State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	RS	N			TION C	OF ASE	w Jersey SESTOS ABAT 8:60 and 12:		DEG		V	7 [0.00
Date of Notification (1)						of Buildin	g Owner/Operator	(2)	NOV	5	20	14	
Agency Notified DEPA DEP DOL	Initia		ts		City, S	Address \$5 tate, Zip		Street I 0773	ASBEST L	ros co	ING	ROL	&
DOH DCA	☐ Eme justi	rgency (includi fication) cellation	ng			of Contact		2 0 1 12	Telephone Numb	er			5
				-	FACI	LITY INF	ORMATION						_
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County (6) MON	noul	M			County ONLY)) (STATE USE	Current Use (Pr	ior if being demolis	hed)			-
Name of Monitoring Firm (8)	n Hired by	Building Own	er /	SCA	l No.		Name of Abater	nent Contractor (9	ries Inc.				
Street Address							Street Address	0x 915	29				
City, State, Zip Code							City, State, Zip (INJ DY	8723				
Project Manager for Mor	nitoring Fi				ne No.		Telephone No.		License No.	,			
Start Date (10)		Scheduled C	114	on Da	ate (11)		Name of OSHA	Monitor					
Occupancy Status Durin Facility Closed/Vacate Abatement Performed Other – Describe:	ed During	Entire Period	of Abate		t.		Street Address City, State, Zip (Code		T)			
Scope of Work (Check a	II that app	oly)					55.0	0 4 : 4	Name that Describe				\exists
□ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf					Ren Den	ovation nolition	☐ Mini- ☐ Glov	Enclosure ebag Procedure	Negative Pressure I Non-Friable Proce				
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Name of Registered Was		es inc.	ID N	Io.	Naste H	2 2	Cubic Yards of Waste	Name of Regis	R.O.W	S.			
City, State BliC	h,.	NJ					Disposal Date	City, State	P.A.		32		
Eric Plaut	vis	Title Pre	Side	A	t		Signature S	ifle		Date 1175	114	1	

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

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					ESTOS ABAT 8:60 and 12:1		M	C		1	/
Date of Notification (1)			Name	of Buildin	Owner/Operator	500	TIME		_		
Agency Notified	Type Notification		Street	Address	1) pr Ha		Aven	10V-	-5	20	14
EPA DEP DOL	☐ Initial☐ Amended Amendment#		City, S	tate, Zip	2/ton L	II O	/	SBESTOS	S CO	NTI	ROL
□ DOH □ DCA	justification) Cancellation	ling	Name	of Contac	- 1		Telephone I		1401	VO.	
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Name of Facility Where	Abatement is Taking P	lace (3)				Type of Facility	10000 E				
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County (6)	New (O)				(STATE USE	Current Use (P	Prior if being de			% 1000-10 0	
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(8)					Briuk Street Address	Indus	tries M	<u> </u>			
Street Address					P.O. B	80x 91	5			•	
City, State, Zip Code					City, State, Zip C	INT E	18723				
Project Manager for Mo	onitoring Firm	Telep	hone No.	31	Telephone No.	9-7499	License No.	196			
Start Date (10)	Scheduled (Completion	Date (11)	3	Name of OSHA	Monitor					
	ing Abatement (Check o	***			Street Address		34				
	ted During Entire Period ed Outside of Normal Fa		ent	-	City, State, Zip	Code	***				
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City, State Bil	LL, NJ				Disposal Date	City, State	YA.	-1		0	
Elic Plau	Lis Title	resid	ent		Signature	D	/	Date III	3)\4	1	
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ty. State Zip Code				Da	TR, NO	0872)		=
cject Manager for Monitoring Firm	Telep	phane No	ô.	Telephone No	19-7419	License No.)		
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ity. State		2000		Disposal Date	City, State	0.0			

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

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

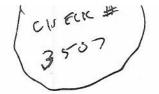
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DOH justificati			Name	of Conta	CI EDUDA	, ') i	Telephone Numb	æ	
		نلــــ			FORMATION				
Name of Facility Where Abatement is T	aking Place	(3)				Type of Facility	(4)		
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Street Address / 6 8 0 TI					* *	Other (i.e., p	nyate & commercia	al buiksi	
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Name of Monitoring Firm Hired by Build (8)	ing Owner				Sweet Address	EMCO IN	UC,		_
Street Address					369	S, S Pruc	= duz.		
City, State, Zip Code					City. State. Zip C	ode SHA-	DE NJ	080	5 3
		Taler	shane i	No.	Telephone No.		License No.		
Project Manager for Monitoring Firm						9-0472	004	79	=
	cheduled Co			le (11)	Name of OSHA	Monnor KL	EMM		
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Abatement Performed Outside of No	mal Facility	Hours	·		City, State, Zip C	aple SI	LODE, N.	J.(28
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Scope of Work (Check all that apply)		ovation notition			Mini-En	closure		re.	
≥160 st or ≥260 H	& Joen				Non-Ex	empled (*) and No	on-Friable Procedu	A	DNG
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KLEMCO INC.		لحل	795	7	Disposal Date	City, State		7	
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	State of N	W JOTE BY BESTOS ABATEM		CEIVED
	Pursuant to NJA	2 8:60 and 12:120	, IIUJI	
Date of Nouncation (1)	Hame of Buildi	no Omer Operator (ARTIATE		NOV 5 2014 NTRACTING
spences Notified Type Notification	Sveer Address	55 RT	ASE	BESTOS CONTROL &
□ FA □ S.M.** □ ATHERMAN	Cry State Zip	Code		T 08230
☐ DOL Amendment # ☐ Emergency : including	Name of Conta	REEN E	IELD N	Talaphane Humber
DON Justification	GRU		unic	
	FACILITY .H	FORMATION		
Nime of Facility Where Waterman 12 Taking Place .)		Type of Facility (
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	County Code	TO STATE	Current Use (Pro	or if being demovished)
County (5) Conf Mari	USE ONLY	- Name of Abatem	ani Convador (9)	
Name of Marrioring Firm Hired by Building Owner	I ASCU HO	KLGM	co IN	C/
1		369 5	, SPRUC	E AVE.
Sirec. Appress		On State, Zp C	∞•	7 11:4 2
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Name of Monitoring Firm Hired (8)	by Building Owner	ASC	M No.	Name of Abatem	nent Contractor					
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ama of Facility Where Ab lightslown High Scho	mement is Taking	g Place (3)						Facility (4) hool (K-12)	,	- 1		
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illy, Stale, Jip Code	, I				1 2		tate, Zip e Shec	Come is, NJ 08		n kan			
rojeci Manager for Monito	ring Firm			elephor		858-	one No. 765-00	99 .	DD842	a,			
November 8, 2014		Schodule	ber 8,		Dets (11)	EMS	L Labo	Monitor	- ·				
Occupancy Status During	Abatement (Chet	k Only On	6)	7, 7,			Address	130 Nort	h				
Facility Closed/Vacuto Abstement Performed Other - Describe:	ed During Emiral I Outelde of Norr	Pariso of / nal Facility	Nours Hours	ant		čliy, š	tato, Zip	Cade on, NJ 0			_		
Copp of Work (Check All	That Abelia	()				1, "	and the state of		,	- 1	-		
5190 at or \$3 h	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Description 1	tenovet temoliti				Min	Englosure		ola Proc	cedure	e	
	a a	la	Lasti	nn n							Atmie	ernent	t
Location Antherior-Contribing A TO BE ABA In Facility (13)	Asierial (ACM) IED	Upo	Normali d Sole intener todial E (12)	y by now . noff?	Antesias Co (i.e. Nern	Description or along the age of ayeter receing, Vier misceria	Anlerial : instrict (1, or	(ACM)	Arment (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Rooms 104, 2	02 204	You	No X	NIA	WI	ndow GI	ezing		180 LF	x		-	
100 Wing Bre		+	X	<u> </u>		ndow GI	- 17		70 LF	ж			
100 ANIUB RIC	O.Z.O.Way									#		1.	\Box
•		1										_	
	e Hauler	i	H	JOEP V Muler ID 5939		bio Yarda Weste	1		Registered Landfl n Barks Comm		Lan	dNII	
			1 16	2000			1				1		
Name of Registered Wast Freshold Cartage City, 31:416 Freshold, NJ		v.	115		1.0	18/2014		City, Stat Bladsbo	11				

