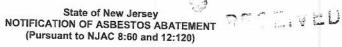
NO CK.

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

Date of Notification (1)				1		ing Owner/Operator		75-2-		E	ē,	
	22/	14			Merck Sha	arp and Dohme Co	orporation			0	Y	
⊠ EPA [Γype Notif ☑ Initial			5	Street Address	s coln Avenue	2814	MAY 29 A	100000000000000000000000000000000000000	-		
	☐ Amend		_		ity, State, Zip					-		
□ DHSS		ment # <u>00</u>	_		Rahway, N		14151	STOS CO	N. P. C.			
(NJAC 5:23-8)	Emerge justifica	ency (inclu ation)	uding	N	lame of Conta		(h) &	Adlantia	MTPar	-		
32 454	☑ Cancel			- 1	Gerry Stan		65 ~	LTelephone	Number	9		
100	ON-				•	TO THE WARRANT OF THE PARTY OF		4		1.		
Name of Facility Where Aba	atement is	Taking D	lace (3	1	FACILITY	INFORMATION	T (5 10)	7.0				
Building 121/121E &		s raking r	lace (5	,			Type of Facility	3				
Street Address	120						School (K-1) Subchapter	2) 8 (Other than	K-12)			
126 E. Lincoln Avenu							Other (i.e., p	rivate and co	mmercial b	uildin	gs,	
City (5)							homes, etc.					
Rahway							Square Feet	# of Floor:	s B	ildg. A	\ge	
County (6)							115000	4		50		
Union				,	County Code	(7)(STATE USE ONLY)	Control of the Contro	ior if being de	molished)			
				_, _			Vacant					
Name of Monitoring Firm Hi	red by Bu	ilding Owi	ner (8)	AS	SCM No.	Name of Abateme						
EHI, Inc.						USA Environ	mental Manag	ement, Inc.				
Street Address						Street Address						
655 West Shore Trail						8436 Enterpr	ise Avenue					
City, State, Zip Code					170000000000000000000000000000000000000	City, State, Zip Co	ode			- 2.		
Sparta, NJ 07871						Philadelphia,	PA 19153					
Project Manager for Monitor	ing Firm		T	eleph	one No.	Telephone No.		License N	0.			
Lisa Liloia				973-	729-5649	215-365-5810		1156				
Start Date (10)					n Date (11)	Name of OSHA M	lonitor					100
_6 / _02 / _	14	9	_ / _	26	/ _ 14 _	USA Environ	mental Manag	ement, Inc				
Occupancy Status During Al	batement	(Check or	nly one))		Street Address						8,92
□ Facility Closed/Vacated I	During En	tire Perioc	of Aba	ateme	nt	8436 Enterpri	se Avenue	40				
☐ Abatement Performed Or	utside of N	Normal Fa	cility Ho	ours -	Describe	City, State, Zip Co		-				
Time of Abatement: 7:00	_AM- <u>3:3</u>	0 PM/	PM		_AM	Philadelphia,						
Scope of Work (Check all the	at apply)			-		· madoipina,	17 10100					
≥3 sf or ≥3 if≥160 sf or ≥260 if			Renov			☐ Full Cont ☑ Mini-Enc		gative Pressur	'e			
							mpted (*) and No	n-Friable Prod	cedure			
505m3000.mm37755.2 2 2 2 2 2 2				cation						atem	ent T	vpe
Location of Asbestos-Containing Mar	torial (A CI		Norr Used S	mally	nv	Description of				_	1	Ť
TO BE ABATE		(VI)	Mainte	nance	ASD (i	estos Containing Mai e., thermal systems i		Amount	1	Repair	Encapsulate	Enclosure
IN Facility			Custodia (1		ff? \\"	surfacing, VAT,	or	(Specify SF or LF) Va	=	psu	Sur
(13)		V		1	N/A	other miscellaned	ous)				late	Ф
Con office bank												
See attached				J]		1					
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V/D												
Name of Registered Waste F	auler			1,000,000	EP Waste	Cubic Yards of	Name of Regis					
Freehold Cartage Inc.		1			er ID No. 939	Waste 1200	Lycoming	County RM	S			
City, State				,,,		Disposal Date	City, State					
Freehold, NJ						8/26/2014	Montgome	ry, PA				
Completed By (Print or Type))	Title		-		Signature .			Date			
Dilip Kumar	3		ram N	lana	ner		hD.		Date /			
SB-41			,			Part	Plena		2/5	110	1	
IAY 11		* Do	not use	thie f	orm for asher	tos licensure evemn	ted activities	742380		•	,	

Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other	Amount (Specify SF or LF)				
Building 121	TES	NO		miscell.)		Rem.	Rep.	Encap	Enclose
Building 121			X	Pipe Fittings	4 EA	X			\neg
Building 121			X	Pipe Wrap Cloth	10 LF	x			
Building 121			Х	Window Caulking	60 LF	x	1		+-
Building 121			X	Transite Window Sill	54 SF	X	1		+
Building 121			Х	Window Glazing	10 EA	x	1	_	-
Building 121			X	Window Sill Caulk	85 EA	X	+		+
Building 121			Х	Door Caulk	200 LF	x	-		+
			X	Roof Coping Stone Caulk	150 LF	X	-	-	+
Building 121			X	Roofing Tar	24000 SF	x	+	-	-
Building 121			X	Crawl Space	2000 SF		-	+-	-
Building 121E			X	Pipe Fittings	5 EA	X	+	+	-
Building 121E			X	Transite Table Top	15 SF	X	-		
Building 121E			X	Water Proofing	400 SF	X	-		
Building 121E			X	Window/Door Glazing Caulk	63 EA	x			
Building 121E			X	Window Sill Caulk	90 EA	Х			
Building 121E			X	Exterior Building Caulk	160 LF	X	-	-	
Building 121E			X	Roof Flashing	800 SF	X			
Building 121E			X	Roofing Tar		Х			
Building 121E			X	Coping Stone Caulk	8200 SF	X			
Building 121E			X	Mastic on Duct	130 LF	X			
Building 123			X	Window Caulk	20 SF	X			1
Building 123			X		46 EA	х			
Building 123			X	Door Caulk	80 LF	X		1	
Building 123				Roofing Tar	9500 SF	х			
3 .==			X	Coping Stone Caulk	300 LF	Х		- American	





