State of New Jersey

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

Date of Notification (1)	ovember 23, 20	011			Name of Buildin		erator (2) y Construction In	E. CEI	W I	3	311-2	<u>.</u> S
Agencies Notified [X] EPA [] DEP		l Notific	cation tification		Street Address		West County Line	RondySurject	M 1		١	
[x] DOL [x] DOH	Ame		# ncluding		City, State, Zip (Jackso	on, NJ 08527	ASBESTOS CON	TROL	<u></u>		
[] DCA		ication) ellation	10		Name of Contact Davi	d Kiesslin		Telephona NEMS	NG			,
N		- DI /	(2)	FAC	CILITY INFOR	MATION	(- THE	المعطمهن	and the	****
Name of Facility Where Al New	v Lisbon Deve			Fern Co	ottage		Type of Facility (4)	School (k-12)				
Street Address							[]	Subchapter 8 (o		- 20		
130	Route 72						[x]	Other (i.e., privalent homes, etc.)	ate & c	ommer	cial bui	ildings,
City		Count	ty (6)		County Code (7)		Square feet	# of Floors	Bld	g. Age		-
Now I ish an		D1			(STATE USE ON	LY)	6000 sf Current Use (Prior i	fhoine demolishe	1)		50	
New Lisbon		Burn	ington			o-company and the company and	Cottag	Salar and the second se	۵)			
Name of Monitoring Firm I		Owner	(8)		ASCM No.	Name of	Abatement Contracto	r (9)	Territoria			
Street Address	tman					Street Ac		an Contracting	, Inc.			-
	Tices Lane, U	nit B1						oute 9, Unit 61			166	
City, State, Zip Code Fast	Brunswick, N	II 0881	6			City, Sta	te, Zip Code Toms I	River, New Jers	ev 08	755_1	271	
Project Manager for Monito		3 0001	Telephone	Number		Telephor	ne Number	License 1			2/1	
0.1.1.1.1010(10)			732-390		: D-4- (11)	732-34		00624				
Scheduled Start Date (10) 12/07/11			12/30/		ion Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During A						Street Ac	idress	0.500				
	ity Closed/Vacate						1056 S	telton Road				
	ement Performed (- Describe	Jutside (of Normai i	acility H	ours	City, Sta	te, Zip Code), r	000			
t J *****							Piscata	way, New Jerse	ey 088	554		
Scope of Work (Check all t	hat apply)					[]		with Negative Pres	ssure			
[x] >3 sf	or≥3 lf		[x]	Renova	ation	[x]	Encapsulation Glovebag Proced	ure				
	sf or ≥260 lf			Demoli		[]	The second of th	and Non-Friable	Proced	ure		
									Abo	ement	77	
			Is Location	n		Descriptio	r of				· ·	Г
Location of			lormally u	sed		bestos-Con	taining	Amount	R	R E	E	E
Asbestos-Containing Ma		Main	Solely by tenance/Co			Material (A		(Specify SF	M	P	C	С
TO BE ABAT \(\text{in facility} \)		Main	Staff	ustodiai		e., thermal sulation, sur		or LF)	0	A I	A P	L
(13)			(12)			VAT, o	r		V	R	S	S
		TTTO	210	27/1	ot	ner miscella	ineous)		A		U	U R
		YES	NO	N/A					L		Е	E
Attic			X		Asbestos elbe	ows & join	ts	110 lf			X	
			L L		IDN Lates	1 6723	. Iv. on	11 150				
Name of Registered Waste I Guardian Con		N	JDEP Was 2	te Hauler 0223	ID No. Cubic Y	ards of Wast	e Name of Registe T.R.R.F.	red Landfill				
City, State	Mary marks that the			Dispos	al Date	City, Sta	ite				2000000	
Toms River, N		Title		01/04	/12 Signature	Tullyto	own, Pennsylvania		Date			
Nicholas Ferni			ct Manag	er	Signature (hot	Jul		100000000000000000000000000000000000000	3/201	1	

