

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) May 15, 2012					Name of Buildin Woodbridge Ce		Operator (2)	₩ E	1 0			
Agencies Notified  (X) EPA () DEP (x) DOL (X) DOH (x) DCA	(	x) Initial No ) Amended ) Cancelle	tification d Certificati	on	Street Address 250 Woodbridg T City, State, Zip Woodbridge, N Name of Conta James Berehei	Code J 07095		AY ] ESTOS C LICENS Tel. Nu 732 636	mber-	8	- communication of the communi	
				FACILITY IN	FORMATION	NO		702 000	341117	70-10		
Name of Facility Where Abatem	ant in Tak	ing Diago /3	01	PACILITIN	Type of Facility	(4)				-		<del></del>
Woodbridge Center Mall	ent is Tak	ing Place (3	5)		( ) School (K-1							
Street Address					( ) Subchapter		an K-12\					
Section Section 201 Basis Seed 20					(X) Other (i.e.			gs., hom	nes, etc.			
250 Woodbridge Drive	atr. (C)		County C	odo (7)	Sq. Feet	340,000	#	of Floors	s 1			
	nty (6) Ilesex		(State Us		Bldg. Age 5	0						
					Current Use (p	rior if being			· · · ·			
Name of Monitoring Firm Hired	by Bldg. C	owner (8)	ASCM No	<u> </u>			Name of Cor	tractor (	9)			
Ositasias Islanda							Luzon, Inc.					
Criterion Laboratory, Inc.					0.							
Street Address					Street Address 8451 Executive							
2270 Progress Prince					0451 EXECUTIVE	Avenue						
3370 Progress Drive					City State, Zip0	`odo						
City, State, Zip Code Bensalem, PA 19020					Philadelphia, P							
Bensalem, PA 19020					i illiaucipilia, i	A 19100						
Project Manager for Monitoring	Firm 17	Telephone N	Jumher		Telephone Nur	nher		License	Numbe	er		-
Mike Panepresso		215 244 130			267 284 1050	TIDOI .	1	01109	riamo			
WINCE Fallepiesso		213 244 130	00 X 20		207 204 1000		1	01100				
Scheduled Start Date (10)	9	Scheduled (	Completion	Date (11)	Name of OSHA	Monitor		2				
June 04, 2012		June 08,201		Date (11)	Joseph Marons							
04110 0 1, 2012		Julio 50,20 i	-									
Occupancy Status During Abate	ement (Ch	eck only on	e)		Street Address							
() Facility Closed/Vacated Durin					8451 Executive							
(X ) Abatement Performed Outs												
8 1												
Describe 9 PM to 5 AM					City, State, Zip	Code						
					Philadelphia, P	A 19153						
Other -												
Describe												
Source of Work (Check all that	apply)											
50 NASA 1000 10000 200 10												
( ) Demolition ( X) Renovati	on					\	-: /-OF OF	-4015	0000			
(X) Large Proj. (>160 SF or >20 () Full Containment with Negati					vebag Procedure		oj. (<25 SF or	~10 LF /	ACIVI)			
Location of Asbestos-		on Normally	Viini-Enclos	Description of			Specify SF or	IE) I	Ahater	nent Typ	00	
Containing Material (ACM) in		y Maint./Cus		thermal system		Amount (	opecity of the	- ,	Modici	ilone Typ	20	1941
Facility (13)	Staff? (1		,,ouldi	surfacing, VAT								
. 40 (10)	YES	NO	NA	miscell.)	1.51 5				Rem.	Rep.	Encap	Enclose
Space 1560 - Rear storage			X	Brown Floor T	ile 9x9	1395 SF			X			
Space 1570 - Rear storage		1	×	Green Floor T		600 SF			X			
Space W200 - storage space		1	Х	Brown Floor T	ile 9x9	210 SF			X			
Space W205 – Storage			X	Brown Floor T		256 SF			x			
space												
Name of Reg. Waste Hauler		NJDEP Was	ste Hauler I	D#	Cubic Yards of	Waste		Name	of Reg.	Landfill		
Luzon, Inc.		32587			10 CY			Minerv	a Landf			
City, State			nat-co-Participated				Disp. Date	200		city, Stat		
Francisco (1970-1970) (1970-1970)							June 11,201	2	l v	Vaynest	urg, OF	1
8451 Executive Avenue, Philad	elphia, PA	19153										
Completed by (Print or Type)		<u>Title</u>			Signature			Date				
2. 1.200		Program Ma	anager		0.	1.	N+01	May 15	, 2012			
Piyush Patel					Piyus	N	0(10)					
	I											