Print Form

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patement is Tak	ing Place	(3)	FAC	JILI I II	NFORMAI	ION	Type of Facilit	v (4)					
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							School (F	<-12) ter 8 (∩t	har than K	12)			
							Other (i.e	e. private	& comme	rcial b	uildina	s. hor	nes
		_					etc.)						,
									of Floors			Age	
	-		County	Code /	7\			0.00			0.000		
						_	vacant	Prior if be	ing demo	lished)			
ired by Building	Owner (8	()	ASC	M No.		Name	of Abatement C	ontracto	r (9)				
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						282	Creek Road						
					-	1.000				-	-		-
								31					
ring Firm			Telepho	one No.					License	No	_		
						856-	-466-6452						
	Schedu	ed Cor	npletion	Date (1	1)	Name	of OSHA Monito	or	0 120 1				
	6-19-2	2014					경기에 마르막 있었다면 맛보라고 되었다.						
batement (Che	ck Only O	ne)	and the same	State of the last	Wild Towns	Street	Address				_	2.00	
d During Entire	Period of	Abaten	nent			282	Creek Road						
Outside of Norr	nal Facility	y Hours	3		ŀ	City, S	State, Zip Code						-
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hat Apply)													
		Renova	tion			Г] Full Contains	nant with	. No see				
	×	Demolit	ion				Mini-Enclosu	re	rivegative	Press	ure		
						×	Glovebag Pro	ocedure					
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aterial (ACM)	Use	d Sole	ly by	Ache	Desi	cription	of				1) 	T
<u>D</u>	Ma	intenar	nce/	ASDE (i.e	estos Conta e. thermal s	iining M systems	laterial (ACM)	0.520,6		77		g	m
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	Cancellation Datement is Take Datement is Date	Abatement (Check Only Ond During Entire Period of Outside of Normal Facility That Apply) Is atterial (ACM) Abatemial (ACM) Is MacCust Yes Hauler	Cancellation Datement is Taking Place (3) Ilired by Building Owner (8) Indicated a continuous of the continuous of th	Cancellation FAC Cancellation FAC Daternent is Taking Place (3) County (STATE Ascendiated by Building Owner (8) Scheduled Completion 6-19-2014 Abatement (Check Only One) d During Entire Period of Abatement Outside of Normal Facility Hours Chat Apply) Renovation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X Hauler D Label P. Renovation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X Hauler D Label P. Renovation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X	Cancellation FACILITY II Cancellation Cancellation Cancellation FACILITY II Caternent is Taking Place (3) County Code (1 (STATE USE ON ASCM No. ASCM No. Scheduled Completion Date (1 6-19-2014 Abatement (Check Only One) d During Entire Period of Abatement Outside of Normal Facility Hours That Apply) Renovation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Asbertal (ACM) Yes No N/A Asbertal (II) Yes No N/A Asbertal (II) Asbertal (II) Asbertal (II) Asbertal (II) Yes No N/A Asbertal (II) Asbe	Cancellation Andrew Ricco FACILITY INFORMAT Datement is Taking Place (3) County Code (7) (STATE USE ONLY) Ilired by Building Owner (8) ASCM No. Scheduled Completion Date (11) 6-19-20.14 Abatement (Check Only One) d During Entire Period of Abatement Outside of Normal Facility Hours That Apply) Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X trasni Hauler ID No. 28909 2 Disposa TBD	Andrew Ricco FACILITY INFORMATION County Code (7) (STATE USE ONLY) Ilired by Building Owner (8) ASCM No. Name Ricc Stree 282 City, 3 Belli Telephone No. Scheduled Completion Date (11) Abatement (Check Only One) d During Entire Period of Abatement Outside of Normal Facility Hours Abatemal (ACM) Telephone No. Scheduled Completion Date (11) And And And And And And And And And An	Andrew Ricco FACILITY INFORMATION Type of Facility School (A) Square Feet 1332 County Code (7) (STATE USE ONLY) Cirrent Use (F (Ricco Constructic Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 080 St	Cancellation	Andrew Ricco FACILITY INFORMATION Datement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K Other (i.e. private & comme etc.) Square Feet # of Floors 1332 2 County Code (7) (STATE USE ONLY) Countert Use (Prior if being demo vacant If you can't with the private of Abatement Contractor (9) Ricco Construction Corp Street Address 282 Creek Road City, State, Zip Code Bellmawr, NJ 08031 Telephone No. Telephon	Cancellation	Cancellation Andrew Ricco FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (In-Table 9) Street Address Subchapter Abater 10 (Subchapter 10 (Subch	Cancellation FACILITY INFORMATION FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12)

(K# 2662

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:50 and 12:120)

% ************************************				(Pursua	nt to NJA	C 8:60 a	nd 12:12	20)	· · ·			64		
Date of Notification (1) 05/26/14				Name PLA	of Buildin	ng Owner DEVEL	Operato	or (2) S	-	<u> </u>				
Agencies Notified EPA	Type Notification	n		100000000000000000000000000000000000000	Address EAST C		/ LINE	RD. SOUTH	47 29 A	hii:	4.5			
DEP X DOL	Amended Amendme	nt #		City, S	State, Zip EWOO[Code O NJ 08	701	3351	570 <u>\$</u> 00	ATH	\$ i			
DOH DCA	Emergence justification Cancellation	ገ)	ng	Marine San	of Conta			() a	LICENS	N L	nhe,r	10		
Name of Facility MA				FAG	CILITY IN	FORMAT	ION							
Name of Facility Where	Abatement is Tak	ing Place	(3)		2014 av. 9.99 <u>a. 40</u>			Type of Facility	/ (4)	_				
Street Address 312 CEDAR BRID	GE							Other (i.e.	-12) er 8 (Other th private & co	nan K-12 mmercia) I bu	ilding	s, ho	mes
City (5) LAKEWOOD								etc.) Square Feet 800	# of Flo	ors		Bldg.	Age	
County (6) OCEAN				County (STATE	Code (7)) .y)		Current Use (P		emolishe	ed)		- 1/2	
Name of Monitoring Firm	m Hired by Building	Owner (3)	ASC	M No.		Name	of Abatement Co	ontractor (9)	1.0	-			
Street Address							Street	Address HITE DOVE C		LS	_			
City, State, Zip Code							City, S	State, Zip Code		+-	_	-		
Project Manager for Mor	nitoring Firm			Telenho	one No.			EWOOD, NJ (
				relepine	one Ivo.			668-9078	120	ense No. 00				
Start Date (10) MAY 27 2014		MAY:	28 20	mpletion 14	Date (11)		of OSHA Monitor LEAD PROFI		s				
Occupancy Status Durin Facility Closed/Vac					-		Street	Address HITE DOVE C						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr	nal Facilit	y Hour	ment rs			City, S	tate, Zip Code		-				
Scope of Work (Check A	Il That Apply)	70					LAKE	EWOOD, NJ (08701			- S		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Economic Contract Con	Renovi Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				-	
		Is	Locat	tion				Tron Example	a () and Non	i-i nable	F10		emen	t
Location Asbestos-Containing			Norma ed Sole			Des	cription	of		L		Ту	ре	_
TO BE ABA In Facili (13)	ATED	Ma	intena todial ((12)	nce/ Staff?	Asbes (i.e.	thermal: surfac	aining M systems ing, VAT iscelland		Amoun (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
EXTERIO	OB	Yes	No	N/A									ite	e e
EXTERI	UR	-	X			SI	DING		500SF	X				
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Nome of D														
Name of Registered Wast NEWARK CARTING	e Hauler		Н	JDEP Wa auler ID I 1509	0.00	Cubic Y of Wast 5	17 (1 () () () () () () ()	Name of F	Registered La	andfill				
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Completed by OSEPH PERLSTEIN	J	Title OWN	FR	W			nature	BETHLE	EHEM PA	Date				
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Date of Notification (1))				Name	o of Duildin	~ ^	-10	- P1/A		Date				
04/01/14					LAN	e of Building	NOLC	or/Operato	г (2)					C	
Agencies Notified		Votificatio	n			t Address 3 CEDAF	POV		2014 H	AY 29	ALT II	1	-		
EPA DEP	-	nitial						V					223		
× DOL	-	mended mendmer	nt #		City, S	State, Zip C EWOOD	Code	0704		STOST			ŧ		
		mergency		ng	_			8701	AN &	LICEN	SING	à	,		
DOH DCA		stification				of Contact		are erecet	30	Talon	L		r ' ' '		
	1-	ancellatio			Acres and a second	HUA GO							}		
Name of Facility Where	e Abateme	nt is Taki	ng Place	(3)	FA	CILITY INF	ORMA	TION	Type of Facility	v (4)					7.57
									panne.	5 A68					
Street Address									School (K	(-12) ter 8 (Other :	than K	12)			
1414 TOWERS ST	TREET								X Other (i.e	. private & c	ommer	cial bu	ildino	ıs ho	mes
City (5)							_		etc.)						
LAKEWOOD									Square Feet 800	# of FI	oors		Bldg	Age	
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OCEAN					(STATE	E USE ONLY)		Odifelit OSE (F	nor a being	demoii	snea)			
Name of Monitoring Firr	m Hired by	Building	Owner (8)	ASC	CM No.		Name	of Abatement C	ontractor (9)	1			_	
Charles								AAA	LEAD PROF	ESSIONA	ALS				
Street Address							1200		Address					_	
								6 WH	HITE DOVE C	COURT					
City, State, Zip Code									tate, Zip Code			_			
									WOOD, NJ	08701					
Project Manager for Mor	nitoring Fir	m		0 -275	Teleph	one No.		-	one No.		cense h	No	- 27-2		-
									668-9078		200	V O.			
Start Date (10) 06/06/14			Schedu	led Co	mpletion	Date (11)			of OSHA Monitor						
Occupancy Status Durin	a Abatama	ant (Cha	06/06	709 76				AAA	LEAD PROF	ESSIONA	LS				
www.				533					\ddress						
Facility Closed/Vac Abatement Perform	ated Durin	g Entire F	Period of	Abate	nent			6 WH	ITE DOVE C	OURT					
Other – Describe:	ica Odisiue	e or Norr	iai Facilii	y Hour	S				ate, Zip Code						
cope of Work (Check A	II That Ann	oly)						LAKE	WOOD, NJ (08701					
] ≥3 sf or ≥3 lf	iii mat App	Jiy)							532 11.						-1577
≥160 sf or ≥260 lf			THE REAL PROPERTY.	Renova					Full Containm	ent with Ne	gative F	ressu	ire		
_			X	Demoli	tion			-	Mini-Enclosur	е .	•				
								×	Glovebag Pro Non-Exempte	cedure d (*) and No	n-Erioh	lo Pro	ood		
			Is	Locat	ion					4 () 4114 140	ii i iiab	T		emen	
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Asbestos-Containing TO BE ABA	Material (A	(CM)	US6 Ma	ed Sole iintena	ly by	Asbesto	os Cont	taining Ma	terial (ACM)	Amou	nf				T
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me of Registered Wast	e Hauler			1.81	IDED III										
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SEPH PERLSTEIN	1		OWN	ER			0.	gcture			Date	E			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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· De