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

Date of Notification (1)					Action Control	Owner/Operator	MEC	EIVE		7		
	/10)		Rite	Aid Cor	p]	K		$I \cap I$			
⊠ EPA ⊠	e Notification			877		ghway SUite 10	JU NOV	2 9 2011		1		
	Amended Amendment #	ŧ			tate, Zip C	8				1		
☑ DHSS ☑	Emergency (ir					rd, NJ 08096	ASBESTOS	CONTROL 2				
	justification) Cancellation				of Contact		LIG	Numb	er			
(10) (0 0.20 0)					d Waltze		The second second	No. of Carlot Carlot Carlot Carlot		- 12		
10				FAC	ILITY IN	FORMATION	THE PROPERTY OF THE PARTY OF TH	and the same				
Name of Facility Where Abate	ement is Takin	ng Place	(3)				Type of Facility (4)	· Talible well in	***		
RIte Aid Store #748 TR	RACT #1 Site	е					School (K-12)					
Street Address 524 Landis Ave								(Other than K-12) ivate & commercia	l build	ings,		
City (5)							Square Feet	# of Floors	Blo	dg. Ag	ge	
Vineland	2						4400	2		120+		
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolis	ned)			
Cumberland							retail space					
Name of Monitoring Firm Hire	d by Building	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health & Safety Service	es, Inc			117		Controlled E	nvironmental S	ystems				
Street Address		57.C.Y.				Street Address						
318 12 th Street						1121 N. Beth	lehem Pike - Su	uite 60				
City, State, Zip Code						City, State, Zip Co	ode					
Hammonton, NJ 08037						Spring Hous	e, PA 19477				- 22	
Project Manager for Monitorin	g Firm		Tele	phone l	No.	Telephone No.		License No.				
Jim Proctor				9-704		215-542-7000		00847				
Start Date (10)11 /28 /1	548	duled C				Name of OSHA N	Monitor					
Occupancy Status During Aba	atement (Chec	ck only c	ne)			Street Address						
☑ Facility Closed/Vacated Di						1121 N. Beth	lehem Pike - Su	uite 60			No.	
Abatement Performed Out Time of Abatement: 7:00					cribe	City, State, Zip C Spring Hous						
Scope of Work (Check all that	t apply)		70/a			**************************************						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		☐ Re ☑ De				☐ Mini-End ☐ Gloveba	g Procedure	ative Pressure n-Friable Procedur	e			
		Is	Locat	ion					Ab	atem	ent T	ype
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)		Use Ma	Norma d Sole intena todial (12)	ly by		Description of stos Containing Ma rmal systems insul VAT, or other miscellane	aterial (ACM) ation, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							rio .	
Roof				\boxtimes	Roofing	g material		2400 SF	\boxtimes			
exterior transite siding					transite)		200 SF	\boxtimes			
interior 1 st floor				\boxtimes	Floor ti	le		2400 SF	\boxtimes			
Name of Registered Waste H	auler		1 200	JDEP V lauler II	No.	Cubic Yards of Waste 160 CU	Name of Regis Minerva La					
City, State New Castle, DE				20000		Disposal Date 12/19/2011	City, State Waynesbu	rg, OH 44688	343774			
Completed By (Print or Type) Patricia Visco		le Office I	Vlana	ger		Signature	icea V		te/2	3/1	1	