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00 Trenton, NJ 08625-0414

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Date of Notification (1) 05/15/12 CK# 2073 \$ 200	1	Na N	me of B ew Jer	uilding Owr sey Natu	ner/Oper ral Ga	rator (2 s Cor	?) npany		MAY 1	<u> 2 20</u>	10		U	THE COLUMN TWO IS NOT THE PERSON
Agencies Notified Type Notification			eet Add	ress yckoff Ro	ad			ij L		0 - 20	17.		mend	
EPA Initial Amended Amendment #_		Cit	ty, State	, Zip Code ew Jersey		7			ASBESTUS LICE	CONTRO NSING	L &			
Emergency (inclu	ding	Na	me of C	Contact					Telephone No					
DOH justification Cancellation		T		Kochen					732-938-1			_	_	
Name of Facility Where Abatement is Taking Pla	ice (3)		FACILI	TY INFOR	MATION	1	Type of	Facility (4)						
William L. Maude Service Center & Ga	arage						Sc	hool (K-12	)	40)				
Street Address 1420 Wyckoff Road							Su × Ot etc	her (i.e. pri	(Other than K- vate & commer	cial build		V.55 - 8	200	
City (5) Wall New Jersey 97727			li .				Square 15,000		# of Floors	- 1	ldg. 5+	Age		
County (6)		C	ounty Co	ode (7)					if being demol	ished)				
Monmouth		(S		SE ONLY) .				ment Cont	vice Center					
Name of Monitoring Firm Hired by Building Own Matrix New World Engineering, Inc.	er (8)		ASCM	No.		Lilich	Corpo	ration						_
Street Address 22 Columbia Turnpike					1 2		Address //cBrid	e Avenu	е					
City, State, Zip Code Florham Park, New Jersey 07932					(	City, S Wood	tate, Zip dland f	Code Park, Ne	w Jersey 07	424		12		
Project Manager for Monitoring Firm Gavin Gilmore		1000	elephon	e No. 0-1800			one No.		License 01104					
Start Date (10) So	heduled		oletion D	Date (11)				A Monitor nmental	Labs LLC					
Occupancy Status During Abatement (Check C							Address						-	
Facility Closed/Vacated During Entire Per			ent		1			22 Wes	st ————					
Abatement Performed Outside of Normal Other – Describe: weekend work Fri PM S	Facility	Hours			_		tate, Zir n, Nev	o Code v Jersey	07083					
Scope of Work (Check All That Apply) *							-							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovat emoliti				> >	Min Glo	i-Enclosure vebag Pro				dure		
	la.	Location											ment	
Location of	1	Jormall	у		Des	cription	n of			-	T	1 1		_
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Solel intenar todial S (12)	ice/	Asbesto (i.e. t	os Conta hermal s surfac other m	system ing, V	is insula AT, or	(ACM) tion,	Amount (Specify SF or LF)	Removal		Repair	Encapsulate	Enclosure
	Yes	No	N/A								+	-		
Throughout Center Garage		X			Pipe				19 ea	X	+			
Throughout Service Center		X		Mudd P		-		0.50	236 ea	X X	+			-
Boiler Room Room 119		X			Cell F				55 LF	X	+	_		-
Boiler Room Room 119		X					White	BlockFl	36 SF Registered La	X	$\perp$			
Name of Registered Waste Hauler Lilich Corporation		H	IJDEP V lauler ID 8724		Cubic of Was 8			G.R.O	.W.S Landfil					
City, State Woodland Park, New Jersey 07424			1		Dispos 06/05		е	City, Sta Morris	te ville, Pennsy					
Completed by Tatiana Kalenikova	Title Vice	Pres	ident		S	ignatu	Tea	naple	alilla	Date 05/1	5/1:	2		

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) 5/15/12 Union Township Public Schools Type of Notification Street Address Agencies Notified 2369 Morris Ave. [] EPA Initial DEP [] Notification City, State, Zip Code ASBESTOS CONTROL S Emergency DOL LICENSING Union, NJ 07083 Amended [X] DOH Notification Name of Contact Telephone Number [] DCA [] Cancellation 908-851-6427 Thomas Wiggins **FACILITY INFORMATION** Type of Facility (4)

School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, homes, etc.) Name of Facility Where Abatement is Taking Place (3) Morris-Union Jointure Dev. Learning Center Street Address 1231 Burnet Ave. Square Feet # of Floors Bldg. Age City (5) 120000 2 ~ 50 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Union Union School Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Birdsall Services Group, Inc. 00017 Jupiter Environmental Services, Inc. Street Address Street Address 65 Jackson Drive 3 Lynn Court City, State, Zip Code City, State, Zip Code Cranford, NJ 07016 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Michael Krupa 908-497-8900 973-709-0200 00852 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) J & S Environmental Laboratories, LLC 5/26/12 5/31/12 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 W [x] Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: evenings and weekend Union, NJ 07083 Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini - Enclosure Demolition [X] Renovation  $\geq$ 3 sf or  $\geq$ 3 lf Glovebag Procedure [x] [x] Non - Friable Procedure ≥160 sf or ≥260 lf Is Location Abatement Normally Used Description of Type R Location of Solely by Asbestos - Containing Amount R E E Asbestos - Containing Maintenance/Cus Material (ACM) (Specify E N N Material (ACM) todial Staff (12) (i.e., thermal systems SF or LF) M P C C insulation, surfacing, VAT, TO BE ABATED 0 A Α L In Facility or other miscellaneous) V 1 P 0 S R (13)Yes No N/A A S U 15 LF Attic X Pipe insulation & debris cleanup (if any) X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Of Waste Minerva Landfill Jupiter Environmental Services 04782 City, State Disposal Date

5/30/12

General Manager

Signature

City, State

Wavnesburg, OH

Date

5/15/12

ASB-41

Lincoln Park, NJ

Pane Repic

Completed By (Print or Type)