Date of Notification (1) 5/21/14				Name	of Building	g Owner/	Operato				· -	D	62)
	ype Notification	on		Street	Address			20	14 MA	' 29 	AM II	: (,		
EPA DEP DOL DOH DOA	Amended Amendme	ent # cy (includin n)	g	City, S Unio Name	Headley State, Zip Con, NJ 07 of Contact	Code '083	е		0.E3	US C CENS elephone	ONTI	ar /	7	
	Cancellati	on 			Ildine Jac							0 70		
Name of Facility Where Aba House Street Address 142 Headley Terrace	tement is Tak	king Place	(3)	FA	CILITY INF	-ORMATI	ION	Type of Facility School (K Subchapt Other (i.e etc.)	(-12) er 8 (Otl	ner than I	<-12) ercial b	uilding	s, hoi	mes,
City (5) Union, NJ 07083								Square Feet N/A	# 0 N/	of Floors A		Bldg.	Age	
County (6) Union				County (STATE	Code (7)	n		Current Use (P		1136	olished)			
Name of Monitoring Firm Hin N/A	ed by Building	Owner (8)	ASC	M No.		Name	of Abatement Co Abatement, I	ontractor	(9)				
Street Address	-						Street	Address		- 1		-	-000-100-	
City, State, Zip Code							City, St	osengren Ave		_				
Project Manager for Monitorin	ng Firm			Telepho	one No.		Teleph	va, NJ 07512		License	No.			
Start Date (10) 6/03/14		Schedul 6/04/14	ed Co	mpletion	Date (11)		Name o	45-8685 of OSHA Monitor		#0067	5			
Occupancy Status During Aba	atement (Che							Abatement, In	nc.					
Facility Closed/Vacated Abatement Performed O	During Entire	Period of	hata	ment				sengren Ave	nue					
Other - Describe: Occup	oled					_		ate, Zip Code va, NJ 07512						
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	at Apply)	processor and the same of the	enova				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	ent with				-	
Location of		N	Locat lorma	lly		Dono	cription o			7,011 7 11	abic i ii	Abat	emen /pe	t
Asbestos-Containing Mate TO BE ABATED In Facility (13)	rial (ACM)	Mai	d Sole ntena odial s (12)	nce/	Asbest (i.e. t	os Contai thermal s	ining Ma ystems ing, VAT,	terial (ACM) nsulation, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							8		late	Ire
garage		-	X			pipe ir	nsulatio	on	45	LF	Х			
									_		-			
Name of Registered Waste Har D&S Abatement, Inc	uler		Н	JDEP Waller ID I	No.	Cubic Ya of Waste TBD	NA SECTION AND ADDRESS OF THE PARTY OF THE P	Name of F						
City, State otowa, NJ						Disposal TBD	Date	City, State Tullytow						
Completed by Deanna Brkusanin		Title Projec	t Ma	nager		Sign	pature	1) 14	Œ1	100	ate /21/14	ļ		

Check#1911

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	U,	ASS		BOR	BA	11
(Pursuant	to	NJAC	8:60	and	5.4	61

Data - CALLES												
Date of Notification (1)				Na	me of Build	ling Owner/Operator	(2)				40	_
		14			ıra DeRoc		. 7	DEC			17	
Agencies Notified	Type Notificat	ion			eet Addres				٠ <u>١</u>	. •		
□ EPA	▼ Initial			11			ŋ	Bil May				
□ DOLWD □ DHSS	☐ Amended			Cir	y, State, Zij	tre Street		M4 MAY 29	AM I	1:5		
DCA	Amendmer	nt #	_	1					de Salochilo III			
(NJAC 5:23-8)	Emergency justification	(includin	ng	Sou	th Orange	e, NJ 07079	Lis	#ESTOS	CON	TRO	1	
	Cancellatio				me of Cont		GD	क चिन्तिका	Numbe	er er		
ļ		111		Lau	ra DeRoc	he	49		TO STATE	1		
None of E				F	ACILITY	INFORMATION			72-		4.3.1	_
Name of Facility Where	Abatement is Tal	king Place	e (3)				Type of Facil	litur 7.41				
Private home							School (K	100 A				
Street Address							- Subchant	er 8 /Other than	V 1 2)			
72 South Centre Street							X Other (i.e	., private and co	mmerci	al buil	dinae	
City (5)				-			Tromes, 5	10.)		a, Dan	unigs,	
South Orange, NJ 0707	70						Square Feet	# of Floor	S	Bld	g. Age	
County (6)	79											
Essex				Co	unty Code (7) (STATE USE ONLY)	Current Use	(Prior if being de	emolishe	1	_	_
Name of Monitoring Firm	Hired by College									- 41)		
ororning rifm	rined by Buildin	g Owner	(8)	ASC	M No.	Name of Abateme	ent Contractor	(9)				
Street Address						Gr Tech LLC		(-)				
Outer Address						Street Address						
	5						202					-10
City, State, Zip Code						576 Valley Rd # City, State, Zip Co	283					
						The state of the s						
Project Manager for Monit	toring Firm		Tale	ephone	, No	Wayne, NJ 0747	0					
	2500 July 19		1016	-Pi10116	INU,	Telephone No.		License N	0.			_
Start Date (10)	Sob	nalula d O	<u> </u>			973-638-1777		01127				
	Sch	eduled Co	omple	tion D	ate (11)	973-638-1777 Name of OSHA M	onitor	01127				
Start Date (10)		06 /	04	ition D	ate (11) 	Name of OSHA M		01127				
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State of New Jersey APPROVED: PAUL HORNER, NJOCK NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 5/22/14			Nar	ne c	of Build	ding O	wner / Opera	ator (2)	## MAY 29	99.	Ja 6	1		
Agencies Notified Type Notified	cation		Stre	eet /	Addres	isiiip	Public Sci	noois	BI4 MAY 29	ÁĦ11:				
☐ EPA ☐ Initia			421	Mi	iddle	Road				H1111.	4 4			
	ended				ate & 2 , NJ 0		de	1	35ES103	CONTR	₹ 6 1			
	ergency				of Cont			60	& LICE	MSING	2 VESTOR			
DCA Can	cellation				arles		ner	d P			Telep	none	Num	ber
N. CE W.			F	ACI	ILITY	INFO	RMATION			-				
Name of Facility Where Abatem Raritan HS	ent is Taking	Place	(3)				Type of Fac	cility (4)						-
Street Address							☐ School	l (K-12)	NON SUB-C	HAPTER	8			
419 Middle Road							Subch	apter 8	(Other than k	(-12)				
1000							Other ((i.e. priv	ate & comme	ercial build			etc.)	ě.
City (5)	County (6)	10	County	Co	de (7)	-	Square Fee		# of Floors		Bldg. A	ge		
Hazlet	Monmouth		Journey	00	ue (1)		70,00		1 1	P 1 B		50	+	
							School	e (Prior	if being demo	olished)				
Name of Monitoring Firm Hired to	y Building Ov	vner (8)	T	ASCM	No	A PROPERTY OF THE PARTY OF THE	otomor	nt Contractor	(0)				
Environmental Connection		,	-/	ľ	.00	110.	Bristol En	vironn	nental, Inc.	(9)				
Street Address							Street Addr		iontal, mo.					_
120 North Warren Street					- 778		1123 Beav							
City, State & Zip Code Trenton, NJ 08010							City, State 8							
Project Manager for Monitoring F	irm	Tal		- N			Bristol, PA							
Ryan Broadwater			epnon 9-392-		umber 00		Telephone 1 (215)788-6			License 00509	Number			
Scheduled Start Date (10) 5/22/14	Scheduled Co	mplet	tion Da	ate ((11)		Name of OS		nitor	00000		_		_
		5/2	24/14				Bristol En		nental Inc.					
Occupancy Status During Abater Facility Closed/Vacated I	nent (Check of	only or	ne)				Street Addre						-300	
Abatement Performed Or	steide of Norm	al L	ouro	ate	ment		1123 Beav							
Describe: 2 PM to 10	30 PM	iai n	ours –	/ar	n to 3		City, State &							
Facility Occupied During	Abatement						Bristol, PA	19007						
Scope of Work (Check all that ap	ply)											-		
									Full Contains	nent with	Negative	Pre	SSHIFE	۵.
\(\geq 23 \text{ sf or ≥3 lf}		\boxtimes	100 00 000	1907077	ation				Mini-Enclosu				oourc	5
≥160 sf ≥260 lf			Dei	moli	tion				Glove Bag P	rocedures	3			
Location of								\boxtimes	Non-Exempt	ed and No	n-Friabl	e Pro	cedu	ire
Asbestos-Containing			Locat mally			^	Descriptio	n of		Amount	Ab	atem	ent T	ype
Material (ACM)			Solely		d	A	sbestos-Cor Material (A	ntaining		(Specify				
TO BE ABATED		Mair	ntenar	ice (or	(i.	e., thermal s	svstems		SF or LF)	ړي	71	Enc	5
in Facility		Cust	todial	Staf	f?	insu	lation, surfa-	cing, VA	AT		Remova	Repair	aps	CISC
(13)		Yes	(12) No	N/	ΙΔ.	or	other miscell	laneous	5)		<u>s</u>	=	Encapsulate	Encisoure
Roof			140	14/	7								СФ	
Throughout		+	ዙ	╁╞	++-	N: 1-	Transit	11175	1	,115 SF				
		+	+	╁╞	1 1	'ipe ii	nsulation V	vrap &	Cut	25 LF				
	,	H	H	+	+							Ц	Ш	
		H	H	十	+						-H	님	H	닏
		Ħ	H	1	it	-						님	님	H
lame of Registered Waste Haule			NJ	DEF	Was	te Cul	bic Yards	Name	of Registere	d Landfill				
Service Transport Inc.				uler 990	ID No		Vaste		. 1222					
ity, State			20	390			u yd		va Landfill					
lew Castle, DE							posal Date 4/14	City, S			133	10		
on Justic, DL						1.71/								
		-	T:41	_		- Wilding	Man Sanger T	wayn	esburg, Ol	1	1=			
completed By (Print or Type)		-	Titl			Sign	nature	7	. /		Date			
		-	Pro	e ojec		Sign	Man Sanger T	7	. /	r. L	Date 5/22	/14		