CK 9485

JAN 13

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

				1,	ursuari	t to Non	0.00 and 0.10	, A	ECEIVE	- 13			
Date of Notification (1)							Owner/Operator (2	2)		-13			
10 /	30	/ 14			Holf	tec Inter	national	2017	HOU E DA	10 0	_		
Agencies Notified ☑ EPA	Type N	otification al			0.0000000000000000000000000000000000000	Address oltec Dri	ve		K9V 5 PH				
□ DOLWD	· Ame				City, S	tate, Zip C	ode	ASE.	LICENSIN	RO	L		
⊠ DOH		endment #_			100000	Iton NJ			LICENSIN	G			
□ DCA (NJAC 5:23-8)		ergency (in fication)	cluaing		Name	of Contac	t		Telephone Numb	per			
(110710 0.20 0)	The state of the s	cellation			Mat	t Mockai	tis	A					
-			17 NO 22 NO 49 COMPAN		FAC	CILITY IN	IFORMATION						
Name of Facility Where		_						Type of Facility (
Holtec Warehouse	e - Buildi	ngs RA,	R, S, S	51, E	31, P3_			School (K-12) Subchapter 8	(Other than K-12)	ř			
Street Address 2500 Broadway							8		vate and commer		ilding	s,	
City (5)				il san				Square Feet	# of Floors	Blo	ig. Aç	ie .	
Camden								200,000+	6 Floors		50+		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demolis	hed)			
Camden			900000000000000000000000000000000000000					Warehouse					
Name of Monitoring Firm		Building C	Owner (8)	ASCM		Name of Abateme						
Hatch Mott macDo	onald				0014	10	1	nvironmental S	ystems				
Street Address	0 41						Street Address		-14 - 00				
111 Wood Avenue	South							lehem Pike - Su	lite bu				
City, State, Zip Code Iselin, NJ 08830							City, State, Zip Co						
Project Manager for Mo	nitorina Fi	rm		To	lephone	No	Telephone No.	E, FA 15411	License No.				
Brian Holbig	intolling i i			1	356 448		215 542 7000		00847				
Start Date (10)		Sched	luled C	ompl	etion Da	te (11)	Name of OSHA M	lonitor					-
11 /17 /	14		5/	_1	7 /	15	CES		S				
Occupancy Status Durin	ng Abatem	ent (Chec	k only c	ne)			Street Address						
☐ Facility Closed/Vaca	107	30					1121 N. Bethi	lehem Pike - Su	rite 60				
☐ Abatement Performe Time of Abatement:						cribe	City, State, Zip Co	ode			-		
				-	AIVI		Spring House	e, PA 19477					
Scope of Work (Check a	all that app	oly)					□ Full Cont	ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥1.60 sf or ≥260 lf 			□ Re 図 De				☐ Mini-Enc ☐ Glovebag	losure		re			
	2022	0 .	1007		ation					Ab	atem	ent Ty	уре
Location Asbestos-Containing		(ACM)		Norm	ally lely by	Acho	Description o	2)	Amount	Re	Re	En	E
TO BE AB		(AOW)	71170370		ance/		e., thermal systems	insulation,	(Specify	Removal	Repair	caps	Enclosure
IN Faci (13)	CC. C. 7. V.		Cus	12) 12)	I Staff?		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(10)			Yes	No	N/A		other misocharie	ousy				e	
Interior 1st Floor & U	Jpper Flo	oor			\boxtimes	Burlap	Pipe Insulation		1150 SF	\boxtimes			
Interior Upper Floor					\boxtimes	Cemen	t Board Wall Par	nels	3840 SF	\boxtimes			
Interior Upper Floor	6				\boxtimes	White I	Board Wallboard	Panels	700 SF	\boxtimes			
SEE NEXT PAGE						SEE N	EXT PAGE						
Name of Registered Wa	ste Haule	r			NJDEP	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
Waste Manageme	nt of Nev	w Jersey			Hauler II 17273		Waste 3000+	GROWS					
City, State							Disposal Date	City, State					
Fairless Hills, PA							Thru out	Tullytown,	PA				
Completed By (Print or	Гуре)	Title					Signature	11	Da	ate i	1		
Patricia Visco			office I	Man	ager		Pater	eo Ule	co	10/	30/	14	
ACR 41				-		YARREST TRANSPORT					1		-

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

NOTIF	State of Ne ICATION OF ASB ursuant to NJAC	ESTOS ABATE 8:60 and 12:12	.0)	CEIVE
Date of Notification (1)	Name of Buildin	og Owner/Operator (1+ALVORSEN	NOV 5 2014
10-31-14		F GLADYS	11/12	
Agency Notified Type Notification	Street Address	LSIDE AVE	NOE L	BESTOS CONTROL &
D EPA Initial		A-40		LICENSING
DEP Amended Amendment #	TEAMER	Y, NI	07670	
DOL DE Emergency (including	Name of Conta	41	Telephone	Number
- militarian)			2	•
■ DOH □ DCA □ Cancellation	M. HALL	10RSEN		1
UDGA	FACILITY IN	FORMATION		
			Type of Facility (4)	
Name of Facility Where Abatement is Taking Place (3)		7 2-1-1 (V 12)	
ESTATE OF GLADYS HA	LIIORSEN		School (K-12) Subchapter 8 (Other than	K-12)
ESTATE OF GLAST THE		· · · · · · · · · · · · · · · · · · ·	Other (i.e. private & comm	ercial buildings.
Street Address		XX	homes etc.)	
55 HILLSIDE AVENUE			Square Feet # of Floors	Bidg. Age
City (5)		* 64.4		116 YRS
	, a .		.3000 2	amalished)
TENAFLY	County Code	(7) (STATE USE	Current Use (Prior if being d	
County (6)	ONLY)		RESIDENCE	
BERGEN	1	I Name of Ababa	ment Contractor (9)	
Name of Monitoring Firm Hired by Building Owner	ASCM No.			
(S)		Best Re	emoval Inc	
V.,		Street Address		
Street Address	63	450 SOT	th River St	
		City, State, Zip	Code	
City, State, Zip Code		II l n	sack, N.J. 0760	1
Cay, Case, -,		Hackens	License A	lo.
6 - Maritaring Form	Telephone No.	Telephone No.		
Project Manager for Monitoring Firm		201-329	3-/444 - 003	100
	1. for Data (44)	Name of OSH	A Monitor	
Start Date (10) Scheduled Com	plegon Date (11)	Omega	Environmental	
11-14-14 11-15-	14			
Occupancy Status During Abatement (Check only o	ne)	Street Address		
		280]	Huyler St	
G Facility Closed/Vacated During Entire Period of /	Abatement	City, State, Zi	o Code	07606
- AL -L ADD CONTROL OF THE STREET OF THE	riouis	S. H	ackensack ,N.J.	. 0/606
- Other - Describe: JAM - SPM				
Scope of Work (Check all that apply)		Q Po	di Containment with Negative I	ressure

- Mini-Enclosure Renovation ** ■ Glovebag Procedure ☐ Demolition 23 sf or ≥3 f ☐ Non-Exempted (*) and Non-Friable Procedure ☐ ≥ 160 sf or ≥ 260 F Abatement Type Is Location :: Normally Description of Enclosure Amount Used Solely by Asbestos Containing Material (ACM) . Location of Removal os-Containing Material (ACM) (i.e., thermal systems insulation, (Specify Maintenance SF or LF TO BE ABATED Custodial surfacing, VAT, or ... IN Facility Staff? other miscellaneous) (13) (12)N/A Yes No LFX THERMAL INSULATION BASEMENT Name of Registered Landfill Cubic Yards of NJDEP Waste Hauler Name of Registered Waste Hauler Minerva Enterprises , LLC ID No. Best Removal Inc 1/2 YD. 17109 City, State Disposal Date 0h, 44688 Waynesburg, 11-15-14 Hackensack , N.J. 07601 R. Veldran 10-3)-14 Completed by

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

Estimator

Scope of Work (Check all that apply)