				Ν			OF ASBESTOS AI NJAC 8:60-7 and 12		The second secon	And good government				
Date	of Notification (1	) 5/15/12					er/Operator (2) Public Schools	, , , , , , , , , , , , , , , , , , ,	TOPE C	E	Chec	k#1	6749	Charles of
1	500	Type of Notific  [x] Initial  Notificatio [] Emergence	in -	Street 2369	Addres	is Ave.		,	MAY	194	)12			
[x	E 97/2007-17/2017	[] Amended Notificatio	n _	Unio	n, NJ	07083		- Thresh	The Court of the C	OS CONTRO GEMSTRIG	. &	fusion	-	
[]	DCA	[] Cancellation			of Conta nas W	act /iggins		· Press	908-851-64		alar a		and I	_
						FACILI	TY INFORMATION					-	-	
Unic	of Facility When On High School Address	ool	aking P	lace (3	)			Type of Facil	ool (K-12) chapter 8 (Other t er (i.e. private and	han K-12) I commercia	l build	ings	,	-
925	North 3 <sup>rd</sup> S	treet						Square Feet	nes, etc.)		ldg. Ad			
City (5 Unio		U	Count				unty Code (7) TATE USE ONLY)	120000 Current Use	2 Prior if being den	~	50			
	of Monitoring Fir sall Services		ing Owr		ASCM N 00017		Name of Abatem		(9) ronmental Se					
Street	Address ackson Drive				00011		Street Address			ervices, i	nc.			
City, S	State, Zip Code oford, NJ 070						City, State, Zip C						Carles .	-
Projec	t Manager for Mo				Numbe		Telephone Numb	er	k, NJ 07035	License	Numbe	r		
	ael Krupa	70.	d. Com	pletion	7-8900 Date (1	1)	Name of OSHA N			<u></u>		08	52	-
Occup	5/26/12 ancy Status Duri	ng Abatement (C	heck or	31/12 ly one	)		Street Address	J & S Enviro	onmental Lab	oratorie	s, LL	C_		-
[ ] [x]	Abatement Per	d/Vacated During formed Outside be: evenings a	of Norm	al Fac	of Abate ility Hou	ement rs –	City, State, Zip Co	333 Route	22 W					
[]	Other – Descri	be:	na weer	ceria				Jnion, NJ 0	7083					
72727	of Work (Check a	all that apply)			2W			[] F	ull Containment v	vith Negativ	e Pres	sure		-
[]	≥3 sf or ≥3 lf ≥160 sf or ≥260	) If			[X]	Renov	ation	[x] M [x] G	lini – Enclosure Ilovebag Procedu Ion – Friable Proc	ге				
	Location	Million Control	No	s Loca rmally Solely	Used			ption of Containing		Amount	At Ty R		ment	
	Asbestos – Cor Material (Ad TO BE ABA	CM) TED		itenani al Stat	ce/Cus ff (12)		Materia (i.e., therm	I (ACM) all systems infacing, VAT,	,	(Specify SF or LF)	E M O	EPA	N I	N
	In Facility (13)	у	Yes	No	N/A		or other mis	scellaneous)			V A	I R	P (	S
Variou					х	Pipe in	sulation & debris of	leanup (if any	) 2	5 LF	L.	x	U	_
Vestibi	ule – by rec gyr	<u>n</u>	-	X			sulation			LF	x			
Name o	f Registered Was	ste Hauler	N.	DEP V	Vaste	Cu	bic Yards	Name of Reg	istered Landfill					-
	er Environme	ental Service	s Ha	uler IE 04782			Waste 1	Minerva L						
	ln Park, NJ						posal Date /30/12	City, State Waynesb	urg, OH					
	ted By (Print or T Repic	ype)	Title Gen	eral	Manag	ger ·	Signature	7 1	23	Date 5/15/	12			1
ASB-41							1							

Date of Notification (1) 5/3/2012				f Building Owner tone Associa		(2)	MAY 1.8	5013			
Agencies Notified Type Notificat  EPA Initial	ion			Route 22 Wes	st		11	SUIDOL	g.	}	
DEP Amender  X DOL Amender	ent #			te, Zip Code water NJ 088	307		VZRE2102 OF	1140	ar		
DOH justificati		1.0	Name of Art Co	Contact rsini		***************************************	Telephone N	lumber			
Name of Facility Where Abatement is Ta	oking Dines (2	1	FACI	LITY INFORMA	TION	Type of Facility	(4)				
Former Evesham TWP Building		)				School (K-	50.5				
Street Address						Subchapte	r 8 (Other than K-			72	
125 East Main Street						Other (i.e. petc.)	private & commer	rcial buil	dings.	home	es,
City (5) Marlton	-					Square Feet 12000	# of Floors 2		3ldg. <i>A</i> -50	\ge	
County (6) Burlington				Code (7) USE ONLY)		Current Use (Pri	or if being demol	ished)			
Name of Monitoring Firm Hired by Build n/a	ing Owner (8)		ASCN	1 No.		of Abatement Co Phase Group					
Street Address n/a.				7) 10		Address 52nd street su	ite#16				
City, State, Zip Code	work-Er.					State, Zip Code					
n/a					Wes	t New York NJ	07093				
Project Manager for Monitoring Firm n/a			Telepho	ne No.	F. C. S.	hone No. 758-7158	License 00114				
Start Date (10) 5/16/2012	Schedule 6/16/20		pletion	Date (11)		of OSHA Monitor Environmenta					
Occupancy Status During Abatement (C	heck Only On	ie)				Address		<del></del>			
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: 8 hours	ire Period of A Iormal Facility	Abatem Hours	ent		City, S	Route 22 We State, Zip Code on NJ 07083	st				
Scope of Work (Check All That Apply)					Unic						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	annesses.	Renova Demolit				Mini-Enclosur Glovebag Pro				e	
	Is	Locati	on						Abat	emen	t
Location of	Llas	lormail d Sole			escription			-	1	pe	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	intenar odial S (12)	nce/ Staff?	(i.e. therm surf			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Incido Puildina	Yes	No	N/A		floor til.		COFOCE	-	-		
Inside Building Inside Building			X		floor tile e insula		6950SF 10LF	X			
Roof			X	bib				X	-		
KOOL		M P	X		roof tile		7000	x			
Name of Registered Waste Hauler		T N	JDEP W	/aste Cubi	ic Yards	Name of	Registered Land	fill		L	
DJM		Н	auler ID 9681		aste	Cumbe		rell.			
City, State 109-113 Jacobus Ave					osal Date	South I	Kearny NJ				
Completed by Edwin Precilla	Title proje	ct ma	nager		Signatur	der 1	de	Date 5-3-20	12		

