_ / _	19	ALL PRO MA	NAGEMENT LI	_C								
Occupancy Status During	Abatement (0	Check or	nly o	ne)			Street Address						-				
□ Facility Closed/Vacated	During Entir	re Period	d of /	Abater	ment		27 Outwater I	ane	*								
☐ Abatement Performed (Outside of No	ormal Fa	acility	Hour	s - Des	cribe	City, State, Zip Co		•				-				
Time of Abatement:	AM	PM/_		_PM-		AM	Garfield, NJ										
Scope of Work (Check all t	that apply)		- 211 (2)														
☐ ≥3 sf or ≥3 lf			10		212			ainment with Neg	ative Pressure								
□ ≥160 sf or ≥260 lf				novati molitic			☐ Mini-Encl	losure g Procedure									
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TO BE ABAT		"	Mai	ntena	nce/	(i.e.	stos Containing Ma , thermal systems i	nsulation.	Amount (Specify	Removal	Repair	пса	Cic				
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		_															
Name of Desistered March	. Harden		Ш	Ц		<u> </u>											
Name of Registered Waste				12 (2)	JDEP \ auler II		Cubic Yards of Waste	Name of Regist									
Bryce Alterio Trucki	ing inc				35848	Managements.	As Needed		off- Containe	ers Inc							
	ity, State						Disposal Date	City, State									
Milesburg, PA							TBD	Rogers, Ol-	1								
Completed By (Print or Typ	oe)	Title		100-1			Signature		0.0	Date							
Allen Monchik		Proj	ject	Mana	ager		Allon.	Manchik	6,	3/11/	19						

State of New Jersey TO A TEN

(Xheo	PA	ID	NOTI		TION	OF ASI	ew Jersey BESTOS ABAT .C 8:60 and 5:10		E	C F		W.	777		
Date of Notification (1)		9			Name	of Building	g Owner/Operator (2)		1 n D 1	A	0046	33		
03/	11 /	19			Mu	hlenberg	Urban Renewal	, LLC	No.	MAR I	4	2019			
Agencies Notified	Type Notif	fication			Street	Address									
	☐ Initial				2 B	road Stre	et, Suite 400		Calaboration -		+ 1		į.		
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DCA (NJAC 5:23-8)	☐ Emerge justifica		cluding			of Contact			Telephone Nu	mher		-			
(NONO 0.20-0)	☐ Cancel					rren Spra	25		908-670-57						
					10000000		FORMATION			10.00					
Name of Facility Where	Abatement is	s Taking	Place	(3)		JILIT I III	i Oranization	Type of Facility	(4)						
Commercial				(-)				School (K-12							
Street Address								☐ Subchapter 8	Other than K-	12)					
1200 Randolph Ro	ad- Buildir	na 17		rivate and comm	nercial bu	uilding	s,								
City (5)	au- Dullull	ig 17						homes, etc.)			1 - A				
Plainfield								Square Feet	# of Floors	BI	dg. A	ge			
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)					
Union ,															
Name of Monitoring Firm	Hired by Bu	uilding C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Bio Terra Solutions	S						ALL PRO MA	LC							
Street Address							Street Address		1						
P.O. Box 1224							27 Outwater	Lane							
City, State, Zip Code							City, State, Zip Co	ode							
Union, NJ							Garfield, NJ	07026							
Project Manager for Mor	itoring Firm			Tele	phone	No.	Telephone No.		License No.						
Rick Eustaquio	370			97	3-494	-3762	973-928-4888		1188						
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA M	SHA Monitor							
03 /13 /	19	Property and Section			_ / _		ALL PRO MA	NAGEMENT L	LC						
Occupancy Status Durin							Street Address								
□ Facility Closed/Vacate							27 Outwater I	Lane							
Abatement Performed							City, State, Zip Co	ode							
Time of Abatement:			··/	_PIVI-		AIVI	Garfield, NJ	07026							
Scope of Work (Check a ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf	ll that apply)		□ Re ⊠ De				☐ Mini-Enc ☐ Glovebag	tainment with Neg losure g Procedure mpted (*) and No		dure					
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(13)				(12)	1	1	other miscellane			-		llate	9		
			Yes	No	N/A							,,,			
Throughout						Wet De	mo								
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Name of Registered Was	ste Hauler				JDEP \		Cubic Yards of	Name of Regis	stered Landfill		1-		-		
Bryce Alterio Truc				Н	35848		Waste As Needed	A STATE OF THE PARTY OF THE PAR	loff- Containe	ers Inc					
City, State							Disposal Date	City, State							
Milesburg, PA	29						TBD								

Completed By (Print or Type)