· .	Per .			63
		v 1	- []	_

Date of Notification (1) 5/23/14		Name of Building Owner/Operator (2) E.I. Dupont De Nemours & Co Street Address													
1	Notification			Street	Address	Canal I									
DEP X DOL	Initial Amended Amendmeni			City, St	ate, Zip (023	()	के हैं। देहा	ICE	M3	ON!	The	1
DOH j	Emergency ustification) Cancellatior		1	Name o	of Contac Kyritsis	t			Те	lephon		per			<u></u>
Name of Facility Where Abatern	ont is Takin	a Diasa /	2)	FAC	ILITY IN	FORMAT	ION								
Canal Bridge Area	ieni is rakir	ig Place (3)					Type of Facility							
Street Address Route 130 & Canal Road		_	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					School (K- Subchapte Other (i.e.	r 8 (Oth	ner thar & comr	n K-12) mercial	buil	dings	s, hon	nes,
City (5) Deepwater								etc.) Square Feet 0	# 0	f Floor	S		Bldg.	Age	
County (6) Salem				County (STATE	Code (7) USE ONL	Y)		Current Use (Pr Pipe Lines &	ior if be	ing den	nolishe	d)			
Name of Monitoring Firm Hired I	by Building	Owner (8)		ASCI	VI No.	-		of Abatement Co			101	ıþ	ing	-	
Harvard Environmental, I	nc.	200.50					Neub	er Environme	ntal S	ervice	es, Inc				
Street Address 760 Pulaski Highway							100000	Address dge Road							
City, State, Zip Code Bear, DE 19701								ate, Zip Code nixville, PA 19	9460						
Project Manager for Monitoring F Wesly Morrison	Firm			Telepho 302-32	ne No. 26-2333	3	Telepho 610-9	one No. 33-4332		Licen 0083	se No. 86			-	
Start Date (10) 06/11/2014		Schedule 09/11/2	2014	npletion	Date (11))		f OSHA Monitor rd Env., Inc.							
Occupancy Status During Abater	ment (Chec	k Only Or	ie)				Street A						0.100	_	
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:	ing Entire Fide of Norm	eriod of A	Abaten	nent S				ulaski Hwy ate, Zip Code				_			
							Bear,	DE 19701							
Scope of Work (Check All That A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(ppiy)		enova				× ×	Full Containm Mini-Enclosure Glovebag Prod Non-Exempter	e cedure					e	
			Locati						,				Abate	emen	t
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Use Mai	lormal d Sole ntenar odial S (12)	ly by nce/	Asbes (i.e	stos Conta thermal s surfac	cription o aining Ma systems i ing, VAT, iscellane	terial (ACM) nsulation, or	(S	nount pecify or LF)		Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A							1			ate	to
canal/bridge area		X	2000		galb	estos or	structi	ural steel	52	72 sf	X				
canal/bridge area		X				ts	i pipe		94	40 If	X				
canal/bridge area		X				galbest	tos on p	pipe	12	40 If	X				
canal/bridge area		X				masti	c on pip	oe e	10	00 If	Х				
Name of Registered Waste Haule SJ Transportation	Г		Ha	IDEP Wa auler ID I 217		Cubic Y of Wast 40		Name of F		ed Lan	dfill				
City, State Woodstown, NJ						Disposa 7-8-9/2		City, State		PA					
Completed by Jeff LaRiviere		Title V.P.	5			Sig	hature		-~		Date 5/23/	20°	14		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)			(Pı	ırsuan	nt to NJAC 8: 60-7 and 12: 120-	-7)	RFCX	:#1	22	49	7=
	2 3 / 1	4			Name of Building Owner/Ope THE COMMUNITY Se		WER SCHOOL		. U	• 1	
Agencies Notified Ty	pe of Notification	_		$\dashv \vdash$		CHOOL - LOV	781/ MIV OO	p			
[X] EPA	pe of Nonneation				Street Address 11 WEST FOREST AV	ENUE	TELL LINE SA	AHI	1:2	Ĉ,	
[X	Initial Notification				City, State, Zip Code		#=#E51US	C-1721-			
[X] DOL	Amended Notificat	ion			TEANECK, NJ 07666	4	0 1 1	COM.			
[X] DOH	Cancellation				Name of Contact		Telephone	Nissan I	-		
[] DCA [Emergency				MATTHEW ALBAN		1 elephone	Number			
Name of Positie, Will.				FA	CILITY INFORMATION					_	_
Name of Facility Where Abatement is Ta THE COMMUNITY SCHOOL		OL				Type of Facil					
Street Address 11 WEST FOREST AVENUE							School (K-12) Subchapter 8 (Oth Other (i.e., private				
City (5)	County (6)						buildings, homes, er	c.)	rciai		
	county (b)				County Code (7) STATE USE ONLY)	Square Feet	# of Floor	3	Bldg.	Age	
TEANECK	BERGEN				erichte de terminative de transfer en de transfer	Current Use (Prior if being demolishe	d)		liser is	
Name of Monitoring Firm Hired by Build	ing Owner (8)		AS	CM	Name of Abatem	ent Contractor (9)				
					11	188					
Street Address		_			J.R. CONTR	ACTING & EN	NVIRONMENTAL	CONS	ULT	ING,	, IN
					1141 ROUTE	23					
					City, State, Zip						
Project Manager 2				о	WAYNE, NJ	07470					
Project Manager for Monitoring Firm		Te	lephon	e Num	ber Telephone Number	er	License Nun	nber			
Scheduled State Date (10)	Scheduled Cor		D. ((11)	973 628-9500		00408				
0 6 2 3 1	4 0	7 2	5		Name of OSHA M Enviro Vision	^{Ionitor} Consultants, I	nc.				
Occupancy Status During Abatement (Che	ck only one)		Day	1	Year						
[X] Facility Closed/Vacated	During Entire Period	ď			Street Address					87	
of Abatement Abatement Performed	Outside of Normal F-	cilie.			20-21 Wagara	w Road, Bldg.	#34A				
[X] Hours - Describe:	7:00 a.m	3:30 r	.m.								
Other - Describe:					Fair Lawn NJ	07410					
(Check an mar apply)		1.1	Dam	olition	[X	O & M Proced				-	-
1 Y 1 53 Mars 210	SE.	[X	Ren			Full Containme Mini-Enclosure	ent With Negative Pressi	ıre			
$[X] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $[] \ge 160 \text{ sf or } \ge 260 \text{ lf}$.07675			ii	Glovebag Proce					
[]		<u> </u>					(*) and Non-Friable Pro	cedure			
			Is						Abaten		_
Location of			ocation ormally		Description of Appestes-Containing	19		R		E	E
Asbestos - Containing Material (ACM)		1	Used		Material (ACM)		Amount (Specify	E M	R	Č A	N C L
TO BE ABATED in Facility (13)		Mai	olely by ntenan	ce/	(i.e., thermal system insulation, surfacing,	, VAT.	SF or LF)	0	P	P	0
2 acting (13)			istodial aff (12)		or other miscellane	ous)		V A	A	S	S
asement		Yes	No	N/A				L	R	L E	R
asement		X	-	_	Pipe Insulation		8 LF	X			
irst Floor		X	v	-	Accoustical Ceiling Pla	ster	0.5 SF	X			
econd Floor			X		Accoustical Ceiling Pla		6 SF	X			
			^	-	Accoustical Ceiling Pla	ster	8 SF	X			
								-	1	-	
									+-	-	
										\dashv	
me of Registered Waste Hauler		NIE	CD YY		0.11.11					1	
			EP Was er ID N		Cubic Yards of Waste	Name of	Registered Landfill				
R. Contracting & Environmenta	Consulting, Inc		17819		1	G.R.O.	W.S				
ayne NJ 07470		V-02-32			Disposal Date	City, Stat				_	
mpleted by (Print or Type)	Title						ville PA				
. 1550	Title				Signature //		Date				
rry Bijelonic	Project Mana	iger			1			//E889-2017	3/14		