ChK # 1500

Print Form

Date of Notification (1) 5/3/2021					Building					E	G					
Agencies Notified	Type Notification		-	Street A	Constru	iction 6	Engli	neers i	nc	1	-			-	11	111
	_				varren S	Street			- 1		MAY	1 8	3 20	17	L	
DEP DOL	Initial Amended Amendment				te, Zip Co et NJ 07						22112				1	The state of the s
DOH DCA	Emergency justification) Cancellation			Name of Balma	Contact rt Butter						ephone 2-7.63	Nun		)L 8	- ce Stormie	
75 75 74				FACII	LITY INFO	ORMATI	ON		72		de Anglio Landa	Tycker o			-	
Name of Facility Where A Private Property	Abatement is Takir	g Place (3)					4	s s	of Facility (	2)						
Street Address 44 W warren street								× C	ubchapter other (i.e. p tc.)					dings,	home	∌s,
City (5) Iselin NJ	11						1/2	Square 1200	e Feet	# of 2	Floor	5	- 1	ldg. A 50	.ge	
County (6) Morris				County (	Code (7) JSE ONLY)			Currer	nt Use (Prid	or if bei	ng den	nolish	ed)			11
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				ement Cor Group		(9)	-			min. in. m. 1800.00	
Street Address n/a								Address 52nd s	street sui	te#16						
City, State, Zip Code								State, Zip								_
n/a									York NJ	0709						
Project Manager for Mor n/a	nitoring Firm			Telephor	ne No.			hone No 758-71			Licer 001	se N 144	0.			
Start Date (10) 5/15/2012		Scheduled 5/18/20		npletion [	Date (11)				A Monitor Inmental	Corp						
Occupancy Status Durin	g Abatement (Che	ck Only One	9)					Addres						33		
Facility Closed/Vac Abatement Perform Other – Describe: §	ed Outside of Norr	Period of Al mal Facility	baten Hours	nent s			City, S	State, Zip on NJ C		SI						
Scope of Work (Check A	II That Apply)															_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		discountry	enova emolit					Mini Glov	Containme i-Enclosure vebag Prod i-Exempted	e cedure					e	
		ls l	Locat	ion										Abate	ement	t
Location			orma	lly ely by		Des	scription	n of					-	Ty	ре	
Asbestos-Containing TO BE AB. In Facil (13)	ATED lity	Mair	ntena					is insula: \T, or		(8	mount Specify or LF		Removal	Repair	Encapsulate	Enclosure
first flo	or	res	110			fl	oor tile			3	00SF			-		
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				1									-			
Name of Registered Was	ste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered La	ndfill	J			L
DJM				fauler ID 9681	No.	of Was			Cumbe							
City, State 109-113 Jacobus Av	re					Dispos	sal Date	,	City, Stat South P		y NJ					
Completed by Edwin Precilla		Title projec	t ma	anager		S	ignatur Ele	e L/	(6)			Da 5-	te 3-20	12		

New Jersey Department of Health and Senior Services
Consumer and Environmental Health Services, Indoor Environments: Program
PO Box 369, 3635 Quakerbridge Road
Trenton, NJ 08625-0369
Telephone: 609-631-6749
Fax: 609-588-7618



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test Address			City		Sta	rie   Zip Coo			
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06192140	[   Male [ ] Fernale		DARL I	andrer Andrica	IMCKÝ	6/0	11.0	)	
"Pursuant to the Pri	vercy Act, U.S.C. 5	52a, the disclosi	ire of social s	ecurity numbers is	valuntary This	internal country to		· 	
n-NJ Permit (license,	certification)	Information	***			nomost will b	used to	statistical purpor	ses only.
be eligible for certification ency to administer and en wang attachments as list	TIPE BUT LANGE MALLON	hatd a	y valid certific certification p	cation in another s program. List all s	tate which has ales for which	been authori you hold <u>curr</u>	e thy vali	e US Environme d certification(s) :	ntal Protection and include th
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francher training					1	İ		ĺ	
fresher training may no licant must include the applicants:	t be more than	one year old.		W reserves			-		
A noterized copy of each A noterized copy of each	h initial training	certificate as inc	licated above	₽.				834	
A notarized copy of eac A clear, notarized copy ants renewing NJ permit	of your currently	valid ashestos	applicable)	as indicated above	).	W			
A polarized copy of god	4 5 martine ali		porrie do no	neated above (if in	romation appe	ears on back	& front, in	clude copy of ba	th sides).
A notarized copy of each A clear, notarized copy	of your currently	ng certificate (il valid sebsetos	applicable)	as indicated above					
A clear, notarized copy			CEI	RITIFICATION	ormation appe	ars on back	front, in	clude copy of bot	th sides).
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such information contain indenstand that this applic	ed in this applica	ntion is false, I a	um subject to	he penalty provis	ions under N.	ACREA	the best	of my knowledge	e. Lunderstand
	anon is subject	to verification a	nd that I agre	e to provide any a	ddiional dow	montotion as			
stand that outside soums		TRU TING TUBIL 1 C	o nereby give	permission for di	sclosure of an	y information	which ma	o die same pi	letermina
stand that outside source	and/or eligibility	. I also unders	tand that fail	ure to amulda 6	dicala			וווייייייייייייייייייייייייייייייייייי	MONOTHIN IC
stand that outside source	and/or eligibility fion for approva	r. I also unders I. I also unders	tand that fail land that con	ure to provide full appropriate appropriate to provide full to the	disclosure of a	ny of the requ	ested or	required information	tion may
stand that outside soums	and/or eligibility fion for approva	/. I also unders	tand that fail tand that con	ure to provide full upletion of this app	disclosure of a dication does r	ny of the requiot guarante.)	ested or certificat	required information to conduct as	tion may sbestos