	1		CATION	ate of Nev OF ASB to NJAC	ESTOS .	ABATEN				heck	₽	8	5]
Date of Notification (1)		T	Name of	f Building			2000	1111/	13 0		U	=	f	
11.43-11					Mi	chae	: 1	M	wen				1.11	1
Agencies Notified - Type Notification			Street A	ddress	·>		1.		NO	V 29	2011		UI	
☐ EPA SY Initial	794 X73	* a -	1.0		50	Ga	sto	1 AC	16		~»!!	L		•
DEP Amended	3			ite, Zip Co	-	147g	1.	LANT					11	
DOL Amendment			يا گهر .		Ka	Rita	n! "	LM	ASBE	TO SOFT	AOL &	-	el Ya	
DOH justification)	g			Contact			1	L		The Same	imber			
DCA Cancellation			rri	ichae	<u>e </u>	May	1an		2 source mark		-			7
Name of Facility Where Abatement is Taking	Diago (2)	FACI	LITY INFO	ORMATI	ON /	_	5.5 - 111A	derical in				***************************************	
)					Type	of Facility	(4)					- 00
Street Address Street Address	lling							chool (K-		artha- 1/ 1	. 20			
							H 6	oubchapte Other (i.e.	private	er than K-1 & commerc	iz) cial buil	dinas	. hom	es
50 Gaston 1	402						/ е	tc.)						
City (5)	41-		r. m				Square	e Feet	# 0	f Floors	E	Bldg.	Age	
	NJ	0	1869							2		6.	5+-	
County (6)				Code (7) USE ONLY	1		Currer	nt Use (Pr	rior if be	ng demolis	shed)			
Someset			Arterior de la company		<i>'</i> —									
Name of Monitoring Firm Hired by Building C	wner (8))	ASCN	No.				ement Co					***********	
EPC TECHNOLOGIES, INC			N/A			EPC.	TECH	INOLO	GIES,	INC				
Street Address						Street A							W	-
P.O. BOX 337						P.O. I	BOX :	337						
City, State, Zip Code				S-000000000000000000000000000000000000		City, St	ate, Zip	Code	******					
NEW EGYPT, NJ 08533						NEW	EGY	PT, NJ	08533					
Project Manager for Monitoring Firm			Telepho			Telepho	one No			License i	Vo.			-
STEVE SCHENKER			609-75	8-3365		609-7	58-33	365		00394				
Start Date (10)	Schedul	ed Con	npletion	Date (11)		Name o	of OSH	A Monitor	r			i voltes		
						EPC :	TECH	INOLO	GIES,	INC				
Occupancy Status During Abatement (Check	Only O	ne)	TOTAL STATE OF THE			Street A	Address	\$				***		
			ont			P.O. E	вох :	337						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm						City, Sta	ate. Zir	Code						
Other - Describe:						75262		PT, NJ	08533					
Scope of Work (Check All That Apply)														
	П.													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit						-Enclosu		Negative	Pressu	re		
						.24	Glov	ebag Pro	cedure					
	т						Non	-Exempte	ed (*) an	d Non-Fria	ble Pro		_	
	Is	Locati	on										emen	t
Location of		Normal			Des	scription of	of				-	1)	ре	
Asbestos-Containing Material (ACM)		ed Sole aintenar				aining Ma			25.0	mount			m	
TO BE ABATED In Facility	40000	todial S		(i.e.		systems cing, VAT		ion,		Specify or LF)	Ren	Re	пса	ind
(13)		(12)				niscellane			0.	Or Li j	Remova	Repair	Encapsulate	Enclosure
* *	Yes	No	N/A				5//				<u>n</u>	,	ate	e e
	163	INO	14/7		No.						-			
Basement) X			Pin	Z	nsul	atio	/1	10	OLF	x			
	1							•	•					
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											-			
Name of Registered Waste Hauler		10000000	JDEP W		Cubic '			Name of	Registe	red Landfil	l			
EPC TECHNOLOGIES, INC		6000000	auler ID 7000	No.	of Was	ite		WAST	E MAN	IAGEME	NT O	F PA		
			000		Disco	∞ ~								
City, State					1777 - ST. 1877 - ST.	al Date		City, Star MORR		E DA				
NEW EGYPT, NJ 08533	T					-6-1	1	WORK	10 VILL	\				
Completed by	Title	CIDE	JT		Si	ignature		15	1		ate .	7 2		
STEVE SCHENKER	PKE	SIDE	N I	123		\mathcal{Q}	lec-	100	he !		11-	× 2	-11	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) CHECK # 18035 Date of Notification (1) Name of Building Owner/Operator United State Post Office 11-22-11 Agencies Notified Type Notification Street Address 23 Quimby Lane **FPA** Initial City, State, Zip Code DEP Amended Bernardsville, NJ 07924 × Amendment # DOL Emergency (including Name of Contact × justification) DOH 4 Denise Cruz, Post Master × DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bernardsville Main Post Office (MPO) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X 23 Quimby Lane etc.) # of Floors Square Feet Bldg. Age City (5) Bernardsville, NJ 07924 County Code (7) Current Use (Prior if being demolished) County (6) (STATE USE ONLY) Post Office Somerset Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Pinnacle Environmental Corp. Louis Berger & Associates P.C. Street Address Street Address 200 Broad Street 48 Wall Street, 16th Floor City, State, Zip Code City, State, Zip Code Carlstadt, NJ 07072 New York, NY 10005 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 610-280-4028 201-939-6565 00756 Tony Kessler Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 12-31-11 Even-Air Inc. 12-07-11 Street Address Occupancy Status During Abatement (Check Only One) 10-59 Jackson Avenue Facility Closed/Vacated During Entire-Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Long Island City, NY 11101 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ Encapsulate (i.e. thermal systems insulation, (Specify TO BE ABATED Remova Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A VAT/Mastic 104SF Lunch Room (05) X Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Hauler ID No. Minerva Enterprises ATC, Inc. / TriState Transfer (50071) TBD 24310 City, State Disposal Date-City, State TBD Waynesburg, OH 44688 Shirley, NY / Bronx, NY

Signature

Project Manager

Date

11-22-11

Completed by

Richard Doran

15°4.