Allen Monchik

Title

Project Manager

Signature

Rogers, OH

Allen Monchik

Date

3/11/19

Ocheo PAID

Date of Notification (1)			1	Name	of Building	Owr	ner/Operator (2	2)		BAAD	1	4	0000	8	
	19			Mul	nlenberg	Urba	an Renewal	LLC		MAR		4	2015	3	
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DOH Amendme		dina		Blo	Bloomfield, NJ 07003										
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☐ Cancellat				Wai	ren Spra	ke			908-670-5						
				FAC	ILITY IN	FOR	MATION		1						
Name of Facility Where Abatement is T	aking Pl	lace (3))					Type of Facility	(4)						
Commercial								School (K-12	2)						
Street Address								☐ Subchapter 8 ☐ Other (i.e., p	3 (Other than K	-12)	d bui	Idina			
1200 Randolph Road-Building	18							homes, etc.)		mercia	ii Dui	iuii iya	٥,		
City (5)								Square Feet	# of Floors		Bld	g. Ag	е		
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Name of Monitoring Firm Hired by Build	ner (8)	A	SCM	No.	Nan	ne of Abateme	ent Contractor (9)								
Bio Terra Solutions							LL PRO MA	NAGEMENT L	LC						
Street Address						Stre	et Address								
P.O. Box 1224						27	7 Outwater I	_ane							
City, State, Zip Code															
Union, NJ															
Project Manager for Monitoring Firm		Т		hone !		Tele	phone No.		License No.	•					
Rick Eustaquio					-3762	100	73-928-4888		1188						
The state of the s	chedule				1000000	onitor									
03 /13 /19		- / -		_ / _	19	A	LL PRO MA	NAGEMENT L	LC						
Occupancy Status During Abatement (1.2.2.2	et Address								
 ☑ Facility Closed/Vacated During Entire ☑ Abatement Performed Outside of No. 							Outwater L								
Time of Abatement:AM							, State, Zip Co arfield, NJ								
Scope of Work (Check all that apply)															
☐ >3 sf or >3 lf	П	Renov	/atio	n			☐ Full Cont ☐ Mini-Encl	ainment with Neg	gative Pressure						
☐ ≥160 sf or ≥260 lf		Demo		on Glovebag Procedure											
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. Location of		Is Lo Nor	mally				Description o			-	Aba	teme	ent Ty	уре	
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TO BE ABATED		Mainte Custod			(i.e.	, ther	mal systems i	nsulation,	(Specify	.	Remova	pair	aps	Enclosure	
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Name of Registered Waste Hauler			NJ	DEP V	Vaste	Cub	ic Yards of	Name of Regis	stered Landfill						
Bryce Alterio Trucking		uler IE	Charles and the same of the sa	Was			loff- Contain	ers l	nc						
City, State	1 -	35848			s Needed oosal Date	City, State									
Milesburg, PA	TBD TBD					Rogers, O	Н								
Completed By (Print or Type)	Title						Signature			Date					
Allen Monchik	2203350	ect M	ana	ger				Monchik	<i>′</i> ,	3/1		q			
The Committee of the Co	,						Ayoun	noncius	/	3/1	1/ 1	J			

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Date of Notification (1)		IN	lame of	Building O	wnor/On	aratar (2)							+		
03/11/19				nces at f				1		MAI	7 1/	20	19			
Agencies Notified Type Notification		11.3	Street Ad	ldress < Street					1	- Louis III						
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DOL — Amendment				air, NJ 0				the second of the second								
DOH Emergency justification)	- 37	1000		Contact				Telephone Number								
DCA Cancellation	1		Fred W	ITY INFO	PMATIO	KI .		(215) 350-9686								
Name of Facility Where Abatement is Takir	ng Place (3)		FACIL	III INFO	RIVIATIO		Type of	Facility (4)							
Building 259								hool (K-12								
Street Address 259 Lockwood Avenue								bchapter her (i.e. pr				dinas.	home	s.		
City (5)							eto Square	:.)		Floors		ldg. A				
Oceanport							Oquaic	1 000	1	1 10015	1	ilug. A	ge			
County (6)			County C	ode (7) SE ONLY)				Use (Prio			shed)					
Monmouth	O (8)	(rooms/o	A. D. C. C. C.	CARROLL AND CO.						
Name of Monitoring Firm Hired by Building MidAtlantic Engineering	Owner (8)		ASCM	No.		Pow/F		ment Con	tractor	(9)						
Street Address						Street A										
5 Commerce Way, Suite 200								et Place								
City, State, Zip Code Hamilton, NJ 08691						City, State, Zip Code Clifton, NJ 07012										
Project Manager for Monitoring Firm		1	elephor	ne No.		Telephone No. License No.										
Kevin Shelley				10-4450		(973)	470-0	200		357						
Start Date (10) 03/25/19	Schedule 04/08/1		pletion [Date (11)		Name o	of OSHA	Monitor			1000000					
Occupancy Status During Abatement (Che	ck Only One	e)			Street A	Address										
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of A	batem	ent			0" 0'			H							
Other – Describe:		nouis			_	City, St	ate, ∠ip	Code								
Scope of Work (Check All That Apply)							. , ,									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	PROPERTY.	enovat				Full Containment with Negative Pressur Mini-Enclosure						sure				
<u>K</u> 1 2100 SI 01 2200 II	× D	emoliti	on			Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		¥ 19				X	Non	-Exempted	ted (*) and Non-Friat			Abatement				
Location of	N	Locati Iormall	у		Des	cription	of						/pe	G 		
Asbestos-Containing Material (ACM) TO BE ABATED		d Sole intenar			os Conta	aining M	aterial (- 5	mount			匝	m		
In Facility	Cust	odial S (12)	Staff?	(I.e.		ing, VA	T, or	ion,		Specify F or LF)	Remova	Repair	ıcaps	Enclosure		
(13)		15 E	1		other m	iscellan	eous)				oval	air	Encapsulate	sure		
41	Yes	No	N/A									-	10			
throughout			X			nastic				503 sf	Х	_				
boiler room			X	transı	te/boar	ds wal	lls & c	eiling		245 sf	Х	-	-			
											-	-				
Name of Registered Waste Hauler		107350	JDEP V		Cubic `			Name of	Regis	ered Land	dfill			1		
ProGreen	1	lauler ID 2051	NO.	of Was	ste		Grows	north	/fairless							
City, State East Brunswick, NJ				Dispos	sal Date		City, Sta		2.4							
Completed by	Title				10	ignature	3 5	IVIOTTISV	Morrisville, PA							
Sharon Hendee	10,000	ident			3	griatuit	//	4.1	4		Date 3/11/	19				
							111	MI	1							