nochech

							1		****	~		-11
Date of Notification (1)	1 12			Name	of Building	Owner/Operator (2	2)	]]] MAY	18	2012	)	
☑ EPA ☑ Ir	mended			7	Address tate, Zip C	NESTSI	ic Au	C ASSESTO	S CONT	ROL 3	,	h-h-n
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				FAC	ILITY IN	FORMATION					7,	
Name of Facility Where Abaten	ment is Taking	Place	(3)			3 :	Type of Facility	(4)				
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Street Address	1 1 /3 6 3.9	19						3 (Other than K-12 rivate and comme		ildina	E c	
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City (5)	4 May	1111	1.9.				Square Feet	# of Floors	Blo	ig. Ag	e	_
Properties	1											
County (6)	¥			Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	or if being demolis	shed)			
County (6)	v			Court	ty Code (7)	(STATE OSE ONET)	Ourient ose (i i	of it being defilors	люч			
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Name of Monitoring Firm Hired	by Building C	wner (	8) /	ASCM I	VO.	Name of Abateme	Or As L		110	171		
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Project Manager for Monitoring	Firm		100000000000000000000000000000000000000	phone I	1000	Telephone No.		License No.				
IVII CALARI (MO	IM		(73:	2)92	-CH123	19791685	10025	110308				
Start Date (10)	Sched			ion Dat		Name of OSHA M	lonitor					1
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Occupancy Status During Abat	ement (Check	k only c	ne)			Street Address						
☑ Facility Closed/Vacated Dur				nent								
☐ Abatement Performed Outsi	ide of Normal	Facility	Hour:	s - Des	cribe	City, State, Zip Co	ode			-		
Time of Abatement:	AMP	Λ/	PM-		AM							
Scope of Work (Check all that a	apply)											
☐ ≥3 sf or ≥3 lf		FIRE	novatio	nn.		☐ Mini-End	tainment with Neg losure	gative Pressure				- 1
≥3 st of ≥3 tt     ≥160 sf or ≥260 lf			molitio			☑ Gloveba	Procedure					
						☐ Non-Exe	mpted (*) and No	n-Friable Procedu	ire			
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IN Facility		Cus	todial S	Staff?	1,	surfacing, VAT	, or	SF or LF)	Val		Encapsulate	ure
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Name of Registered Waste Ha	uler			JDEP \		Cubic Yards of	Name of Regi	stered Landfill				
(HOMINAHI	Contrac	11/	11	auler II	) No.	Waste		CaRah				
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Completed By (Print or Type)	Title					Signature	110414	1000117	ate			
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Date of Notification	on (1)		Name of Buil	Comment State Comment of the Comment		171	旧儿后			1	M
5/14/12			Christ	opher F	1etche	er III		Market St.		1	
Agencies Notified	Type Notifica	tion	Street Addre				MAN.	0 00	ole gifts	Ш	П
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[ ]DEP	Notifica	ation	City, State,				The state of the s			1	1
[X]DOL	[ ]Amended Notifica	tion	Glen R	idge, N	J 0702	28	ASSESTOS		L &		
[X]DOH	NOCITICA	i CIOII	Name of Cont	act		Telephor	ne Number	RECEIPTA MODELLA			
[ ]DCA	[ ]EMERGENC	7	Christo	pher Fl	etcher	973	-743-70	85			
	[ ]Cancella	cion				14					
				LITY INFORM	ATION						11540040
Name of Facility Wh	ere Abatement	is Taki	ng Place (3)			Type of Facil	ity (4)				
Private						[ ]School			- TZ - 1	٥,	
Street Address						100 10000000000000000000000000000000000	ter 8 (Othe				
33 Douglas I	Road						uildings, l				
						Square Feet	# of Floo	ors B	ldg.	10.7	
City (5)  Glen Ridge		County		County Co		3600	3		100	20-60-00	
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Name of Monitoring	Firm hired by	Buildin	g ASCM No.	Namo	of Abate	Residence					
Owner (8)	TILM HILEG Dy	Darran				IANAGEMENT	****				
N/A Street Address	THE STREET		67		t Addres			·			
Street Address						s stopher St					
City State Fin Co	4						· •.				
City, State, Zip Co	ode					Zip Code r, NJ 070	42				
Project Manager for	Monitoring Bi		lambana Numba		hone Num			License	. N.	how	
Project Manager for		N/	lephone Numbe /A	_	73) <b>74</b> 4			003		per	
Scheduled Start Dat 5/23/12	Access to the second se	1. Comp. 24/12	letion Date ( 2	(11) Name N/A	of OSHA	Monitor					
Month Day Y Occupancy Status Du			Day Year	Stree	t Addres						
	osed/Vacated Du			Deles	t made						
	erformed Outsic cribe:«OffHours			City,	State,	Zip Code					
	cribe: «Other Oc		- Carrier - Carr								
Scope of Work (Chec	k all that app	ly)							-		
[X]≥3 sf or [ ]≥160 sf			X]Renovation ]Demolition		[ ]Mini- [X]Glove	Containment wi Enclosure bag Procedure riable Procedu		Press	sure		21
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Name of Registered	Waste Hauler	bat.	JDEP Waste	Cubic Ya	rds	Name of Regi	stered Lan	dfill	L	1	
AZTECH MANAG		С на	auler ID No. 7040	of Waste		G.R.O.W.		*****			
City, State				Disposal		City, State		1/21/12/19/19			500-50-
Montclair, NJ	07042			5/25	/12	Morrisvi	lle, PA	190	67		
Completed By (Print	or Type) Tit	le		lo lo	Signature	1-1-	=	Date			
Constantine V	5-57/	eside	ent		/	that.	1/100		1/12		