CK# 3169		NOTIF	ICATIO	N OF ASBE	STOS AB	ATEM	ent [-		A margar	- Children	1		
Date of Notification (1) 05/21/14 CK#3104 \$20	n		Name	of Bullding (Owner/Oper	rator (2	N N	Dept	l Health	OVED & Seni Flow	or Sor	vices	_
Agencies Notified Type Notification				Address	io School	S			rigia)	ature)			
			500 N	North Broa				ato:5	77/16	Time	17:	<u> 21 F</u>	m
DEP Initial Amended Amendment		[tate, Zip Coo beth, New		7:208	3		<i>></i>		~		4 3
DOH Emergency (justification) Cancellation	includin	g	Name	of Contact				· Te	ephone	Number	-		
DCA Cancellation				Villanes	DAVATION				, wa	200	- E	3	
Name of Facility Where Abatement is Taking George Washington School # 1	Place	(3)	· A	MEIT INFO	NOT AWA		Type of Facility	y (4)	1			4.	
Street Address 250 Grove Broadway					7.		School (k Subchapt Other (i.e	er 8 (Oth	er than	G-12)	D	# hori	
Clty (5) Elizabeth, New Jersey 07202						- 8	etc.) Square Feet		f Flogra		_	Age	į.
County (6)			County	Code (7)			20,000	2		101	55+		
Union			STATE	USE ONLY)		• 8	Current Use (F Bchool		5	olisned)			
Name of Monitoring Firm Hired by Building C Detail Associates, Inc.	Owner (8))	ASC	M No.	Na Li	ine of	Abatement Corporation	ontractor	(9)			•	
Street Address 300 Grand Avenue							ddress cBride Ave	DUA .					
City, State, Zip Code Englewood, NJ 07631	nglewood, NJ 07631						te, Zip Code and Park, N						
Project Manager for Monitoring Firm Stephen J.	ject Manager for Monitoring Firm						na No.	45 0/42	Licens	e No.	7	_	
Start Date (10)	Schedu	led Cor		69-6708 Date (11)			25-8400 OSHA Monito	15	01104	1			
05/24/14 Occupancy Status During Abatement (Check	05/27/	114			Ja	SS E	nvironment						
Facility Closed/Vacated During Entire P	eriod of	Ahatan	nent				ddress Route 22 W	est			-		
Abstement Performed Outside of Norm Other - Describe; Sat 8AM Start	al Facilit	y Houn					te, Zip Code New Jerse	w 0709	2				
Scope of Work (Check All That Apply)	اوق	-				THOM;	New Delge	y 0705				_	
≥3 sf or ≥3 if ≥160 of or ≥260 if		Renova Demolit		8	• .	- EXE	Full Contains Mini-Enclose Glovebag Pr Non-Exempt	ire ocedure				2000	
		s Locati					TOO Exempl	Jan Jan	NOTH	- I	Abat	emen!	i I
Location of Asbestos-Containing Material (ACM)	Usi	Normal ed Sole aintena	lv bv	Asbesto	Descrip	o Mat	erial (ACM)	4	mount	-	T '	/pe	7
TO BE ABATED In Facility (13)	Cus	stodial 8	itaff?	(i.e. ti	hermal syst surfacing,	oms in	nsulation, or	(\$	pecify or LF)	Removal	Repair	ncap	Enclosure
(15)	No	N/A		other misce	llaneo	nas)			oval	oair	Encapsulate	Sure	
Mechanical Room Next to Gym			0	&M Pipe I	Insul	ation	-	LF	- X	-	3		
Incinerator Room	X			O&M Cle	ean up Sp	oray (on Material		5 SF	x			
					top of inci	inera	tor .						
Name of Registered Waste Hauler		IN	JDEP W	Jeste T	Cubic Yard	<u> </u>	, Na						
Lillch Corporation		H	Buler ID 3724	No.	of Waste	10)	Marian and Lance	f Registe .W.S L		llitt			
City, State Woodland Park, NJ 07424					Disposal D: 05/28/14		Oity, Sta	ite Ville, Pe	ennsylv	anla			
Completed by Tatiana Kalenikova	Presid	dent		Signal	ture		11	7	Date	14		\neg	
Tatiana Kalenikova Vice President Talleau lehle 05/21/14													



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Check# 1029

Date of Notification (1)	Mutawa	Name	of Building Owner/	Operator	(2)					elm co.
5/22/2014 2014 MAY 29	AH : 2	Philip	o M. Gatti							
Agercies Notified Type Notification		Street	Address							
EPA Initial JS		107	rospect St.			+			*:	
DEP Amended E			state, Zip Code son, NJ							
Emergency (justification)	including		of Contact			Telenhone I	umber			
DCA Cancellation			M.Gatti	Ш		1-				
Name of Facility Where Abatement is Taking	n Place (3)	FA	CILITY INFORMAT	ION	Type of Facility (4)					
Residential Property	g Flace (3)				Type of Facility (4)					
Street Address					School (K-12 Subchapter 8) (Other than K	(-12)			
20 Forest Rd.					Other (i.e. pri	vate & comme		ildings	, hom	es,
City (5)					etc.) Square Feet	# of Floors		Bldg.	Age	
Madison					1,900 +	2		50+	nge	
Courty (6)			/ Code (7)		Current Use (Prior	if being demo	lished)		_	
Morris		(STATE	USE ONLY)							
Name of Monitoring Firm Hired by Building C	Owner (8)	ASC	M No.		of Abatement Contr					
21-22-11				Unic	orn Contracting	Corp.				
Street Address					Address Pleasant Valley	, Mov		1887		A. 2400
City, State, Zip Code					tate, Zip Code	vvay				
					Orange, NJ 07	052				
Project Manager for Monitoring Firm		Teleph	one No.		ione No.	License	No.			
Chat Date (40)			13		333-9176	01232	!	20/27		
Start Date (10) 6/01/2014	Scheduled 0 6/02/2014		n Date (11)	To a series of the	of OSHA Monitor ovision Consult	anto Ino				
Occupancy Status During Abatement (Check					Address	ants inc.				
	1977 W	tement		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 Wagaraw Rd.	- Bldg.35E				
Abatement Performed Outside of Norm	al Facility Ho	urs			tate, Zip Code					
Other - Describe:				Fair	Lawn, NJ 07410)				
Scope of Work (Check All That Apply)					-					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	STREET, ST.	vation		Ē	Full Containmen	t with Negative	e Press	ure		
1100 01 01 1200 11	Dem	olition		×	Mini-Enclosure Glovebag Proces	dure				
	· · · · · ·				Non-Exempted (iable Pr	ocedu	re	
	Is Loc Norr								emen ype	t
Location of Asbestos-Containing Material (ACM)	Used S			scription			-	Τ.	T -	
TO BE ABATED	Mainte		Asbestos Con (i.e. thermal	systems	insulation.	Amount (Specify	D D	_	Ē	ш
In Facility (13)	Custodia (1		surfa	cing, VA	T, or	SF or LF)	Remova	Repair	aps	nclos
(10)	L. T.	T	other r	niscellan	eous)		Va.	#-	Encapsulate	Enclosure
D	Yes N		,						Ф	
Basement	X	Pipe	Insula	tion	30 LF	X				
		-			-					
						alling A				
Name of Decistored Manda Line										
Name of Registered Waste Hauler		NJDEP V Hauler ID	7070700 LV LV STATESTATE			gistered Land	fill			
Freehold Cartage	15939	1	5.7.5.0	G.R.O.W	S., Inc.					
City, State Freehold, New Jersey			al Date	City, State						
Completed by		TBD		Morrisville	e, Pennsylv					
Blagica Nikolova	Title Presider	nt	S	ignature	1/1/10Pm	2 6 77	Date 05/22/	2014		
10 0 10 10 10 10 10 10 10 10 10 10 10 10		•		7	11/1XXIV	10-1	15/22/	2014		