			ursuant	to NJAC	8:60 and)	MEC	BEIV	E	7		
Date of Notification (1) 11/15/11 CK: 1626 \$200				Building c Health			(2)	MI.					
Agencies Notified Type Notification			Street A	^{ddress} adison /	Avenue			I TI MO	V 2 9 2011		U	,	
EPA Initial DEP Amended Amendment #	<u> </u>	_		te, Zip Co town, N		sey 07	962	ASBE	STOS CONTROL	L J		1	
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding			Contact Palmer		5		er dille kannen meder	LICENSING Tolephone Nu	mber	-	J	
	Dl (0		FACI	LITY INFO	ORMATI	ON .	Tuno	of English (4)		i vigili.	ويدواران يود	فولسيوها	
Name of Facility Where Abatement is Taking Newton Medical Center	Place (3)	*					of Facility (4) School (K-12					
Street Address 175 High Street						, L	×	Subchapter 8	Other than K-1 vate & commerc		dings	, hom	es,
City (5) Newton, New Jersey 07860								re Feet	# of Floors		3ldg. <i>1</i> 55+	\ge	
County (6) Sussex			County C	Code (7) USE ONLY)			ent Use (Prior lical Cente	if being demolis	hed)			
Name of Monitoring Firm Hired by Building C Birdsall Services Group	wner (8)		ASCN	1 No.				atement Contro	ractor (9)				
Street Address 65 Jackson Drive			1			Street 606		ss ide Avenue)				
City, State, Zip Code Cranford, New Jersey 07016								ip Code I Park, Nev	v Jersey 0742	24			-
Project Manager for Monitoring Firm Charles Shneekloth		Telephor 908-49	ne No. 97-8900	4	Teleph 973-			License N 01104	10.				
Start Date (10) 11/28/11	Schedule 11/29/1		mpletion (Date (11)	9			HA Monitor onmental l	_abs				
Occupancy Status During Abatement (Check	Only On	ie)				Street		ss te 22 West					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 7AM - 12Midnight	eriod of A al Facility	Abater Hour	nent s			City, S	tate, Z	ip Code w Jersey (- WACE		
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova Demoli		<u> </u>		×	Mi	ni-Enclosure ovebag Proce	nt with Negative edure (*) and Non-Frial			'e	
	Is	Locat	ion				- 110	T Exomptou	7 4110 11011 1111		Abat	emen /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	(12)	ely by nce/ Staff?		tos Conta thermal surfac		fateria s insul T, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Medical Records Room	Yes	No X	N/A		Plast	er Cei	ling		130 SF	x	-	-	-
Medical Records Room	-	×	-	Ai	ir Cell F			ion	100 LF	X	-	-	-
Inculation (1000) at 1000.													
Name of Registered Waste Hauler		100	NJDEP W		Cubic '		les es	Name of R	egistered Landfil	1		<u></u>	
Lilich Corporation			Hauler ID 8724	NO.	of Was	ite		G.R.O.W	/.S Landfill				
City, State Woodland Park, New Jersey 07424					Dispos 11/30	al Date /11		City, State Morrisvill	e, Pennsylva	nia		2) (VII)- =	
Completed by Tatiana Kalenikova	Title Vice		ident			gnature		leader		ate 1/15/	11		•

State of New Jersey

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Date of Notification (1) 11/23/11 CK: 1641 Agencies Notified	\$200 Type Notification				Building C Health			(2)		NOV 29 2	011	11:)); '}	
	Initial			100 Ma	dison A			Errane.	<u> </u>	CDFCTOC COURS			1	
EPA DEP DOL	Amended Amendment				e, Zip Coo own, Ne		ey 07	962	A	SBESTOS CONTRI LICENSING	OL &		ı	
⊠ DOH ⊠ DCA	Emergency (i justification) Cancellation	ncluding	1.3	Name of Peter P				L	Both may age as	Telenhone Nu	ımber			
X DCA	Caricellation				ITY INFO	RMATIC	ON			A service of the serv		Amer.	Annag., a	Mp
Name of Facility Where A Newton Medical Ce		Place (3)			59				of Facility (4	2)	(0)			
Street Address 175 High Street							1	×	Subchapter Other (i.e. pr etc.)	8 (Other than K- rivate & commerc	cial build	lings,	home	s,
City (5) Newton, New Jerse	av 07860	n							re Feet	# of Floors	110	ldg. A	ge	
County (6)	., 01000			County C	ode (7)			Curre	nt Use (Prio	r if being demolis	shed)			
Sussex Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM			Name		ical Cente tement Con					
Birdsall Services G		•						Addres	oration					
Street Address 65 Jackson Drive									de Avenu	е				
City, State, Zip Code Cranford, New Jers	sey 07016								ip Code Park, Ne	w Jersey 074	24			
Project Manager for Mor Charles Shneekloth				Telephon 908-49				hone N 225-8		License 01104	No.			
Start Date (10) 12/07/11		Schedule 12/08/1		npletion D	Date (11)		200		HA Monitor onmental	Labs		7-7-887		==<0.000
Occupancy Status Durin	ng Abatement (Check							Addres	ss te 22 Wes	.+				
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F ned Outside of Norm 7AM - 12Midnight	Period of A al Facility	batem	nent S		_ T-	City, S	State, Z	ip Code w Jersey					
Scope of Work (Check /	All That Apply)		- CON - 20		70000									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enove		*			Mir	ni-Enclosure ovebag Prod				е	
		Is	Locat	ion				- 110		1/		Abate	ement	
Locatio		1	lorma d Sole	lly			scription				-	1,	pe	
Asbestos-Containing TO BE AB In Fac (13	BATED ility	Ма	intena todial ((12)	nce/	Asbes (i.e.		aining f system cing, VA niscella	is insula AT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Medical Reco	ords Room	165	X	INIA		Plas	ter Ce	iling		130 SF	X			
Medical Reco			X		Ai	r Cell F	Pipe Ir	nsulat	ion	100 LF	Х			
											_			
Name of Registered Wa	aste Hauler		1	NJDEP W	/aste	Cubic	Yards		Name of	Registered Land	fill			
Lilich Corporation			1000	Hauler ID 8724	No.	of Was	ste		G.R.O.	W.S Landfill				
City, State Woodland Park, Ne	ew Jersey 07424	XC				Dispos 12/12	sal Date 2/11	9	City, State Morrisv	e ille, Pennsylv	ania			
Completed by Tatiana Kalenikova	2	Title Vice	Pres	ident			Signatur		nerta		Date 11/23/	11		

Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) MST KEAIT Type Notification Agencies Notified Street Address DA EPA 117 Rollin Initial Amended City, State, Zip Code DOL. Amendment # 08886 ASBESTOS CONTROL & Edi50N 10.0 Emergency (including DOA DCA justification) Name of Contact Cancellation ASSESSED AND ADDRESSED FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) UiS. WESI School (K-12)
Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age 67092 MOUNTAINSIDE . CIN 2000 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Closed Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) NOVALECT 100 Street Address Street Address 130x City, State, Zip Code City, State, Zip Code C, W OID CO 20G Project Manager for Monitoring Firm Telephone No. Telephone No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1212 NC NOVALECY Occupancy Status During Abatement (Check only one) Street Address P.O. 130X S Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip, Code CIO 08857 Other - Describe: OID BRIDGE Scope of Work (Check all that apply) Full Containment with Negative Pressure 12 ≥3 sf or ≥3 lf 2160 sf or ≥260 lf Mini-Enclosure
Glovebag Proce Renovation Demosition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Used Solely by Location of Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount TO BE ABATED Custodial (i.e., thermal systems insulation, (Specify Remova Repair Staff? surfacing, VAT, or SF or LF) IN Facility other miscellaneous) (12)(13)No NIA BASETTENT Name of Registered Waste Hauter NUDEP Waste Cubic Yards Name of Registered Landfill Hauser DNo 250105 Disposal Date 08857 Title Signature

ASB-41

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 22/11 2 9 2011 Big - 10P Street Address Type Notification Agency Notified 51 31 Elliol ASBESTOS CONTROL & Initial Amended EPA City, State, Zip Code LICENSING ordo D DEP C_i AVENEL Amendment # Emergency (including Name of Contact justification)

Cancellation D DCA Hichae PACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) MAGNOLIA AUF Q Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, Street Address homes, etc.) # of Floors Bldg. Age Square Feet 80 City (5) 2,000 ELIZABETH Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) Closed ONLY) CHOICH Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. NOVATECT. INIL Street Address P.O. BOX Street Address City, State, Zip Code City, State, Zip Code 45880 GU OID BRIDGE Telephone No. Telephone No. Project Manager for Monitoring Firm 32) 238x 7500 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) INC Novaleda Street Address Occupancy Status During Abatement (Check only only) Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours City, State, Zip Code F2880.CIN BRIDGE Cirio ☐ Other - Describe: Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure Scope of Work (Check all that apply) Renovation Demolition 1≥3 sf or ≥3 lf \$ 2 160 sf or ≥ 260 lf Abatement Type Is Location Normally Description of Encapsulate Used Solely by Amount Asbestos Containing Material (ACM) Location of Enclosure Removal Asbestos-Containing Material (ACM) (Specify Maintenance/ (i.e., thermal systems insulation, Custodial TO BE ABATED SF or LF) surfacing, VAT, or Staff? IN Facility other miscellaneous) (12)(13)N/A No Yes X00 SIDING EXTERIOR INSULATION Name of Registered Landfill Cubic Yards of NJDEP Waste Hauler Name of Registered Waste Hauter Waste 2501 100 gity, State Disposal Date City, State OID BRIDGE Date Signature .Title Completed by EDIDEN * Do not use this form for asbestos licensure exempted activities