R. VELDRAN

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	(Pursu	ant to NJAC 8:60	and 12:120)	DE (CEI	WE	F
Date of Notification (1) October 31, 20	14	Name of Building	Owner/Operator (2) D & A Constructio			11	m
Agencies Notified Type of Notific		Street Address	D & A Constructio	111111	2 552	7014	Щ
	al Notification	Succe Address	56 Circle Place	In In	0, 0,	2014	
	ended Notification endment #	City, State, Zip Co	ode	ASSE	STOS CON	ITROL &	\dashv
[x] DOH [x] Eme	ergency (including		Lakewood, NJ 087	01	LICENSIN		
I DOA	ification) cellation	Name of Contact	,	Telephone Number			ヿ
[] Can		Avi					
Name of Facility Where Abatement is Takin		ACILITY INFORM	AATION Type of Facili	tv (4)			\neg
Residence			[School (k-12)			
Street Address				Subchapter 8 (other (i.e., priva			
1554 Alamitos D	rive			Other (i.e., priva homes, etc.)	te & commerci	iai buildings	,
City	County (6)	County Code (7) (STATE USE ONL	Square feet Y) 1500	# of Floors	Bldg. Age	70	
Lakewood	Ocean	(Current Use (Prior if being demolished)		70	\dashv
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of Abatement Con	esidence			_
Guardian Contrac		1.00.710.	G	uardian Contracting,	Inc.		
Street Address 1889 Rte. 9, Unit	61		Street Address	889 Route 9, Unit 61			
City, State, Zip Code			City, State, Zip Code		A0007000000000000000000000000000000000		\exists
Toms River, NJ 0 Project Manager for Monitoring Firm	Telephone Number	er	Telephone Number	oms River, New Jers		271	\dashv
Nicholas Fernicola	732-349-9932		732-349-9932	00624			
Scheduled Start Date (10) 10/31/14	Scheduled Comple 11/5/14	etion Date (11)	Name of OSHA Monitor E.	M.S.L. Analytical			
Occupancy Status During Abatement (Check	only one)		Street Address				7
	ed During Entire Period of Al Outside of Normal Facility I			56 Stelton Road			
Other - Describe			City, State, Zip Code	scataway, New Jerse	v 08854		
Scope of Work (Check all that apply)			1	nment with Negative Pres			-
тере от моги (стори ил ших ирргу)			[] Mini-Enclo		Sure		
[] >3 sf or ≥3 lf		vation	[] Glovebag P				
[X] ≥160 sf or ≥260 lf	[X] Demo	olition	[] Non-Exem	oted (*) and Non-Friable I	Procedure		
	Y- Y 4'		D 6		Abatement	Туре	4
Location of	Is Location Normally used	As	Description of bestos-Containing	Amount	R R E E	E E N N	
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custodia		Material (ACM)	(Specify SF	M P	CC	
in facility	Staff	225 1 0	., thermal systems ulation, surfacing,	or LF)	O A I	A L P O	
(13)	(12)		VAT, or		V R	S S U	
	YES NO N/A		ner miscellaneous)		AL	L R	
1 st floor	X		oom sailing	1300 sf		E E	-
1 11001	Α	Asbestos pop	corn centily	1300 SI	X		-
			***		 		\dashv
							\dashv
Name of Registered Waste Hauler	NJDEP Waste Haul	TOTAL BURE OF THE STATE OF THE		Legistered Landfill	1		7
Guardian Contracting, Inc. City, State	20223 Disp	oosal Date	T.R.R City, State				-
Toms River, New Jersey	11/0	6/14	Tullytown, Pennsyl	vania	Th		\Box
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	shot I.		Date 10/31/201	14	
		rm for asbestos lice	nsure exempted activities.				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Nicholas F	Cillicola				n for asbes	stos licensur	re exen	apted activities.					
Completed by (Print or T	Type)	Title Proje	ct Manage		Signatur	Mich	P	41		Dat 10	ie /31/20	14	
City, State	er, New Jersey			Dispos 11/5/	sal Date		City, St Tullyt	ate own, Pennsyly	ínia	15			
Name of Registered Was	ste Hauler Contracting, Inc.	1	NJDEP Waste 20	223		Cubic Yards		T.R.R.F					
						*	CIV	Name of Pag	sistered Landfill	<u></u>			
				_									_
Exterior			X		Asbest	os siunig							
(13)		YES	NO X	N/A	Asbest	other m			700 sf	A L X		U L E	U R E
Location Asbestos-Containing TO BE AB in facilities	Material (ACM) ATED ity	N	Is Location formally use Solely by enance/Cus Staff		8 -	Asbesto Mate (i.e., the insulati	rial (A ermal s	taining CM) systems rfacing,	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S	E N C L O S
	l that apply) is sf or ≥3 lf 60 sf or ≥260 lf			Renovat Demolit			[] [] [x]	Mini-Enclosure Glovebag Proc		Procedu			
[] At	4 Abatement (Check of cility Closed/Vacated patement Performed Cher - Describe	During E					ty, State	lress 1056 c, Zip Code	Stelton Road taway, New Jerse	y 088	54		
Scheduled Start Date (10)		- 5	Scheduled Co	mpletio	n Date (11)			OSHA Monitor	S.L. Analytical				
Project Manager for Mon	itoring Firm	7	Telephone Nu	mber		Tel	lephone	Number	River, New Jerse License No 00624	ey 087 umber	55-12	71	
	ate, Zip Code					Cit	y, State	, Zip Code	Route 9, Unit 61	TO POSSESS			
N/ Street Address						Stre	eet Add	ress	lian Contracting,	Inc.			
Toms River		Ocean			ASCM No.	Nai		Resid	ence or (9)	 			\dashv
City		County			County Code STATE USI		i	Square feet 800 sf Current Use (Prior	# of Floors 1 if being demolished)	Diug.	6()	
Street Address	9 W. Channel W	ay						[x]	Other (i.e., private homes, etc.)		mercia	buildir	ıgs,
Name of Facility Where A	batement is Taking P sidence	lace (3)						Type of Facility (4)	School (k-12) Subchapter 8 (other	or than l	k 12)		
				FACII	LITY INF	ORMATIO							
[x] DOL [x] DOH [] DCA	TUDE CAR		uding	1	Name of Co	harage constant		Seach, NJ 08751	ASBESTOS LICE Telephone Number	NSINC	3 IROL	& 	_
[x] EPA [] DEP	[] Initial ? [] Amend	Notification			City, State, 2	Zip Code		yard Road	ACCECTOR	-			\parallel
Agencies Notified	October 31, 2014 Type of Notification			- 5	Street Addre	ess			NOV	5 2	2014	- + + +	#
Date of Notification (1)	Ostobor 21, 2014			1	Name of Bui	ilding Owner/	Operato	or (2) Contracting, L		< S			1

			(1 41			0.00 and 12.12	·	[[]][E	2014		
Date of Notification (1) 10/31					e of Buildi anda Stı	ng Owner/Operato	or (2)	TT NOA	J	ZU14		1
Agencies Notified	Type Notifica	tion	-	Stree	t Address Dudley	3		ASBESTOS	CON	VTR(DL &	<u>+</u>
DEP	Initial Amended				State, Zip	~		LIGE	NSIN	G_		
⊠ DOL	Amendme	ent#	_		rry Hill,							
DOH	justificate	cy (includin on)	9		e of Co			Telephone No.			_	_
☐ DCA	Cancellati	on		Ama	nda Stue	even						
				FA	CILITY IN	IFORMATION						10000110
Name of Facility Where	Abatement is T	aking Place	e (3)				Type of Faci	lity (4)				
Residence							School (H					
Street Address		300000000000000000000000000000000000000						ter 8 (Other than K-1		dinac		
812 Dudley Ave							homes, e	etc.)				
City (s)							Square Feet	A STATE OF THE PARTY OF THE PAR	300	ldg.		
Cherry Hill, NJ							1800	2	_	0 yrs	-	_
County (6) Camden				USE	inty Code EONLY)	e(7) (STATE	Residence	(Prior if being demol	shed)			
Name of Monitoring Fire	m Hired by Build	ing Owner		ASCM	No.		ment Contracto	r (9)				
(8) <u>N/A</u>						AEi2, LLC						_
Street Address						Street Address						
0:1 0:1 7: 0 1						300 S. Lenol City, State, Z						
City, State, Zip Code						Maple Shade						
Project Manager for	Monitorina Firr	n	Tel	ephone	No	Telephone No.	,	License No.				
, reject manager to			"	ортино	110.	609-481-21	22	00689				
Start Date (10)	S	cheduled C	omple	etion Da	ate (11)	Name of OSHA	Monitor					
11/12/14	1	1/15/14				AEi2, LLC						
Occupancy Status Duri						Street Addres	s					
Facility Closed/Vac	0.750					300 Lenola						
Abatement Performe Other - Describe:					lence	City, State, Zip Maple Shad	code e, NJ 08052					
Scope of Work (Check	all that apply)					Full C	ontainment with	Negative Pressure				
M>2 of 0. > 2 If		I∇I R	enovat	tion		Mini-E	nclosure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti	on		P	oag Procedure					
		la l	Locati		Τ	L Non-E	xempted (*) and	d Non-Friable Proced	_	Abate	mont	+
		N	ormali	у					1 ′	Ty		•
Location Asbestos-Containing			d Sole		Ache	Description stos Containing Ma		Amount	-		E	E
TO BE ABA		C	ustodi	al		., thermal systems	insulation,	(Specify	R e	R	C	n c
IN Facili (13)	ly		Staff? (12)			surfacing, VAT other miscelland	r, or eous)	SF or LF)	m o	P a	p	0 8
(13)			1	T	1	outer missonant	3040)		a a	i	u 1	u r
		Yes	No	N/A					1		t	-
Basement				X	Boiler			_ 5 sf	X		c	
Name of Registered Wa	aste Hauler			NJDEP		Cubic Yards	Name of R	egistered Landfill				
AEi2, LLC		1000		Hauler II 21376	U No.	of Waste	TBD	0				
City, State			-14	13/0		Disposal Date	City, State					
Maple Shade, NJ						TBD //	TBD .					
Completed By		Title	9000			Signature	1/m	Date	1.4		6	
Wm. Minnick		Progran	n Mg	gr.		1/11/	Mm	WZ 10/31/	14			