Date of Notification (1) 5-23-12	f		Name	of Buildi	Gow AN	or (2)		الماء		9
Agency Notified	Type Neilleation		Street	- Addresses	HERWOOD		I MAY 20 A	N. I.I.		
D EPA	initial D. Amended		Cilv	7 3 (- State, Zip	TERCOOD	KO74D -	THAT 29 A	m []	C	
	Amondment #				Ey, N=	T DTE	70 1			
III DOH	C Emorgency (note instillection)	ding	Nana	of Conta	EZ , 70 -	10	Telephone No.	mber	11	
E DCA	D Cancellation	57. SW	S.	Mc (GOOD AN	QD	I LIOI M	1	1/47	=
			-		FORMATION		-			
Name of Facility Wilton	e Abatement is Taking I	face (3)		•		Type of Facility	(4)			
S. Mc Go	WAN -			. 1	**	☐ School (K-1)	a			
Street Address	2		• •	8.	: 1	C Subehorter	S (Other than K-1: rivate & commerci	2)	_	
14 5/10	rwood Roi	f-10				homes, etc.	· 💯			
Call (9)		•	5*8			Square Feet	# of Floors	Sldg.		
TEMPLY	<u> </u>					13100	2	176	29	IRS
BERGEN			Coun	ty Code (i n)	7) (STATE USE	RESIN	nier if being denne	ished)	. [
Name of Monitoring Fi	an Hired by Building On	ner AS	CM No.		Name of Alaster	mont Contactor (3)	-	T	-
(8)	į				Best B	Removal I	nc			
Street Address					Street Address		Arrest.		T	
City, State, Zip Code						River St	· 3			
					City, State, Zp	usack, N.	J. 07601			
Project Manager for M	onibring Firm	Telep	bone No.		Telephone Mo.		License No.	$\cdot +$		
-					201-329-	-7444 -	00388			
6-2-14	Schoduled	3 - 14	Date (11)		Name of OSHA	Memier vironmen	+-T T-			
	ng Abelement (Check o				Street Address	IATLOUMEN	tar inc			
E4.	. •				280 Huy	ler St				
C Abatement Performs	ied During Enlive Period ad Cultiide of Normal Fa	of Abatem ality Hours	ant		City, State, Zip C					
D Other - Describe:	8AM 5PM				South H	lackensac	k, N.J. (07606	5	
Scape of Work (Check	all that apply)				A Full	Containment with	Negative Pressur	e	[]	
M 2 3 sf or 2 3 f U 2 160 sf or 2 250 f	i i			NOTES OF	C Mini-	Enclosure obeg Presedure		.		
					G Noë-	Exempted () and	Non-Friable Proc	edure		
190	•	Is Lee		. ,						demont Mpe
, Locat	ion of ng Malonial (ACM)	Used St		١	Description o	of .			1	П
TOBE	BATED	Custo	ndia!	ASDO:	tos Containing Ma , thornal systems	insulation,	Amount (Specify		2	Encapaulate
· ·NE		. (12	2		surfacing, VAT	10,	SF or LF)	100	Ropair	monpount
1061									2	9 9
BASEMENT S	3011-00 0001	Yes No				/=>	415			\vdash
1911Sellery 1º	OLLER PEDOM		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 14 EN	emal INSC	KAIDA	48	SFI	4	++
			+				· · · · · · · · · · · · · · · · · · ·		+	++
			+			-			#	+
Name of Registered Wa	ste Hauter		Waste H	auter	Cubic Yards of	Name of Regist	red Landill		-	
Best Remova	l Inc	171	09		Waste 3/4 V D		Enterpri	ses	1	
Hacker	sack, N.J.	07601			G-3-14	Cay. Same Waynesbi	irg , Oh			
Completed by	Title							Date	$\neg \dagger$	
RVELDRAN) Estim	ator			R. Voldra	ln		5-23	3-1	14

CK 25964

Date of Notification (1)						e of Building Ov CK SHARP & DO		(2)		·	EL)
									_		200000	
5 / 23 /14 Agencies Notified Type Notifi	cation		-		126 E	t Address E. LINCOLN AVE	ENUE, P.O. BO	X 2000, RY28	MAY 29	AM	11:	į Ç
DEP Amer	Notificated Notifi	otifica			City,	State, Zip Code WAY, NEW JER		(see the se	fEST da	. C()	111	
X DOH On H	lold RGEN	CY N	OTIFI	CATI		e of Contact Y BETH BAKER		Telephone N	umber C	14011	*0	ij,
		900		F	ACILITY IN	IFORMATION			4			
Name of Facility Where Abatement is	Taking	g Pla	ce (3)		-		Type of Faci					
MERCK SHARP & DOHME CORPORA	TION							pter 8 (Other than e. private & comn		homes	, etc.)
Street Address	NO 94	^					Square Fee	et # of Floor		Bldg.	Age	
126 EAST LINCOLN AVENUE - BUILD City (5) Cour	nty (6)	U			Cour	ty Code (7)	20,000	Prior if being dem	nolished)	40		
RAHWAY UNIC	N				Fig. 76 - 5 - 7 (0.00)	E USE ONLY)	VACANT	15	7.1			
Name of Monitoring Firm Hired by Bu ENVIRONMETAL HEALTH INVESTIGA						ASCM No.		ntement Contract		NI.		
Street Address	TIONS	5, 1110	٠.			17	Street Address		PORATIO	IN		
655 WEST SHORE TRAIL								ROCK ROAD		economic personal		
City, State, Zip Code SPARTA,	NEW	JERS	SEY 0	7871			City, State, Zi	p Code IEW YORK 1090	1			
Project Manager for Monitoring Firm			200		Number		Telephone Nu		License Nu	ımber		
WILLIAM S. KERBEL, CIH	1		973-7				845-369-7500		1101			
Expected State Date (10) 6 / 2 /14		Sche	d. Co 8		tion Date (1 15	(1) P. P	Name of OSH	IA Monitor ABORATORIES I	INC	#114	80	
Month Day Year		Мо		1	Day	Year	AWERISCIE	ABORA I ORIES I	INC	#114	00	
Occupancy Status During Abatement (C							Street Addres					
X Facility Closed/Vacated Duri Abatement Performed Outsid						ne.	117 EAST 30	TH STREET				
	DAY-F					Je.	City, State, Zi	p Code				\neg
							1	NEW YORK, NEW	N YORK 1	0016		
Scope of Work (Check all that apply) X Demolition		Dono	vation			Full Conta Mini-Enclo		gative Pressure				
>3SF OR LF		rveno	vation				Procedure					
X >160 SF OR 260 LF							le Procedure					
Location of			Locati		E 000	Description of As				oateme		
Asbestos-containing Material (ACM)			nally u olely b		,	ontaining Materia ie. Thermal sy		Amount (Specify	l m	REPAIR	ENCAPS	ENCLOS
TO BE ABATED			t/Cust	•	ir	nsulation, surfacil		SF or LF) 2	ÄR	ΑP	5
in Facility (13)			taff (1			or other miscella	57.1		P		SULE	SURE
	- 1	Yes	No	N/A						гг	m	<u> </u>
SECOND FLOOR / MEZZANINE		X			VAT & MA	STIC		5,665 sf	X			
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	_	_	-			M1.56545						\vdash
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Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	$\overline{}$		P Wa		Cubic Yard	s of Waste 40		istered Landfill COUNTY RESOL	JRCE MAN	IAGEN	IENT	SER
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FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title	-			6/3-8/30/20		MONTGOME	PA 17752	Date	-1-	-	1
BENJAMIN SANCHEZ		СТОБ	OF	OPER	ATIONS	Signature	10	\ \ \	Sare	12	5/	14