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Borough of Fairview 11-23-11 Agencies Notified Type Notification Street Address 59 Anderson Ave Initial **EPA** City, State, Zip Code DEP Amended X Fairview, NJ 07022 DOL Amendment # Emergency (including Name of Contact Mumber_e X DOH justification) Marc Fresci Cancellation DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Abandoned Building Scheduled for Demolition School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 723 Fairview Ave (Storage Building) etc.) # of Floors Square Feet Bldg. Age City (5) 50 + 500 Fairview County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Building for Demolition (Storage Building) Bergen ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) n/a Jadar Contracting LLC Street Address Street Address 22 Troy Ln n/a City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 n/a License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 01088 973-706-7950 n/a n/a Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Jadar Contracting LLC 12-10-11 12-03-11 Occupancy Status During Abatement (Check Only One) Street Address 22 Troy Ln Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scheduled for Demoltion × Lincoln Park, NJ 07035 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify TO BE ABATED Remova Repair Custodial Staff? SF or LF) In Facility surfacing, VAT, or (12)other miscellaneous) (13)Yes No N/A 750 SF Asbestos Roofing Material x Exterior X Name of Registered Landfill NJDFP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste **GROWS** Landfille Yannuzzi Demolition Inc TBD Disposal Date City. State City, State Morrisville, PA TBD Hillsborough, NJ Date

11-23-11

Signature

Lillie Languagel

Title

Secretary

Completed by

Lillie Lazarevich

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

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gencies Notified Type Notification			cel Ada	oss ch Stree	et			ASB	STOS CAN	0L &		11	
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Emergency DOH Justification DGA Gencellation)	20.000000000000000000000000000000000000	mo of Co	ard			VA.			20110			E3.
dame of Facility Winste Absternant 3 Tabl	ng Place (3)		FACILIT	INFOR	MATION.	-		nool (K-12)			 ·		
Residence Street Address 436 Peach Street							= O.,	bchapter 8 her (i c. pri	(Other than K.	-12) rcial buile	lings,	homé	š,
City (5)	-					- 1	3quaro 2700	Feet	# of Flooru 2	7	ldy A O	dc.	
County (e) Allantic		C	TATE US	de (7) E DNLY)		-	Rusio	ence	il being domo	iehod)			
Nume of Monitoring Firm Hared by Building	Owner (B)	1	ASCM N	No.	S	hado	e Envi	ment Controllerita	LLC				
Street Address 1000 Maplewood Drive Suite 20	7				4	7 S.		colt Ave					
City State Zip Code Maple Shade, NJ 08052					N	lapk		1e, NJ 08	8052	- Ne		_	
Project Menager for Menhoring Firm Tony Esposito		8	56-755	-9300	6	56-7	55-00		00842		-	<u> </u>	
Siert Date (19) Novomber 26, 2011	Schaduled Novemb	er 30	20 1) E	MSI							
Occupancy Status During Absternant (Ch Facility Closed/Vacated During Entire Absternant Porformed Outside of No Other - Department	n Period of A	bateme	int		1	07 H	addo:	Code	rsey 08108	3			
Scope of Work (Chack All That Apply) 3 of or 23 if 2180 of or 280 if		enovati				I IX	Min	Englosure	nt with Negations Source (*) and Non-F			ıre	
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Location of Asbestos-Containing Material (ACM) TO BE ARTED In Faully (13)	Uso Mai	Localid Iormallid Solal International S (12)	y hy	Asbest (i 3	Dozen oa Contain tremal ay suriodin othai mis	stom: g. VA	isterial : Insulai T, cr	(ACM)	Amount (Specky SF or LF)	Ryomeya'	T	Encapsulare	Inclosure
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Basement			XXX			or Til			950 SF	100			+
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								Thloma 01	Registered Lar	ng till	l	<u> </u>	1
Name of Registered Waste Hauter Freehold Cartage		1 1	JIDEP W auler ID 2253		o Wente	<u>.</u>		Grows	Landfill				-
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City, State Mount Holly, New Jersey 08060		24				natur				Nov.			

A28-41 (R-06-00)