CK1447

								.00 anu 12.17	2000								Ш
Date of No 10/31/1	otification (1) 4						Building C	wner/Operato , LLC	or (2)			NOV	5	201	4		
Agencies I	30000 233225	-	Notification nitial			Street Ad 90 Wo	odbridge	e Center D	rive, 6t	h Avenu	le AS	BESTO:	S CC	NTF	OL 8	_ 호	-
EPA DEP DOL			Amended Amendment Emergency			Woodl		ie IJ 07095			-						
DOH DCA		_ ;	ustification) Cancellation		9		ia Flemir	-			T	elephone	Numb	er			
					101	FACI	LITY INFO	RMATION	1-	- C = - 101	- / 4\			_	265		
Comme	acility Where A ercial Proper		nent is Takin	ig Place	(3)					of Facility School (K	-12)		IC 40\				
Street Add	77.7.7									Subchapt Other (i.e				build	ings,	home	s,
	omfield Ave	nue								etc.)							
City (5) : Bloomfi									200	re Feet ,000		of Floors		5	dg. A	je 	
County (6))					County (Code (7) JSE ONLY)		(A. O. (S. (A. (A.)))	ent Use (F mmercia			olishe	d)			
Name of N	Monitoring Firm	Hired	by Building	Owner (8	В)	ASCM	No.	11.52333		atement C Contra							
Street Add	tress				181				et Addre Edsal								
City, State	e, Zip Code									Zip Code NJ 0746	1						
Project Ma	anager for Moni	itoring	Firm			Telepho	ne No.	Tele	phone N 3-864-	10.		Licen 0113	se No				-
Start Date						mpletion	Date (11)	Nan	ne of OS	HA Monito	or	0110	37	-			
11/11/1			1 (0)	02/26	300000			2070	neriSci								
X Facili	y Status During ity Closed/Vaca	ated D	uring Entire	Period o	f Abater			11	7 East	30th St	reet						
	ement Performe r – Describe: _	ed Out	tside of Norr	mal Facil	ity Hour	s		95		Zip Code k, NY 10	0016						
Scope of \	Work (Check Al	II That	Apply)														
	or ≥3 If sf or ≥260 If				Renova Demoli				M G	ull Contain ini-Enclos lovebag P on-Exemp	ure rocedu	re				е	
					Is Loca	fion					T				Abate	ement	
	Location	of			Norma	ally		Descripti	on of					_	Ту	ре	
Asbes	tos-Containing TO BE ABA In Facilii (13)	Mater ATED	ial (ACM)	. N	sed Sole Maintena ustodial (12)	ance/ Staff?		tos Containing thermal syste surfacing, other miscel	Materia ms insu VAT, or	lation,		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
					No	N/A					-					Ф	859
Please	see attached	d on	letterhead	1	X		Please	see attach	ed on	letterne				х			
								1									
Name of F	Registered Was	ite Hai	uler			NJDEP W	/aste	Cubic Yard	s	Name	of Regi	istered La	ndfill				
Atlantic		=			1	Hauler ID 190713	No.	of Waste 200		A second	O.W.8						10
City, State Wayne,					ا			Disposal Da		City, S Morr	tate isville	, PA					
Completed				Title	esiden	t		Signat	lice	Par	/		Dat 10	e /31/	14		
.,,,,,,,,,		_						110	100	pul	ell b		1		V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		

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

10/30/2014 14:09 2013297448	TARE	Stati	n of I	BEST Iem Jonoy BESTOS ABAT	CIF	N - 100	AY 5.120	1	21
Date of Notification (1) 10/30 14 Agency Notified Type Notification DEPA DEPA DEPA Agency Notified Agency Notified Agency Notified	MILES TO	Harris Street	of Building	Standard Texts Standa	12 LUE	AGRECY ACREAPP Chapters Han	S CONT SENSING ROVE	ROL	18
D DCA D Connectation		A		KOOKS IMPORTANTION	Type of Facility (_
Home of Facility Where Abeteriors in Taking Fines (MS. 1441 OKA Street Address 8-26 C-1 RAL AUE	_				D School (K-12) D Spholapter S D Other E.G. priv bospot, etc.)	(Other than K-1 2) ute à constraint	l buildings,	,	,
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Street Address City, State, Zip Code		ahen -		City, State, 2	sack, N.J	. 07601			
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Anthonius Continuing Material (A/SM) TO BE ABSTED	Mah Mah Çi	Commity Control Contro	by	December Contains (i.e., Section 1974) estimates (i.e., Section 1974) estimates (i.e., Section 1974)	VAT. of	Almost (Special SF or L	n hy F)		P
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2035 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 5 2014 NOV 10 31 / 14 David Beneveniano Type Notification Agencies Notified Street Address □ EPA X Initial ASBESTOS CONTROL & 18 Woodcliff Drive X DOLWD Amended LICENSING City, State, Zip Code X DHSS Amendment # Madison, NJ 07940 Emergency (including DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation Susan Oldendorp **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 18 Woodcliff Drive homes, etc.) City (5) Square Feet # of Floors Bidg. Age Madison, NJ 07940 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 10 / 14 __11__ / __11__ / __14 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf = 160 sf or >260 lf Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Remova Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X X Garage Duct insulation 35 SF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 T.R.R.F. Inc TBD City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N Jevtic Owner 10/31/2014 ASB-41 * Do not use this form for asbestos licensure frempted activities. MAY 11

State of New Jersey

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Date of Notification (1)					g Owner/Operator	(2)	ILIII N	0V 5	201	,	
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Name of Monitoring Firm	Hired by Building Ow	ner AS	CM No.		Name of Abatem	nent Contractor (9)				
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Street Address						· · · ·				-	-
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Estimator

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

J.Maiorano

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Date of Notification (1) 10/30/2014					Building C Market S		· Mariana and a second of the	(2)		NO'	V	5 2	2014		
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DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of Ralph	Contact Braha					Telephon	e Nun	nber			
				FACII	LITY INFO	RMATI	ON								
Name of Facility Where Ab N/A Street Address	atement is Taking	Place (3)						Type of Faci	(K-12)	(O4b 4b	- K 40				
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County (6) Essex				County ((STATE L	Code (7) JSE ONLY)		_	Current Use Store From	** The state of th		molish	ied)		ña .	
Name of Monitoring Firm H N/A	ired by Building C	Owner (8)		ASCM N/A	No.			of Abatement Coast Haz			, Inc.				
Street Address								Address E. 41st Stre	et						
City, State, Zip Code								ate, Zip Code				10			
Project Manager for Monito	oring Firm			Telephor	ne No.		Teleph	one No. 345-0022		Lice 005	nse N	0.			
Start Date (10) November 1, 2014		Schedule			Date (11)		Name	of OSHA More							
Occupancy Status During	Abatement (Chec	10.000.000.000.000.000.000		, 2014			0.0000000000000000000000000000000000000	Address					12		
Facility Closed/Vacate Abatement Performed Other – Describe: Un	Outside of Norm	al Facility				_	City, S	tate, Zip Code	9			-		~	
Scope of Work (Check All ≥ 23 sf or ≥3 lf ≥ 160 sf or ≥260 lf	That Apply)		enova emolit				×	Mini-Enclo Glovebag	sure Proced	with Nega dure and Non				e	
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City, State Paterson, NJ 07504						Dispos 11/8/2	sal Date 2014		State risville	e, PA					
Completed by James E. Unger		Title Projec	et Ma	anager		S	signature	61	5		Da 10	te)/30/2	2014		
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Print Form