Date of Notification (1)		1	Name of	Building (Owner/C	perator	(2)	Amarina and a same and a same and a same		*****		_				
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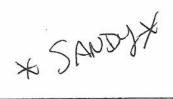
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Project Manager for Mon	moring Firm			elephor	ie No.			94-1757		00029				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Agencies Notified	Type Notification		8	Street Add	dress		10000									
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Design Manager for Mo	nitoring Firm		1	Telephon	ne No		Telepho		7.5	- 1	Licens	e No.				
Project Manager for Mo	ject Manager for Monitoring Firm							294-17		İ	0002	9				
Start Data (10)		Schedule	d Con	noletion [Date (11)		Name o	of OSH	A Monitor				7			
Start Date (10)	1	5-		23757												
Occupancy Status Durin				- //			Street /	Address	S						W/SSC	
Concerned provide the provider of the control of th				ont												
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George Wuest President Group Guld 5-21-14								4								



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Emergency (i	ncluding	ī	Name of	Contact				Te	elephone N	lumhe	г		46	
DCA Cancellation			P	ANE				ره ا	-	, ,	_		•	
					RMATION									
Name of Facility Where Abatement is Taking S.F.E.C.	Place (3)						Type of Facil	(K-12)		10)				
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City, State, Zip Code				C	ity, S	tate, Zip Code						-		
Project Manager for Monitoring Firm	1	Telephone No. Telep				colts Neck, N.J. 07722								
					732-294-1757 00029									
Start Date (10) 5-22-14		pletion [Date (11)	N	lame	of OSHA Mon	itor							
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
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TO BE ABATED In Facility (13)	odial (12)	Staff?		thermal sy surfacin	intaining waterial (ACM) nal systems insulation, facing, VAT, or in miscellaneous)			(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
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										-				
Name of Registered Waste Hauler	IN	JDEP W	/aste	Cubic Ya										
Ace Insulation Co., Inc.		91	lauler ID 2086	No.	of Waste	2	Chr	Maria Cara						
City, State Colts Neck, New Jersey					Disposal	1-14	ر Eas	State ton, Pa						
Completed by George Wuest	Title Presi	dent			Sign	nature	1 Que	later 5-21-1					4	

CK # 7112

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

Page 1 of 2

Date of Notification (1)					Building Ov	wner/Operator (2))		1.1						
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Agencies Notified	Type Notification Initial					t Boulevard									
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(NJAC 5:23-8)	justification)		23425		s O'Rouk	ce	Ø2.	6	770						
	Caricellation		10.00			RMATION									
			10.0	FACIL	II Y INFO	RIVIATION	Type of Facility (4)							
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	vn Avenue, Suite 2	204			1	8451 Executi						_			
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E. Norriton, Pa 1						Philadelphia , Pa. 19153									
Project Manager for N			Telep	hone N	0.	Telephone No.									
Ray Giordano	Morrison 5		610	277 0	405	267-284-1050 01109									
Start Date (10)	Sch	eduled Co	mpleti	on Date	(11)	Name of OSHA Monitor									
06_ / _ 09_	J	8_ /				Joseph Maronski									
						Street Address									
Occupancy Status D	uring Abatement (Che acated During Entire I	Derind of A	Ahatem	nent		8451 Executive Avenue									
☐ Abstament Perfor	rmed Outside of Norn	nal Facility	Hours	- Desc	ribe	City, State, Zip Code									
Time of Abateme	ent: 7:00AM-4:00PM	/PI	Λ	AM		Philadelphia									
											31				
Scope of Work (Che	ck all that apply)					⊠ Full Co	ntainment with Neg	gative Pressure							
≥3 sf or ≥3 lf		Re				☐ Mini-En	an Procedure								
≥160 sf or ≥260 li	molitio	n		⊠ Non-Ex	cempted (*) and No	n-Friable Proced	ure								
		Is	Locati	ion		3.0			Aba	Abatemer		ype			
Loc	ation of	1	Normal	ly		Description	of	Amount	Re	Re	En	Enc			
	ining Material (ACM)	U C.	ed Sole		Asbes	stos Containing N , thermal system	Material (ACM)	(Specify	Removal	Repair	Encapsulate	Enclosure			
TO BE	ABATED		todial		(i.e.	surfacing, VA	T, or	SF or LF)	/al		sula	ure			
	Facility (13)		(12)			other miscellar		2			ē				
	(10)	Yes	No	N/A						-		-			
Basement - Office	e e			\boxtimes	Aircell I	Duct Insulation	n/Debris	100 SF				늗			
Basement & 1st I					Plaster	from Ceiling a	and Walls	6000 SF		ᆜ		늗			
Basement & 1st I				\boxtimes	Safe Do	oors		50 SF		븯		늗			
1 st Floor - Office				\boxtimes	9x9 Flo	or Tiles		2,500 SF							
Name of Registered	San transfer and the same and t			JDEP '		Cubic Yards of Waste		istered Landfill							
Service Transp				lauler I		140 CYS.	Minerva l	Landilli							
City, State				0442		Disposal Date	City, State	Mgarra a							
New Castle, D	F					8/02/14	Waynesb	urg, OH							
		Title		-		Signature	1 (101	Date		١.	, .			
Completed By (Prin	nt or Type)	Progra	am Ma	anagei	• 3:	Piv	, ush 1	a My	5/	23	11	4			
Piyush Patel		riogra	2111 1916	ariagei		1 1				-	-				

Notification - Continuation Sheet - 450 Cove Road, Pennsauken Twp., NJ 08110

Location of Asbestos- Containing Material (ACM) in Facility (13)	Solely by	on Normally Used Maint./Custodial Staff? (12) NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)		nt Type Rep. Encap Enclose
Exterior Windows - Office	TES	X	Glazing Putty	50 SF	Х	
Exterior Windows - Office		X	Caulk	20 SF	X	
Office Roof		X	Black Flashing Sealer	500 SF	X	
Warehouse		X	Transite Panels - Wall/Roof	58,000 SF	-	
Traidilocoo		Х			X	
		X			x	
		X			x	
		x			х	
		X			х	
		X			х	
	 	×			х	
	-	X			x	
	-	X			x	
	-	X			x	
		х			x	
		X			х	

State of New Jersey. DOL - 10 DAY NOTIFICATION ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Ovred Operator (2) Date of Notification (1) 5/14/14 KS Ventures LLC Agencies Notified Type Notification Street Address 15 ESTOS CON 1800 Marlton Pike East S Initial Amended EPA DEP City, State, Zio Code DOL Amendment #_2 Cherry Hill NJ 08003 Emergency (including justification) DOH DCA Name of Contact Cancellation Fred Casta **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Resturant Subchapter 8 (Other than K-12) Street Address Other (i.e., private 8 commercial buildings, 1800 Marlton Pike East homes, etc Bldg. Age # of Floors Square Feet 2500 30 yrs Cherry Hill NJ 08003 County Code(7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Resturant Camden Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. AEi2, LLC Street Address Street Address 300 Lenola Road City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 00689 609-481-2122 Name of OSHA Monitor Scheduled Completion Date (11) Start Date₍₁₀₎ AEi2, LLC 10 Street Address Occupancy Status During Abatement (Check only one) ▼ Facility Closed/Vacated During Entire Period of Abatement 300 Lenola Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Maple Shade, NJ 08052 Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation Demolition ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Used Solely by Location of Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount (Specify Custodial (i.e., thermal systems insulation, TO BE ABATED e m o v surfacing, VAT, or Staff? SF or LF) IN Facility Psula (12)other miscellaneous) (13)a 1 Yes No N/A 2000 sf Exterior Siding Transite shingles X Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste TBD AEi2, LLC 10 21376 City, State City, State Disposal Date **TBD** TBD Maple Shade, NJ Signature Date Completed By Title 5/14/14 Program Mgr. Wm. Minnick

DOL - 10 DAY NOTIFICATION ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) MAY 2 9 2014 5/14/14 KS Ventures LLC Street Address Agencies Notified Type Notification Initial Amended 1800 Marleon Pike Fast No EPA DEP City, State, Zip Code WAIVER APPROVED DOL Amendment #_2 Cherry Hill NJ 08003 Emergency (including justification) DOH DCA Name of Contact Telephone Number Cancellation Fred Casta 0000 **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Resturant Subchapter 8 (Other than K-12) Street Address Other (i.e., private 8 commercial buildings. 1800 Marlton Pike East homes, etc.) # of Floors Bldg. Age Square Feet 2500 Cherry Hill NJ 08003 30 yrs County Code(7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Resturant Camden Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. AEi2, LLC Street Address Street Address 300 Lenola Road City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 00689 609-481-2122 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) AEi2, LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 300 Lenola Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Maple Shade, NJ 08052 Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation Demolition ≥3 sf or ≥3 lf Glovebag Procedure X > 160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Used Solely by Location of Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount (i.e., thermal systems insulation, (Specify Custodial TO BE ABATED e m o v SF or LF) Staff? surfacing, VAT, or IN Facility (12)other miscellaneous) (13)a 1 Yes No N/A 2000 sf Transite shingles Exterior Siding X Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste TBD AEi2, LLC 10 21376 City, State City, State Disposal Date **TBD** TBD Maple Shade, NJ Date Completed By Title Signature 5/14/14 Program Mgr.