check A1502

Date of Notification (1)  Agencies Notified  Type Notification  FACILITY INFORMATION  Name of Eacility (4)  FACILITY INFORMATION  Name of Eacility (4)  FACILITY INFORMATION  Name of Eacility (4)  FACILITY INFORMATION  Street Address 250 Ogden Ave  FACILITY INFORMATION  Name of Facility (4)  FACILITY INFORMATION  FACILITY INFORMATION  Name of Eacility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Subchapter 8 (Other (i.e. private 8 commercial buildings, hetc.)  Square Feet  School (K-12)  Subchapter 8 (Other than K-12)  School (K-12)  Subchapter 8 (Other than K-12)  Street Address  Street Addr	
EPA DEP Amendment # Series City, State, Zip Code Jersey City NJ ASSISTOS CONTROL Name of Contact Andrew Smith	
DEP   Amended Amendment #   Draw	
DOH   Emergency (Including justification)   Name of Contact Andrew Smith   201-832-1027	
DCA	
Name of Facility Where Abatement is Taking Place (3)  Private Property  Street Address 250 Ogden Ave  City (5) Jersey City NJ  County (6) Hudson  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Abatement Contractor (9)  First Phase Group Inc  Street Address  n/a  City, State, Zip Code  City, State, Zip Code  West New York NJ 07093  Project Manager for Monitoring Firm  n/a  Project Manage	
Street Address 250 Ogden Ave    Subchapter 8 (Other than K-12)	
Square Feet   # of Floors   Bldg. Ag   +50	
County (6) Hudson    County Code (7)   (STATE USE ONLY)	4)
n/a  Street Address n/a  Street Address 567-52nd street suite#16  City, State, Zip Code n/a  Project Manager for Monitoring Firm n/a  Telephone No. n/a  Telephone No. n/a  Telephone No. n/a  Scheduled Completion Date (11) 5/24/2012  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: 8 hours  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf  Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Trun	
Street Address n/a  City, State, Zip Code n/a  Project Manager for Monitoring Firm n/a  Telephone No. n/a  Telephone No. n/a  Telephone No. n/a  Start Date (10) 5/24/2012  Coccupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:  Street Address 2333 Route 22 West  City, State, Zip Code Union NJ 07083  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exemp	
Project Manager for Monitoring Firm  n/a  Project Manager for Monitoring Firm  n/a  Telephone No.  n/a  201-758-7158  001144  Start Date (10)  5/24/2012  Scheduled Completion Date (11)  5/26/2012  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other − Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Renovation  Demolition  Demolition  West New York NJ 07093  Telephone No.  201-758-7158  O01144  Name of OSHA Monitor  J\$S Environmental Corp  Street Address  2333 Route 22 West  City, State, Zip Code Union NJ 07083  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Type	
Project Manager for Monitoring Firm  n/a  Telephone No.  n/a  Z01-758-7158  O01144  Start Date (10)  5/24/2012  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other − Describe: 8 hours  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf  Renovation Demolition  Telephone No.  201-758-7158  Name of OSHA Monitor  Street Address  2333 Route 22 West  City, State, Zip Code Union NJ 07083  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Type	
5/24/2012    Steel Address   Street Add	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 8 hours  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 lf  Renovation Demolition    Renovation   Pull Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure	
Abatement Performed Outside of Normal Facility Hours  Other ~ Describe: 8 hours  City, State, Zip Code Union NJ 07083  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Renovation Demolition    City, State, Zip Code Union NJ 07083    Full Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Is Location   Negative Pressure   Non-Exempted (*) and Non-Friable Procedure   Is Location   Negative Pressure   Non-Exempted (*) and Non-Friable Procedure	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Renovation  Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Is Location  Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Type	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Type	
Is Location Abatem	
Asbestos-Containing Material (ACM)  Used Solely by  Asbestos Containing Meterial (ACM)	T
TO BE ABATED In Facility (13)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Enclosure
Tes INU IN/A	j (D
basement x piping insulation 20LF x	
Name of Registered Waste Hauler  DJM  NJDEP Waste Hauler ID No. 29681  Cubic Yards of Waste Cubic Yards Of Waste Cumberland	
City, State 109-113 Jacobus Ave  Disposal Date City, State South Kearny NJ	
Completed by Edwin Precilla  Title Project Manager  Signature Edw. Date 5-14-2012	