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			FAC	CILITY INFOR	MATION				_	-	-	
Name of Facili	ity Where Abatement is Ta	king Place (3)				Type of Facility	(4)					
Street Address						School (K-		- K 10\				
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County (6) Bergen				Code (7) USE ONLY)		Current Use (Pri Commerical	or if being de	molished	I)			
	toring Firm Hired by Buildir nmental, Inc.	ng Owner (8)	ASC	M No.		of Abatement Co acle Environm						
Street Address 1253 North	Church Street					Address Broad Street					-	
City, State, Zip	Code n, NJ 08057			6		state, Zip Code stadt, NJ 0707	2					
	er for Monitoring Firm		Tolonh	one No.				- N-				
Harold Balo	dwin		(856)	840-8800	THE ROSS (\$100)	none No. 939-6565	007	nse No. 756				
Start Date (10) 11-10-14		Scheduled 12-31-14		Date (11)	100000000000000000000000000000000000000	of OSHA Monitor n-Air Inc.				12		
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						Non-Exempte	d (*) and Nor	-Friable	Proc	edure		
			ocation mally			25			1	Abate Typ		
Ashaetae (Location of Containing Material (ACM)	17/3/00/7	Solely by	Ashastas	Description	of Naterial (ACM)	Amoun			Ť		
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City, State Shirley, NY /	Bronx, NY				Disposal Date	City, Stat	sburg, QH	44688				
Completed by		Title			Signature	1 11 11	1 1	Date				
John Tancre	di	Project	Manage	r	Va	11/1		10-3	1-1	4		

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			FICATION	of New Jerse OF ASBESTOS to NJAC 8:60 ar	ABATE			见。	E C] V	37	2
Date of Notification (1) 10/27/14				Building Owner Conley	/Operator	(2)			NOV	5	20	14	
Agencies Notified	Type Notification		Street Ad	ddress ot Street	W TODAY				ASBEST	08.00	DAITE	201	8.
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DOH DCA	Emergency (justification) Cancellation	including		Contact Conley				Tel	ephone Nur	mber			
			FACI	LITY INFORMA	TION								
Name of Facility Where house Street Address 27 Elliot Street	Abatement is Taking	g.Place (3)				Typ	School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			lings,	home	S,
City (5) Morristown							etc.) jare Feet 00	# 0	f Floors	BI 55	ldg. A	ge	,
County (6) Morris			County (Code (7) USE ONLY)		Cur	rent Use (Pri	or if be	ing demolish	hed)			
Name of Monitoring Fir	m Hired by Building (Owner (8)	ASCN	1 No	F 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		oatement Cor vironmenta		The state of the s				
Street Address					Stree	t Addr							
City, State, Zip Code					City,	State,	Zip Code od, NJ 074						
Project Manager for Mo	onitoring Firm		Telepho	ne No.	Telep 973-		No. -8500		License N 703	10.			
Start Date (10) 11/04/14		Scheduled C 12/03/14	ompletion	Date (11)	Name	of O	SHA Monitor						
Occupancy Status Duri					Stree	t Addı	ress						
Abatement Perfor Other – Describe:	ncated During Entire I med Outside of Norm	Period of Abat nal Facility Ho	ement urs		City,	State,	Zip Code						<u> </u>
Scope of Work (Check	All That Apply)			***	F	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	•			e	
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basement	X	pipe fittings		20 LF	x	
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	Name of R	Registered Land	ıfill	
City, State Freehold, NJ		Disposal Date TBD	City, State			-

Signature

Title

President

Date

10/27/14

Completed by A Scott Higgins 21098525627

Print Form

	N		CATION	te of New Jersey OF ASBESTOS A O NJAC 8:60 and	ABATE		\square	E C	3 E [E	M	
Date of Notification (1) 10/29/14				Building Owner/C Bonnell	perator	(2)		NC) \ 5	2014			
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➤ EPA	#			e, Zip Code t, NJ, 07105				ASDE	LICENS	ONTRO)L &		
Emergency (justification) DCA Cancellation	including		Name of (Contact Bonnell			-	Tele	phone Nu	ımber			
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Name of Facility Where Abatement is Taking	Place (3)	e S				Type o	of Facility (4	-)					
Randy Bonnell							chool (K-12		- 11 17 4	10)			
Street Address		1.000				x C	ubchapter other (i.e. pr	8 (Othe ivate &	commerc	i2) cial build	lings,	home	8,
137 Blanchard Street						e e	tc.)				dg. A		_
City (5) Newark							e Feet		Floors		ug. A	ge	
County (6) Essex			County C (STATE U	ode (7) SE ONLY)		Currer	nt Use (Prio	r if beir	g demolis	shed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.		of Abat Abater	ement Con ment	tractor	(9)				
Street Address	700.5.0					t Addres 9 87th	s Street Su	uite A	1				
City, State, Zip Code					100000000000000000000000000000000000000	State, Zi th Berg	p Code jen, NJ 0	7047					
Project Manager for Monitoring Firm		T	Telephon	e No.		hone No -293-6			License 01223	No.	39		
Start Date (10) 11/10/14	Schedule 11/21/1		npletion D	Date (11)	11/5/25/01/53		IA Monitor I CONSU	LTING	3 LLC				
Occupancy Status During Abatement (Chec	k Only On	e)				t Addres	S ITE EAS	L GI II	TE 107				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Nom	Period of A nal Facility	baten Hours	nent	1.	City,	State, Zi	p Code		12 107				-
Other – Describe:					UNI	ION N	J 07083						
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Roof				Ashali	t roof r	emova	ıl		000 SF	Х			
exterior of warehouse		0/2000000000		Corru	ugated	Panel			00 SF	X			
Name of Registered Waste Hauler SAN TON SERVICES	4	H	NJDEP W Hauler ID 12430	The state of the s	c Yards aste		Name of MEDO		red Land		MISIC	N	
City, State KENILWORTH, NJ				Dispo	osal Dat	ie -	City, Stat KEARN		J				
Completed by Bryan Parra	Title Proje	ect M	anager		Signatu	2		>		Date 10/29/	14		

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Date of Notification (1) 11-3-1 		Name o Chevr	f Building Owner/ on Environme	Operator Intal Ma	(2) inagemen t 14 r	hpany_ s	AM	1:	. 2		
Agencies Notified Type Notificatio	n	Street A		4.5%	ad.	1404 - 0			4.3		
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Emergence justification DCA Cancellation			f Contact Chung		· · · · · · · · · · · · · · · · · · ·	Teleph	one Nu	mber			
Name of Facility Where Abatement is Tak	ing Place (2)		LITY INFORMAT	TION							
former Pirelli Cable Company pro	perty				Type of Facility (2)					
Street Address 236 West 1st Street					Subchapter Other (i.e. p				ldings	, hom	ies,
City (5) Bayonne					Square Feet 900	# of Fig	ors		Bldg. /		
County (6) Hudson			Code (7) USE ONLY)		Current Use (Prior Pump House/		lemolis	hed)	and the second	AV	
Name of Monitoring Firm Hired by Building ARCADIS	Owner (8)	ASCN NA	/ No.		of Abatement Con	tractor (9)					
Street Address 35 Columbia Road			V	Street	Address Commercial D			v 487	7	61	-2000
City, State, Zip Code Branchburg, NJ 08876		-		City, S	tate, Zip Code astota, NY 1303		O. DO	X 401			
Project Manager for Monitoring Firm Spencer Hawkins		Telephoi	ne No. 26.1000	Teleph	ione No.	Lie	ense 1	No.			-
Start Date (10) 11-17-14	Scheduled 12-19-14	Completion I			of OSHA Monitor	0	194			<u></u>	
Occupancy Status During Abatement (Che X Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of Aba	atement	-	Street 115 (Address Genesee Stree tate, Zip Code	t					
Other – Describe:				2.500	enango, NY 13	3037					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation nolition	2	×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				re	
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		^	Flange Ga			900					
Name of Registered Waste Hauler		NJDEP W		Yards	Name of F	Registered	Landfil				
TBD		Hauler ID TBD	TBD		TBD						
City, State TBD			Dispo TBD	sal Date	City, State TBD						
Completed by ROBERT E. DUFFY	Title VICE P	RESIDEN	T	Signature	+=)	Ma		ite 1-3-1	4	-2457672-	