State of New Jersey

Wm. Minnick

CK#2530

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





Date of Notification (1) 5/26/14					Name of Building Owner/Operator (2) United Methodist Church of New Brunswick										
Agencies Notified	Type Notific	ation		Stree	t Address	ess (344 154)									
EPA DEP	Initial	4		323 George Street									_		
₩ DOL	Amender Amendm	ent#	-	City, State, Zip Code New Brunswick NJ 08901 CENSING											
⊠ DOH	justificat	tion)	9	Name of Contact Telephone Number											
DCA	☐ Cancella	tion			Past	er Greg Your	ng ()								
				FA	FACILITY INFORMATION										
Name of Facility Where		Taking Plac Methodi		urch			Type of Facility School (K-1								
Street Address		Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings,													
	323	George	Stree	t			homes, etc	.)			-3507-0-	100			
City (5)	New	Brunsw	ick N	JI			Square Feet 30000	# of FI	oors 3	BI	dg. A	ge 0+			
County (6)		Didisv	icit, i	Cou		7) (STATE	Current Use (P	rior if being	g demolis				_		
	ddlesex	dia a Owner		ASCM	ONLY)	Name of Abston	nent Contractor (9		Day C	Day Care					
Name of Monitoring Firm (8) Environ	mental Ta	570 CO		ASCIVI	NO.		vens Environ		Service	s, Ir	ıc.				
Street Address	incitui 14					Street Address									
	64 Broad	Street						Box 322	2				_		
City, State, Zip Code		City, State, Zip Code Allentown, NJ 08501													
Project Manager for Mor			ephone	No.	Telephone No.										
Tom		1		0-2217		59-9688		0	0493	3		_			
	Start Date (10) Scheduled Completion Date (11) 7/14/14 7/26/14						Monitor M	IECS							
7/14/14 Occupancy Status Durin	ng Abatement			Street Address									_		
▼ Facility Closed/Vacat				PO I	30x 341										
☐ Abatement Performed ☐ Other - Describe:	d Outside of N	lormal Faci	ity Hou	urs City, State, Zip Code Crosswicks, NJ 08515											
Scope of Work (Check a	all that apply)			-	***	Full Cor	ntainment with Ne	gative Pre	ecura						
≥3 sf or ≥3 lf X ≥160 sf or ≥260 lf			enovat emolitic												
			Locati		on l							Abatement			
Location	of		ormali d Sole								Тур	Туре			
Asbestos-Containing N	Material (ACM)	Ma	intenar	nce/		tos Containing Mat thermal systems i	terial (ACM)	Amou (Spec		Re	Re	ᄪ	Ē		
IN Facility		'	Staff?		(1.6.,	surfacing, VAT,	or	SF or		Removal	Repair	Encapsulate	Enclosure		
(13)		Yes	(12) No	N/A		other miscellaned	ous)			<u>B.</u>		ulate	re		
Basement Hall S	torage Rm			×	Th	ermal Pipe In	sulation	400	LF	×			-		
Boiler Ro			1			ermal Pipe In		75 I		×					
Boiler Ro			-			Boiler Insula		350	SF	×		9			
Done Room															
					Waste No.	Cubic Yards of Waste	Name of Regi	1							
Stevens Environmental					292	30 CU	City State	GROW	/S Lan	dfill			_		
City, State	Allentow	n NJ				Disposal Date 5/25/14 a /	City, \$tate	/ Morri	sville, l	PA					
Completed By		Title		. \ / -		Signatore	17		Date	5/26	/1/				
Manion E. Ste	Mahlon E. Stevens Project Manager						1/			0/40	/14		_		

CK# 0050 22

D&S Proj. #: 2014-216

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

D&S Proj. #: 2014-216			(Pursua	ant to NJAC	8:60	and 12:120)			RE:	 	. I	- 11	1)		
Date of Notification (1)	IIN	ame of Bui	ding Owne	er/Operator (2)				201	A MAY 2	20 ,		. U			
0 5 / 2 3 / 1 4		PETER A	MARI							. J F	71	$\cdot z_F$			
Agencies Notified Type Notification	on Si	reet Addre	SS					in the same	ESTO & LICI	500	14				
_ _ Amondod		152 PAR	K STREE	T				(D)	& LICE	- NSI	FI /	2 2:1			
DEP Amendment #:	c	ity, State, Z	ip Code	2				'			10				
DOL Emergency		MONTC	LAIR, NJ	07042								- L			
DOH (including justification)	Na	me of Con	tact				5	Telephon	e Numbe	r					
DCA Cancellation		PETER A	AMARI					4	. 🤛				_		
			FACII	LITY INFORMA	ATION										
Name of facility where abatement is	taking pla	ce (3)					Тур	e of Facility (
PETER AMARI									(K - 12) apter 8 (C		oon K	-12\			
Street Address					-			Other	35			-12)			
								Bldgs./	Homes, e	etc.					
152 PARK STREET		. (0)					_ Sq	uare Feet	# of Floo	rs	Bid	dg. Age			
City (5)	Cour	ty (6)				nty Code (7) te use only)	 _	urront Lloo (P	rior if boir	ng dem	olich	ad)	_		
MONTCLAIR	ESS	EX			(0.0	400 0111,7	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by E	Bldg. Owne	er (8)	T	ASCM No.	1	Name of Abatem	nent Contractor (9)								
						D & S REST	ORATIO	N, INC.							
Street Address						Street Address	######################################			714					
						20 California									
City, State, Zip Code						City, State, Zip Co									
Decised Manager Committee		_	Paterson, N. Telephone Numb			License	Numb	oer		_					
Project Manager for Monitoring Firm		Pn	one Numbe	er .		973-345-80	01169								
	TO 1		- D-1- /33		_	Name of OSHA							_		
Start Date (10)	Sched	. Completic	on Date (11)		D & S Resto	ration, I	nc.							
06/03/14	06/30					Street Address									
Occupancy Status During Abatemen						20 California							_		
Facility closed/vacated during Abatement performed outside						City, State, Zip C	ode								
Describe:		aointy from			-1	Paterson, N.	07503								
Other-Describe: NORMAL H						Paterson, IV.			. Ja a math u						
Scope of Work (check all that apply >3 sf or >3 lf		- 2					leased.	containment v enclosure	wnegative	e press	ure				
	Renovatio							ebag procedu	re.						
≥160 sf or ≥260 lf	Demolition						Non-	Exempted (*)	and Non	-friable	Proc	7			
Location of asbestos-containing		n normally in enance/cust		NA. 000 000				Amount		е	e	1 10 1	E		
material (acm) to be	staff(12)			material (sbestos-containin	9	(Specify 5	SF or	m	p a	c a	n c		
abated in facility (13)	Yes	No	N/A					LF)		v e	i	p	L		
BASEMENT		X		PIPE INSU	LAT	ION	-	10 L FT		×			7		
GARAGE		X		PIPE INSU	LAT	ION		10 SQ FT		X					
GARAGE BOILER		X		BOILER IN	ISUL	ATION		15 L FT							
]		
Registered Waste Hauler D & S RESTORATION, INC.	NJDI 135	P Hauler I 06	7000	ubic Yards of V YDS	Vaste	Name of Registe TULLYTOW			ECOVE	RY					
City, State			Disposal D			City, State				**					
PATERSON, NJ 07503			06/04/1			TULLYTOV	VN, PA		-				_		
Completed by (Print or Type)	Title	ENTE		Signature					Date	2014					
BOGDAN JOLDZIC	PRESID		for achorto	e licensure ev		5/23/2014									