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

Date of Notification (1) November 23, 2011			Name of Brittany		Owner/Op	perator	(2)	E CH	EK	# 4439		1		
Agencies Notified Type Notification I linitial Amended Amendment Emergency		_	City, Stat Hammo	ach Str e, Zip Co onton, N	Department .	37	Iñ	NOV	_	, 2011		.!!! 		W.
DOH justification) DCA Cancellation	***************************************		Name of Jesse I			,		ASB5S	†Urelet	ohopai Ner	nber			
Name of Facility Where Abatement is Takin	a Place (3)		FACIL	ITY INFO	ORMATIC	N i	Type	of Facility (4)	<u> </u>	and the state of the state of	ng di Steamer			
Residence		0.000				Ex	Š	chool (K-12))	company of a		am rijetiri.	ica-make .	
Street Address 436 Peach Street							×	ubchapter 8 ther (i.e. pri				dings,	hom	es,
City (5)			*****	-	********		Square	tc.) e Feet	Call Burney or	Floors	10.00	lldg. A	ge	
Hammonton County (6)		- 17	County C	odo (7)			2700	nt Use (Prior	2 if being	n demolish		0	-	
Atlantic				SE ONLY)		-		dence	ii beiri	g demonsi	ieu)			
Name of Monitoring Firm Hired by Building MDG Environmental	Owner (8)		ASCM	No.				ement Contr ironmenta				A 110.075		
Street Address 1000 Maplewood Drive Suite 207							Addres	s ncott Ave						
City, State, Zip Code Maple Shade, NJ 08052			e e e			13600000	tate, Zip e Sha	Code de, NJ 08	3052					
Project Manager for Monitoring Firm Tony Esposito			Telephon 856-75	e No. 5-9300			none No 755-00			License N 00842	0.			
Start Date (10) November 26, 2011	Schedule					Name EMS		A Monitor						
Occupancy Status During Abatement (Chec				2027 1015		Street	Addres	S	en Web	501N/AC = 53				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A nal Facility	oatem Hours	nent		_	City, S	Haddo tate, Zir tmont.		sev (08108				
Scope of Work (Check All That Apply)													100000	
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	Is	ocati	on				11011	LXCIIIpted (/ dild	11011 1 1100	T	Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormall Sole ntenar odial S (12)	ly by		tos Conta thermal s	systems ing, VA	faterial s insulat T, or		(Sp	ount ecify or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A										te	u
Basement			XXX		Flo	or Til	е		950) SF	XXX			
Basement		XXX		N	lastic			950) SF	XXX				
										-				
Name of Registered Waste Hauler		TN	JDEP Wa	aste	Cubic Y	'ards		Name of Re	egistere	ed Landfill	<u> </u>			
Freehold Cartage	Н	auler ID I 2253		of Wast			Grows La	ANTAL PARTY						
City, State Mount Holly, New Jersey 08060				Disposa	al Date		City, State Tullytown	n, PA.						
Completed by William Lynch	Title Owne	r			Sign	gnature	li	J. Leg	n	∠ Da	te ov, 23	3, 20	11	

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1 1 7 - V. W N T. (TA).	Jan 64611	IN HARD	COPY)	noi	10	DA	VE	
REM	EMBER - MAIL	- IIV (II CO	SO STILL	te of New Jens OF ASBESTOS	y ABATEM	ENT STONE	NAME OF THE PARTY	עע	4	i de esta
A the second		NOT	(Pursuant t	o NJAC 8:60 ar	rd 12:120)	1 11	NF 100	Bosh.		fr.
Date of Notification (1) 11/22/11 Ck:163			Name of Livings	Building Owner/ ton Public Sc	Operator (2)	ou la			
Agencies Notified	Type Notification		Street Ad	dress croft Drive]	WAIN	13 Mari	PRO	WEI)
EPA DEP DOL	Amended Amendment	#	City Stat	o, Zip Code ton, New Jor	sey OZO	89				
図 DOH	Emergency justification) Cancellation	en a anno en com mo.	Name of Paul Ke	Contact			ACREC	UK' WUR	TROL &	Total I
	All and the Waltin	Class (2)	FACIL	ITY INFORMA	TION	Type of Eacility (4)	in the design	-		-
Name of Facility When Heritage Middle S	chool	19 F13 W (3)				School (K-12)	(Other than	K-12)	nde menteren	
Slibel Address 20 Foxcroft Drive					1	Other (i.e privete.)	rate & comf	nercial b	and the same of th	
City (5) Livingston, New J	+					Square Feet 20,000	# of Floor		Bldg 55+	A
County (8)	1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		County C	Cade (7)		Current Use (Prior School	if being der	nolished)	
Essex Name of Monitoring F	m Hired by Building	Owner (8)	ASOM		Nomo	of Abatement Contr	actor (8)			
Horizon Environin	nental Group				Street	Corporation Address				
PO Box 316						MoBride Avenue	-			
City State Zip Code Thorofare, New J	eregy 08086				Wood	dland Park Nev		7424		
Project Manager for N Steve Flannigan	lonitoring Firm		Telephon 856-84	ne No 18-0800		one No. 225-8400	011			
Stan Date (10) 11/23/11		1 1/26/11	Completion I	Date (11)	J&S	ot OSHA Monitor Environmental L	abş			_
Occupancy Status Du					Street 2333	Address Route 22 West				
Facility ClosedN Abatement Perfo	acated During Entire or new Outside of Nor 1 Fm	Period of Abo mai Facility Ho	itement ours		City. S	tote, Zip Code n, New Jersey (
Scope of Work (Chec					 	Full Containmen	nt with Nega	ative Pre	2 ante	
≥3 ef or ≥3 if ≥ 3160 st or ≥260	ı#		ovation notition		HEIK	Mini-Enclosure	dure			
				Г		Non-Exempted	(*) and Non	-Fnablo	Ab:	J
Asbestos-Contain	den of the Material (ACM)	Non Used S	ncation mally Solely by enance/	Ashestos Co	Description ontaining N	of Material (ACM) s insulation	Amoun (Specif	100	$\neg \neg$	0
ln F	ABATED		(a) Stoff? 12)	` sur	racing. VA r miscellar	(T. or	SF or Li)	Removal	1
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Boys & Girl	s Rest Room	-	×	15	i wrap &	Cut				
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Name of Registered Lillich Corporation			NJDEP V Hauler ID 18724	1	bic Yards Noste	G.R.O.V	V.S Land			
City, State Woodland Park, N	New Jersey 0747	4			posal Date 28/11	Cily State Morrisvi	ile, Penns	ylvania	8	
Completed by		Title		!	Signotur		01	Date 11/2	22/11	
Tatiana Kaleniko	/a	Vice Pr	resident		1as-	not use this form for	allo.			