CK#26760

			(i diodd	Name	of Building Ov	wner/Operator (2	2)							
Date of N	otification (1)		MER	MERCK SHARP & DOHME CORP.										
11	/ 4 /14				Street Address									
Agencies		fication	× 04.7	126 E	LINCOLN AVE	NUE, P.O. BOX	2000, RY28-414							
X	EPA Initia DEP x Ame DOL Can DOH On I	al Notification ended Notifica cellation Hold		City, RAH\ Name	City, State, Zip Code RAHWAY, NEW JERSEY 07065 Name of Contact Telephone Number									
	DCA EME	ERGENCY NO			LATRONICA		K							
MERCK S	Facility Where Abatement is			ACILITY IN	IFORMATION	X Other (ie.	-12) er 8 (Other than K private & commol							
Street Add	dress * LINCOLN AVENUE - BUIL	DING 33	1		1	96,000	# of Floors 7	\top	-	-Age 19				
City (5)	Cou	inty (6)			ty Code (7) USE ONLY)		Prior if being demolished)							
Name of	Monitoring Firm Hired by E	Building Own	er (8)		ASCM No.		ment Contractor							
Street Add	T SHORE TRAIL	SATIONS, INC	D		17	Street Address 313 SPOOK RO		RATIC	ON					
City, State	e, Zip Code	, NEW JERS	EV 07871			City, State, Zip SUFFERN, NE								
Project Ma	anager for Monitoring Firm		Telephone	Number		Telephone Num		ense N	ımbeı					
	S. KERBEL, CIH		973-729-56	649		845-369-7500	110	1						
	State Date (10) 1 / 5 /14 Day Year	Sche	3 /	tion Date (30 Day	100000000000000000000000000000000000000	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480 Street Address								
Scope of	Facility Closed/Vacated Do Abatement Performed Out Other - Describe: Mor Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF	ining Entitle P side of Norma nday -Friday 5	lours - Des	Full Conta	City, State, Zip Code NEW YORK, NEW YORK 10016 ainment with Negative Pressure o: , g Procedure ble Procedure									
	Location of	(2) (2)	_ocation		Description of A		Amount	_		ent T				
	Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	so Main	nally used olely by t/Custodial aff (12) No N/A		Containing Mater (ie. Thermal synsulation, surfaction, or other miscell	stems ing, VAT,	(Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE			
4TH FLO	OR ROOM 406	×		SPRAY O	N INSULATION		80 SF	x						
ADDITIO	N TO SCOPE:													
ROOF		×		BUILT UP	ROOFING		16,000 SF	X			-			
REDUCT	ION IN SCOPE (SEE BELO	w)					1	+		\vdash				
	OR ROOM 418	x		SPRAY O	N INSULATION		40 SF	X						
-	OR ROOM 551	x			N INSULATION		40 SF	X						
-	OR ROOM 613	x	AND THE OWNER OF THE	N INSULATION		40 SF	X							
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State Hauler ID No. 15939 Dis					ds of Waste 320 Date 0/2015		DUNTY RESOURCER DRIVE/ROUT		NAGE	MENT	r ser			
Complete	ed by (Print or Type	Title	05 005	1	Signature	12	Da	te //	14	1/	4			
BENJAM	IN SANCHEZ	DIRECTOR	OF OPER	CATIONS	I FOR			11		/ /	1			

Date of Notification (1)		*	1000000	e of Building O CK SHARP & D	wner/Operator (2 OHME CORP.)					
10 /	24 /14		Stree	et Address			-				
Agencies Notified	Type Notificati	on			ENUE, P.O. BOX	2000, RY28-414	ļ.				
EPA DEP X DOL	Initial No x Amende Cancella	d Notification #4		State, Zip Code WAY, NEW JER							
X DOH DCA	On Hold	ENCY NOTIFICATI	ON MIKE	e of Contact LATRONICA		Telephone Nun	nh				
Name of Facility Where	Abatomont is Ta		ACILITY IN	NFORMATION	Type of Facility	(4)					
MERCK SHARP & DOI					School (K- Subchapte	12) r 8 (Other than I					
Street-Address					X Other (ie. p	private & commo	cl. bldg:		nes, e		
126 EAST LINCOLN AV	/ENUE - BUILDING	3 33			96,000	7			g. Age 49		
City (5) RAHWAY	County	(6)		nty Code (7) E USE ONLY)	Current Use (Pri VACANT	rior if being demolished)					
Name of Monitoring F				ASCM No.	Name of Abates PAR ENVIRONS			ON			
Street Address 655 WEST SHORE TRA	AIL				Street Address 313 SPOOK RO	CK ROAD					
City, State, Zip Code		W JERSEY 07871	14.00	The Constitution of the Co	City, State, Zip C SUFFERN, NEV	V YORK 10901					
Project Manager for Mo	and the same and t	Telephone			Telephone Num		ense N	lumbe	г		
WILLIAM S. KERBEL,		973-729-56		44)	845-369-7500 Name of OSHA		01				
Expected State Date (* 10 / Month Da	20 /14	Sched. Comple 12 / Month	30 Day	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	С	#1	1480				
Occupancy Status Durin		11117000000	Day	1 cai	Street Address						
Scope of Work (Check Demolition X >3SF OR LF >160 SF OR	<u>X</u>	Renovation		X Mini-Enclo	ainment with Nega	V YORK, NEW	YORK	10016			
Location	on of	Is Location		Description of A	sbestos-		1	Abaten	batement Type		
Asbestos-c Material TO BE A in Facili	(ACM) BATED	normally used solely by Maint/Custodial Staff (12) Yes No N/A		Containing Mater (ie. Thermal synsulation, surfaction, surfaction)	ial (ACM) /stems ing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE	
4TH FLOOR ROOM 40	6	X	SPRAY O	N INSULATION		80 SF	X			-	
REDUCTION IN SCOP	E (SEE BELOW)							+	-		
4TH FLOOR ROOM 41	8	x	SPRAY O	N INSULATION		40 SF	X				
5TH FLOOR ROOM 55		x		N INSULATION		40 SF	X	T		T	
6TH FLOOR ROOM 61						40 SF	Х				
		+					+	-	-	\vdash	
					Part		+	+	+-	\vdash	
Name of Registered Wa FREEHOLD CARTAGE 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939		ds of Waste 10	Name of Register LYCOMING COU 447 ALEXANDE	JNTY RESOUR R DRIVE/ROUT		NAGE	MEN	SEI	
City, State FREEHOLD, NEW JER		lo.	Disposal D 9/15-12/15	/2014 /	MONTGOMERY		10			1	
Completed by (Print or 1 BENJAMIN SANCHEZ	ype Tit	RECTOR OF OPER	ATIONS	Signature	780	Da	ite / C)/,	24	11	

Date of Notification (1)			1 Control of the Cont	of Building Ov	vner/Operator (2) OHME CORP.								
500 St.				Address									
10 / 16 /1 Agencies Notified Type No	tification				ENUE, P.O. BOX 2	000 RY28-414							
EPA In DEP X A	itial Notification mended Notifi ancellation		City, S	State, Zip Code VAY, NEW JER		000, 11120 111							
х рон о	n Hold	NOTIFICATION		of Contact LATRONICA									
			ACILITY IN	FORMATION									
Name of Facility Where Abatement	is Taking P	lace (3)		* 100	Type of Facility School (K-								
MERCK SHARP & DOHME CORPO	RATION				Subchapter	r 8 (Other than K- rivate & commcl.	90-100	home	s etc)			
Street Address					Square Feet	# of Floors	I		. Age				
126 EAST LINCOLN AVENUE - BUI	LDING 33				96,000	7	49						
	ounty (6)			ty Code (7)		or if being demolis	lished)						
A CONTRACTOR OF THE CONTRACTOR	NION		(STATE	USE ONLY)	VACANT		- (0)						
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST				ASCM No.		nent Contractor							
Street Address	IGATIONS, I	IVO.			Street Address	MENTAL CONT C	101110						
655 WEST SHORE TRAIL					313 SPOOK RO	CK ROAD							
City, State, Zip Code					City, State, Zip C								
	TA, NEW JE				SUFFERN, NEV		bl						
Project Manager for Monitoring Firm		Telephone			Telephone Numb		ense Nu	ımber					
WILLIAM S. KERBEL, CIH	le a	973-729-56 hed. Complet	The second secon	1)	845-369-7500 Name of OSHA	110	11		-				
Expected State Date (10) 10 / 20 /1 Month Day Year	4	12 / Vonth	30 Day	/14 Year		DRATORIES INC	:	#11	480				
X Facility Closed/Vacated E Abatement Performed Ou X Other - Describe: N Scope of Work (Check all that apply) Demolition x >3SF OR LF >160 SF OR 260 LF		Full Conta X Mini-Enck Glovebag	City, State, Zip Code NEW YORK, NEW YORK 10016 ontainment with Negative Pressure										
Location of		ls Location	9.39	Description of As				Abatement Type					
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	M	solely by aint/Custodial Staff (12) s No N/A	in	ontaining Materi (ie. Thermal sy sulation, surfact or other miscella	stems ing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE			
4TH FLOOR ROOM 406	x		SPRAY ON	INSULATION		80 SF	x						
15 Sec. May 19 19 19 19													
REDUCTION IN SCOPE (SEE BEL	ow)												
4TH FLOOR ROOM 418	х		SPRAY ON	INSULATION		40 SF	X						
5TH FLOOR ROOM 551	X		SPRAY ON	INSULATION		40 SF	X						
6TH FLOOR ROOM 613	х		SPRAY ON	INSULATION		40 SF	Х						
							-		-				
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		DEP Waste uler ID No. 15939	-	s of Waste 10	447 ALEXANDE	ered Landfill UNTY RESOURGE R DRIVE/ROUTE		NAGE	MEN.	T SEF			
City, State FREEHOLD, NEW JERSEY			Disposal Da 9/15-12/15/		MONTO OMERY	, PA 17752				1			
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECT	OR OF OPER	RATIONS	Signature /	788	Dai	te /()//	161	14			