NOTIFICATION OF DEMOLITION A	AND RENOVATION (continued)
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X.	DESCRIPTION OF PLANNED DEMOLITION OR R	ENOVATION V	VORK, AND METHOI	D(S) TO BE USED	- PC
			- =	F2 (1-	ELVEINI
xi.	DESCRIPTION OF WORK PRACTICES AND ENGI AND RENOVATION SITE:	NEERING CON	TROLS TO BE USED		OF ASBESTOS AT THE DEMOLITION
	Prior to removal, the work area around the building will be rope removed by non-friable procedures. All waste will be placed in	ed off with caution a double 6 mil, Bag	tape and warning signs. Ples, seized and labeled and pla	astic sheeting will be placed to the graced in a locked container for dispose	round below and the asbestos will be sal.
xii.	WASTE TRANSPORTER #1 Name: Guardia	n Contracting	, Inc.	. 346	The thorpe was the state of the
		oute 9, Unit 61		The second secon	
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nicholas	s Fernicola	± 1		
	WASTE TRANSPORTER #2 Name:			1 10	
	Address:				
	City:	State:		Zip:	
	Contact Person:				9
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.				
	Location: Bordent	own Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone:215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT	AGENCY, PLE	ASE IDENTIFY THE	AGENCY BELOW AND ATT	ACH COPY OF ORDER
	Name:	****	Title:	w Marania da	
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to B	egin (MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe conditions	or would cause	equipment damage or a	n unreasonable financial burtic	en .
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOW ASBESTOS MATERIAL BECOMES CRUMBLED, P	ED IN THE EVI PULVERIZED, C	ENT THATUNEXPECT R REDUCED TO POV	ED ASBESTOS IS FOUND C	R PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN T THE DEMOLITION OR RENOVATION AND EVIDE AVAILABLE FOR INSPECTION DURING NORMAI	ENCE THAT TH	E REQUIRED TRAIN	NG HAS BEEN ACCOMPLIS	PART M) WILL BE ONSITE DURING SHED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Ow	ner/Operator)	May 15, 2012 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS	CORRECT.	\ \ \	00 1	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Ow.	ner/Operator)	May 15, 2012 (Date)

#### DEMOLITION / RENOVATION NOTIFICATION

- North	Date R	teceived	,
	1/1/6		
8	2012		3

Operato	or Project #:	Postmark:	Notification:		1					
I.	TYPE OF NOTIFICATION (O- Original R-Revised C-C	ancelled): O	II. IS ASBESTOS PRESEN	Γ? (Yes/No):	Y					
III.	FACILITY INFORMATION (identify owner, removal contractor and other operator)									
	OWNER NAME: Cecil Williams.									
	Address: 898 Harrison Drive									
	City: Big Lake State:	MN	Zip: 55309							
	Contact: Cecil Williams		Tel: 732-275-2250							
	REMOVAL CONTRACTOR: Guardian Cont	racting, Inc.	NJ License: 0	0624						
IV. V.	Address: 1889 Route 9,	Unit 61								
	City: Toms River State:	New Jersey	Zip: 08755	***************************************						
I. III.	Contact: Nicholas Ferni	cola	Tel: 732-349-9932	732-349-9932						
	OTHER OPERATOR (if different)	NJ License:								
	Address:									
	City: State:		Zip:							
	Contact:	Tel:								
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R	ncy Renovation): D								
V.	FACILITY DESCRIPTION (Induding building name, number and floor or room number)									
	Building Name: Residence									
	Address: 31 Campview Place									
	City: Keansburg State:	New Jersey	County: Monmouth	County: Monmouth						
	Site Location: Exterior									
	Building Size: 1500 sf # of Flo	ors: 1	Age in Years: 60							
	Present Use: Residence	Prior Use:	Residence							
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF	APPROPRIATE, USED TO	DETECT THE PRESENCE OF ASBESTOS	MATERIAL:						
3771	IS MATERIAL ASSUMED TO BE ASBESTOS?	T		Non	friable					
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	D. CO.	,	Asbesto	Nonfriable Asbestos Material Not To Be Removed					
	Regulated ACM to be removed     Category I ACM not removed	RACM To Be	LOCATION							
	3. Category II ACM not removed	Remove	ed	Cat I	Cat II					
	Pipes (Linear feet):									
	Surface Area (Square feet): 1400 sf	Asbestos siding	Exterior							
	RACM Off Facility Component (Cubic feet):									
	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 5/	16/12 Complete:	5/17/12						