Date of Notification	(1)			e of Building O CK SHARP & D	wner/Operator (2 OHME CORP.)								
10 /	9 /14		Stree	et Address										
Agencies Notified	Type Notificatio	n	126	126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414										
DEP X DOL	Initial Noti	Notification #2		City, State, Zip Code RAHWAY, NEW JERSEY 07065										
X DOH DCA	On Hold EMERGE	NCY NOTIFICAT		e of Contact E LATRONICA		Telephone Nun	nhor	×						
			FACILITY IN	NFORMATION										
Name of Facility Wh	ere Abatement is Tak	ing Place (3)		9	Type of Facility School (K-	(A. 1900) (1900)								
MERCK SHARP & D	OHME CORPORATIO	N			Subchapte	er 8 (Other than private & commo		., hon	nes, e	tc.)				
Street Address					Square Feet	# of Floors		Bldg	, Age					
	AVENUE - BUILDING		Cour	-h- C-d- (7)	96,000 Current Use (Pr	7	lichod)		49					
City (5) RAHWAY	County (I UNION	0)		nty Code (7) E USE ONLY)	VACANT	ior ii being demo	msneu)	hed)						
	Firm Hired by Buildi			ASCM No.	Name of Abate PAR ENVIRON			ON						
Street Address 655 WEST SHORE				1	Street Address 313 SPOOK RC	OCK ROAD								
City, State, Zip Code					City, State, Zip	Code								
Project Manager for		W JERSEY 0787	e Number		SUFFERN, NEV	THE RESERVE	ense N	umbe	r					
WILLIAM S. KERBE		973-729-			845-369-7500	-	01	umbo						
Expected State Date	e (10)	Sched. Compl	and the second s	CT4905700		Name of OSHA Monitor								
10 / Month	20 /14 Day Year	12 / Month	30 Day) /14 Year	AMERISCI LAB	ORATORIES IN	IC	#1	1480					
Occupancy Status D	uring Abatement (Ched	ck only one)		1001	Street Address		_	-						
	losed/Vacated During Int Performed Outside of			oribe:	117 EAST 30TH	STREET								
		Y-FRIDAY 5 PM-		oribe.	City, State, Zip									
S	-111 4b-4b-X			Full Cont	10000000	W YORK, NEW	YORK '	10016						
Scope of Work (Che		Renovation		X Mini-Encl	ainment with Nega o: .	ative Pressure								
>3SF OR X >160 SF				Glovebag	g Procedure ble Procedure									
	ation of	Is Location		Description of A		200		_	nent T					
	s-containing rial (ACM)	normally used solely by	9	Containing Mater ie. Thermal s		Amount (Specify	REMOVA	REPAIR	ENCAPS	ENCLOS				
	ABATED	Maint/Custodia	al i	nsulation, surfac		SF or LF)	100	A	Ρ̈́	0				
in Fa	cility (13)	Staff (12) Yes No N/A		or other miscell	laneous)		P.		SULE	SURE				
4TH FLOOR ROOM	406	X I	SPRAY O	N INSULATION		80 SF	х							
DEDUCTION IN CO.	ODE (SEE DEL OVA)					-	+	+	-	\vdash				
REDUCTION IN SCO			CDD4V C	NUNCUL ATION		40 SF	X	-	+	+				
4TH FLOOR ROOM		X		N INSULATION				+-	+	+				
5TH FLOOR ROOM		X		N INSULATION		40 SF	X	+	+-	+				
6TH FLOOR ROOM	613	X	SPRAY O	N INSULATION		40 SF	X	\vdash	\vdash	+				
							ŀ							
Name of Registered FREEHOLD CARTA		NJDEP Waste Hauler ID No.	Cubic Yar	ds of Waste 10	Name of Regist LYCOMING CO	UNTY RESOUR		NAGE	MEN	T SEF				
825 HIGHWAY 33 City, State		15939	Disposal I		City, State	ER DRIVE/ROU	TE 15		204					
FREEHOLD, NEW J Completed by (Print		Α	9/15-12/1	5/2014 Signature	MONTGOMER		ate 7)	1	/	d				
BENJAMIN SANCHI		RECTOR OF OPE	RATIONS	J.g. attack	1180		10	19	/ /	I				

		Name of Building O)					
Date of Notification (1)		MERCK SHARP & D	OHME CORP.						
9 / 12	/14	Street Address							
Agencies Notified Type	Notification	126 E. LINCOLN AV	ENUE, P.O. BOX	2000. RY28-414					
EPA	Initial Notification	City, State, Zip Code							
DEP	Amended Notification	RAHWAY, NEW JER	RSEY 07065						
X DOL	Cancellation								
X DOH X	On Hold	Name of Contact		Telephone Num	ber				
DCA	EMERGENCY NOTIFICAT	10N MIKE LATRONICA	W						
Name of Facility Where Abateme	nt in Table - Discussion	FACILITY INFORMATION							
Name of Facility Where Abateme	ent is Taking Place (3)		Type of Facility						
MERCK SHARP & DOHME CORP	ODATION		School (K-	1.00					
MERCR STARF & DONNE CORP	ORATION		Subchapte	er 8 (Other than K	-12)	•			
Street Address			Square Feet	private & commol. # of Floors	blags.		s, etc g. Age		
126 EAST LINCOLN AVENUE - B	UILDING 33		96,000	7		200000	g. Aye 49		
City (5)	County (6)	County Code (7)		or if being demoli	shed)	-	-		
RAHWAY	UNION	(STATE USE ONLY)	VACANT		,,,,				
Name of Monitoring Firm Hired b	y Building Owner (8)	ASCM No.	Name of Abater	ment Contractor	(9)				
ENVIRONMETAL HEALTH INVES	TIGATIONS, INC.	17	PAR ENVIRONI	MENTAL CORPO	RATIC	N			
655 WEST SHORE TRAIL			Street Address						
City, State, Zip Code			313 SPOOK RO	CHARLES CONTRACTOR CONTRACTOR					
SPAI	RTA, NEW JERSEY 07871		City, State, Zip C SUFFERN, NEV						
Project Manager for Monitoring Firm	1 Telephone	Number	Telephone Numb		ense Ni	ımber			
WILLIAM S. KERBEL, CIH	973-729-5	649	845-369-7500	110		arriber			
Expected State Date (10)	Sched. Comple		Name of OSHA	The second secon	/1		G-1100		
	/14 10 /	9 /14		ORATORIES INC	;	#11	480		
Month Day Yes Occupancy Status During Abateme	ar Month	Day Year				201000	0.545.6		
X Facility Closed/Vacated	nt (Gneck only one) During Entire Period of Aba	tomont	Street Address						
Abatement Performed C	outside of Normal Facility Ho	urs - Describe:	117 EAST 30TH	STREET					
	MONDAY-FRIDAY 5 PM- 3		City, State, Zip C	ode	-				
S			NEV	V YORK, NEW Y	ORK 1	0016			
Scope of Work (Check all that apply Demolition			inment with Negati	ve Pressure					
>3SF OR LF	X Renovation		X Mini-Enclos, Glovebag Procedure						
X >160 SF OR 260 LF	=		le Procedure						
Location of	Is Location	Description of As			Abatement Type				
Asbestos-containing	normally used	Containing Materia		Amount		batem 20			
Material (ACM)	solely by	(ie. Thermal sys		(Specify	REMOV	REPAIR	ENCAP	ENCLO	
TO BE ABATED	Maint/Custodial	insulation, surfacin	ng, VAT,	SF or LF)	10	I A	AP	5	
in Facility (13)	Staff (12)	or other miscella	neous)		P		SULE	SURE	
	Yes No N/A				4		m	E I	
4TH FLOOR ROOM 406	X	SPRAY ON INSULATION	57245	80 SF40	х				
4TH FLOOR ROOM 418	X	SPRAY ON INSULATION		40 SF	х				
5TH FLOOR ROOM 551	X	SPRAY ON INSULATION		40 SF	х				
6TH FLOOR ROOM 613	X	SPRAY ON INSULATION		40 SF	x				
					\vdash			\vdash	
					-			\vdash	
					ल				
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Pagister	ad I an JEW					
FREEHOLD CARTAGE, INC.	Hauler ID No.	10	Name of Register LYCOMING COL		E RAAN	AGEN	AENIT	CED	
825 HIGHWAY 33	15939		447 ALEXANDER	R DRIVE/ROUTE	15	AULI	uLN1	SER	
City, State		Disposal Date	City, State					\neg	
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title	9/15-10/15/2014	MONTEOMERY		11		1	ا	
BENJAMIN SANCHEZ	DIRECTOR OF OPER	ATIONS Signature	XVX	Date	411	21	12	4	
	DINLOTON OF OPEN	ATIONS	00		1/1	1	17		