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

								-	The second second				
Date of Notification (1) 5/15/2012				Name of	f Building (		rator (2) Williams		1 Val	21	) Q.	39	100
Agencies Notified Type of Notification  [ X ] EPA [ ] Initial Notification  [ ] DEP [ ] Amended Notification				Street Address  898 Harrison Drive City, State, Zip Code									
I A I DOD	ndment #_	eluding		Oily, Oil	ne, Esp co		ke, MN 55	309					
[ X ] DOH [ ] Cancellation				Name of Contact Cecil Williams Telephone Number 732-275-2250									
[ ] 2611			EAC	IITVI	NFORM	ATION .		7	the same of the same	17 seed			
Name of Facility Where Abatement is Taking Residence	g Place (3	)	TAC	<u> </u>	ivi Oldvi	ATTOTY	Type of Fac	ility (4)	School (k-12)				
Street Address 31 Campview Place	ce	* 1			9		1	[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			ial build	lings,
City	County (6)			County Code (7) (STATE USE ONLY)		Υ)	Square feet 1500	ef	# of Floors	Bldg	, Age	0	
Keansburg	Monn	outh		(,,,,,,,	002 0112	,	Current Use	(Prior if	being demolished	)			
Name of Monitoring Firm Hired by Building	Owner (8	3)		ASCM N	o. 1	Name of	Abatement C	Residen ontractor					
N/A							(		n Contracting,	Inc.			
Street Address						Street Ad		1889 Ra	oute 9, Unit 61				
City, State, Zip Code						City, Stat	e, Zip Code	************		001	755 1	71	
Project Manager for Monitoring Firm		l'elephone l	Number				e Number	I oms K	iver, New Jerse License N		/33-1.	2/1	
Cally July I Start Date (10)		Scheduled (	Name lati	an Data (	[1]	732-349	9-9932 OSHA Monit	or	00624				
Scheduled Start Date (10) 5/16/12	2	5/17/12		on Date (	11)	Name or			Analytical				
Occupancy Status During Abatement (Check  [ x ] Facility Closed/Vacate  [ ] Abatement Performed  [ ] Other – Describe	d During	Entire Perio				Street Ad	e, Zip Code		elton Road way, New Jerse	v 088	54		
Scope of Work (Check all that apply)						r 1			with Negative Pre				
Scope of work (Check an that appry)						[ ]	Mini-En		with regative rie	33410			
[ ] >3 sf or ≥3 lf		[ ]	Renovat			[ ]	Gloveba			57			
[ X ] ≥160 sf or ≥260 lf		[ x ]	Demolit	ion		[x]	Non-Exe	mpted (*	) and Non-Friable I	Procedu	ıre		
					and the second	San Pieces				Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custodial Staff (12)			ed	Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing,  Amount (Specify SF or LF)  O A  I					R E P A I R	E N C A P S	E N C L O S U		
	YES	NO	N/A		our	er miscena	ineous)			L		L E	R E
Exterior		X		Asbes	stos sidin	g			1400 sf	X			
				L									
Name of Registered Waste Hauler Guardian Contracting, Inc.	N.	DEP Waste 20	)223		Cubic Ya	rds of Wast	T.R.		red Landfill				o. — —
City, State Toms River, New Jersey			Dispos: 5/18/1			City, Sta	<sub>ite</sub> xwn, Penns	vlvania					
Completed by (Print or Type) Nicholas Fernicola	Title Projec	t Manage		Signati	) ;	last	)/		1	Date 5/15	5/2012	2	
				for asbe	estos ličen	sure exem	pted activiti	es.				-	

# New Jersey Department of Health and Senior Services Consumer, Environmental and Occupational Health Service Indoor Environments Program PO Box 369

PO Box 369 Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 609-826-4975

#### APPLICATION FOR RECIPROGAL ASBESTOS ACCREDITATION

INSTRUCTIONS: Type or print legibly in ink. Please complete the following information and attach all necessary documentation.

Send completed application to the above address. You will be contacted when your application has been reviewed.

Application Type	The second secon	HAVE ALLOW THE TAXABLE PARTY.			J-	Discipli	nestos contro	1 0		
☐ Initial NJ Permit ☐ Renewal NJ Permit (MUST attach copy)  If Renewal, NJ Permit No.						Asbestos Worker  Asbestos Supervisor				
if Renewal, NJ P	emit No.		Слр. Бе	TO.	**************************************	- AS	spestos Superv	ISOF		
Last Name	NA	First Na	me 2071	11/	MI	Social Security	Number 	2.10121		
STYRI			ROSL			Home Telepho				
Street Address ろろもC	0 6155.	57.	APT.	2		(347) 8	617-10	P13		
City NA	SPETH	,	State	Zip Code	78	Work Telepho	ne Number			
Date of Birth		Sex	Cur		10 VA	dress and Tel	ephone Numbe	er)		
11110	5154	☑ Ma ☐ Fe								
Non-NJ Permit (licer To be eligible for certifi Environmental Protecti currently valid certificat	cation in New Jerse on Agency to admir	y you must ho nister and enfo	orce an asbest	os training an	ion in anothe	r state which ha n program. Lisi	as been authoriz t all states for w	zed by the U hich you ho		
Certification States	Permit Type	Permit Exp. Date	Permit Number	Initial Tra	ining Dates and Ending)	Total Initial Hours	Refresher Training Date **	Total Refreshei Hours		
NYS	MORKER	11/12	90-03622	02-08	1-90-	32	09.24.	X		
** Refresher training	may not be more t	han one (1) y	rear old.		-111					
Applicant must include Initial Applicants:  1. A notarized copy indicated above 3. A clear, notarize	the following inform  of each initial train  of each refresher to  do copy of your curre  of copy of your curre  of copy of your curre	nation with this ing certificate raining certific ently valid asb	s application: as indicated al cate (if applicab estos permit as	oove. ile) as	<ol> <li>A notariz         (if applications)</li> <li>A clear, rasbestos</li> </ol>	able) as indicate notarized copy of permit as indic on back and fro	refresher train	valid information		
The information co knowledge. I understand that the same purpose I all information which in full disclosure of arthat completion of the same purpose.	ntained in this "Apperstand that if such his application is subsequently and that had be not of the requested.	oject to verification of outside source termine certification or required in	eciprocal Asbe- contained in thi ation and that I ces may be co ication, applica- formation may	agree to pro ntacted and ition validity a result in reie	ation" is accurate is false, I and vide any add that I do her and/or eligibilities of this a	rate, true and m subject to the itional documer eby give permity. I also under application for a	ntation as requiression for disclostand that failuresproyal. I also	ed. For the sure of any e to provide		
Signature of Applica	10.1	es encur accementation of the	Sky	CONTRACTOR OF CO	accept and a second and a second as a seco	Date	5.14.1	2		