			1				SBES	STOS ABAT -7 and 12:12		T						
Date of Notification (1)							ne of		vner/O	perator (2) CORP.				- 57		
8 /	29 /14					Stre	Street Address									-
Agencies Notified	Agencies Notified Type Notification							126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414								
EPA DEP	Am	al Notific	otifica	ation			City, State, Zip Code RAHWAY, NEW JERSEY 07065									
X DOP								Name of Contact Telephone Number								
DCA		ERGEN	CY N	OTIFI	CAT			RONICA			, Cicbiani					
			20000000			FACILITY II	NFOF	RMATION				-	-			
Name of Facility W	here Abatement i	s Taking) Pla	ce (3)					Туре	of Facility						
							School (K-12)									
MERCK SHARP &	DOHME CORPOR	RATION					Subchapter 8 (Other than K-12) X Other (ie. private & commol. bldgs., homes, etc.)									
Street Address									X So	uare Feet			ags.,		s, etc	
126 EAST LINCOL	N AVENUE - BUILI	DING 33								96,000	7				49	
City (5)	Cot	unty (6)		-		Cou	nty C	ode (7)	Curre	ent Use (Pri	or if being de	molishe	ed)			
RAHWAY		ION				(STAT	E US	E ONLY)	VAC				. A:			
Name of Monitorin					3		1	ASCM No.			nent Contra					
ENVIRONMETAL F Street Address	EALTH INVESTIG	SATIONS	s, inc). 			1	17			MENTAL CO	RPOR.	ATIC	N.		
655 WEST SHORE TRAIL										et Address SPOOK RO	CK ROAD					
City, State, Zip Code					-					State, Zip C		_				
SPARTA, NEW JERSEY 07871											V YORK 109	01				
Project Manager for Monitoring Firm Telephone Nur									Telep	ohone Numb	er	Licens	se Ni	umber		
WILLIAM S. KERBEL, CIH 973-729-5649										369-7500		1101				
Expected State Date (10) Sched. Completion 9 / 15 /14 10 /							4.0			e of OSHA I					400	
Month 9 /	15 /14 Day Year		Mo	4000	1	Day	9	/14 Year	AME	RISCI LABO	DRATORIES	INC		#11	480	
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Other - Describe: MONDAY-FRIDAY 5 PM- 3 AM Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF					urs - Descr							RK 1	K 10016			
	cation of	T	ls	Locati	on	Τ	Desc	ription of As				$\neg \neg$	Abatement Type			
	os-containing	- 1		nally u		(ining Materia			Amoun		ZJ	I Z	m	m
	erial (ACM)	- 1		olely b			(ie. Thermal sys				(Specify		EMOVAL	EPAIR	NCAPSULE	NCLOSURE
	E ABATED	1		t/Cust		'	insulation, surfacing		~	335	SF or L	F)	X	코	PS	80
in ra	acility (13)	-	Yes	aff (12	2) N/A	1	or of	her miscella	neous	,			۲.		I E	둞
ATU EL COR ROCK				-											1	1
4TH FLOOR ROOM			X	-				ULATION			80 SF		<u>X</u>	-	-	+
4TH FLOOR ROOM	1 418		X			SPRAY O	N INS	ULATION			40 SF		<u> </u>	-	-	-
5TH FLOOR ROOM	1 551		X			SPRAY O	N INS	SULATION			40 SF		X			L
6TH FLOOR ROOM	1613		X.			SPRAY O	N INS	ULATION			40 SF	_	X		<u> </u>	_
	•		\dashv	\dashv											-	+
															1	
															1	
	No. of the last of															
Name of Registered				P Wa		Cubic Yard				e of Registe						
FREEHOLD CARTA 825 HIGHWAY 33	AGE, INC.	1		r ID N 15939			10		The second second		JNTY RESO			NAGE	MENT	SEF
City, State				10509		Disposal D	ate			State	R DRIVE/RO	JUIE 1	J			
FREEHOLD, NEW					27	9/15-10/15		11	U		, PA 17752					
Completed by (Print		Title						ature /	/			Date	0	1	31	1/1
BENJAMIN SANCH	EZ	DIREC	CTOR	OF C	OPER	RATIONS		KAX	\leq				0	12	71	19

CK 14594

STATE OF NEW JERSEY

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

			(P	ursuant to N.J.A.	C. 8:60 AND 12:	120)	£ 1	FO	2111	-			
Date of Notification (1)	10/2	9/2014		- Walter	A.C. 8:60 AND 12:120) Name of Building Owner/Operator (2)								
	10/2	8/2014			Warren Township Board of Education Street Address								
Agencies Notified		Notification	Туре		Street Addres	s	2014	3	HAP.	3: 6	8		
X EPA		Initial			213 Mt Hor	– eb Road	4	_					
DEP DOL			ed #		City, State, Zi		<u> </u>	STO	CO.	HIRO	-		
▼ DOL			ncy (includ	dina	Warren, NJ		ě	LICE	NS1	4G	- .		
X DOH		justifica		5	Name of Contact Tel. Number								
DCA		Cancell	ation		Diano Bona			I rei. ivi	imber	٠, ,			
N				FACILITY IN	NFORMATION								
Name of Facility Where Abate	ement is i	aking Place (3	3)		Type of Facilit	ty (4)							
Warren Middle School					School (K-12)								
Street Address					Subchapter 8 (Other than K-12)								
100 Old Stirling Road						<u> </u>							
<u>City (5)</u>	ounty (6)		County		homes,	PS-306 - 0.0000 - 6	& commercial	ouildings,					
1	omerset		(State O	se Only)		/							
Name of Monitoring Firm Hire	ed by Bldg.	Owner (8)	ASCM	lo.	Name of Contr	actor (9)			-				
LEW Corporation				MTM Metro	Corpora	tion							
Street Address				Street Address	S								
1090 Bristol Road			135-137 Mc	Bride Av	enue								
City, State, Zip Code	City State, Zip	Code											
Mountainside, NJ 07092	Paterson, NJ 07501												
Project Manager for Monitorin	ng Firm	Telephone I	Telephone Nu			License	- Numb	per					
David Sang	1	908-654-8	068		973-742-50	CONTRACTOR OF THE PARTY OF THE		00809		<u> </u>			
Scheduled Start Date (10)		Scheduled (Date (11)	Name of OSH.			00000					
11/10/2014		12/05/201			MTM Metro		ition						
Occupancy Status During Aba	atement (C				Street Address								
, , , , , , , , , , , , , , , , , , , ,		The state of the	-/_		135-137 Mg	-	,						
Facility Closed/Vacated	Düring En	tire Period of	Abatement		City, State, Zip Code								
★ Abatement Performed Company	-50				City, State, Zip Code								
	diside of i	voimai i aciity	riours		Paterson, NJ 07501								
Other-Describe:													
Source of Work (Check all tha													
> 3 sf or > 3 lf	×	Renovation		Full	Containment wit	th Negative	Pressure	Min	i-Enclo	sure			
> 160 sf or > 260 lf		Demolition		× Nor	n-Exempted(*) &	Non-Friable	Procedure	Glo	vebag l	Procedu	e		
Location of Asbestos-	Is Loca	ation Normally	Used	Description of	ACM (i.e.	Amount (Specify SF or	LF) F	Abate	ment Ty	oe .		
Containing Material (ACM) in Facility (13)		by Maint./Cus	todial	thermal system			11	,			_		
racility (13)	Staff?	(12) NO	N/A	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap	Enclose	
Exterior Windows			×	Window glazing		1320LF			×	T	×	T	
	-												
								-		-	_		
Name of Reg. Waste Hauler		NJDEP Was	te Hauler I	D#	Cubic Yards of	Waste	- 1	Name o	f Reg.	Landfill	-	-	
MTM Metro Corporation 26552					30			Tullytow	n				
City, State							Disp. Date			City, Sta	e		
Paterson, NJ 07501	- 1117			2022			12/05/2014		T	ullytown	PA		
Completed by (Print or Type)		Title			Signature			Date					
Elizabath Mastadae			¥ 00.00 (1.00 m)		Œ lia a bast	Mark-	rho-						
Elizabeth Maslarkov Business Administrator					Elizabeth Maslarkov 10/28/2014								

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