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

Date of Notification (1)		Name 12	e of Buildin	g Owner/	Operator C	NeESCA	Edw E	F	1		-
Agencies Notified Type Notification			t Address	1120		7	10204 5	1	₩		+
D EPA D Initial D DEP D Amended Amendment: D Emergency (City,	State, Zip (ACKY)	Code		NOV 1 076	2 9 2011	1	<u>y\</u>	to Analysis	
DOH justification) DCA Cancellation	ricauding	LH	e of Contact	VAC		ASBES	TOP PARTITION TO	mber			.
Name of Facility Where Abatement is Taking 15t/2K SH RE GARDEN Street Address				PORMAI		School (K-1 Subchapter	2) 8 (Other than K-1:	2)		<u>ر بار</u> دمینداد	
15 A ESSEX ST						Other (i.e. p etc.) Square Feet	orivate & commerci		ldings Bldg.		es,
HACKEN SACK County (6)		Coun	ty Code (7)			4000 Current Use (Pri	Z or if being demolisi		60	7 yr	25
BERGEN		(STAT	TE USE ONL	<u></u> מ		e B	BOILER R		n		
Name of Monitoring Firm Hired by Building C Street Address	Awner (8)	AS	CM No.		Company of the Control of the Contro	Abatement Cor Remova]					
	4				1		River St			**	
City, State, Zip Code				•	City, Sta	te, Zip Code			•		十
Project Manager for Monitoring Firm		Telep	hone No.		Telephor	kensack ne No. 329-7444	License N		1		+
Start Date (10) /2 - 7 - /)		Completic	on Date (11)		OSHA Monitor a Enviro	onmental :	Ser	vi(ces	
Occupancy Status During Abatement (Checi Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other - Describe: 7 Am 5 Scope of Work (Check All That Apply)	eriod of Ab	atement		· · · c		Huyler he, Zip Code	St sack ,N	J.	076	506	manders continued to the second secon
D ≥160 stor≥260 lf	Re De			21	否	Mini-Enclosure Glovebag Proc					
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custor	Solely by lenance/ dial Staff? (12)	(i.e	stos Cont : thermal surfac	scription of aining Mati systems in sing, VAT, niscellaneo	erial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
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Name of Registered Waste Hauter		NJOEP		Cubic		Name of R	Registered Landfill				-
DJM Transport ,Inc		Hauter 1 2239		of Was			rland Cou	inty	y L	and	ı£i.
City, State South Kearny N.J. 0				Dispos	al Date	City, State Newb	urgh PA,	172	242	•	
R. VELORAIN	Title Esti	mator		S	ensture 2. Vele	lran.	Dat		٠.		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) NJ SDA 11/1/11 Type Notification Street Address Agencies Notified 2 9 2011 1 West State Street Initial **EPA** City, State, Zip Code DEP × Amended Amendment # 3 Trenton, NJ 08625 ASBESTOS CONTROL & x DOL Emergency (including Tell 65 5 Tell mber Name of Contact justification) × DOH - 12 MARIE ... Bruce Leiblich DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Bank Building School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 391 etc.) # of Floors Bldg. Age Square Feet City (5) 55+ 4500 + MLK Drive Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Abandoned building Hudson Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ALKAT Construction LLC 00045 Environmental Tactics, Inc. Street Address Street Address PO Box 603 64 Broad Street City, State, Zip Code City, State, Zip Code Woodland Park, NJ 07424 Matawan, NJ 07747 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 01097 732.290.2217 973.893.7005 Tom Geiger Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Angel Ramov 12/19/11 11/28/11 Street Address Occupancy Status During Abatement (Check Only One) 428 McBride Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Paterson, NJ 07501 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf × Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Enclosure Maintenance/ (Specify Removal (i.e. thermal systems insulation, TO BE ABATED Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A Yes No X Celling wall and plaster 9900 SF X Main Floor X 200 SF X Filler Paper Main Floor X VAT 4235 SF X Mezzanine/combine area X Roofing Material 4000 SF X Roof Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste

Hauler ID No.

26085

Title

GM

40 +

Disposal Date

Signature

Date

11/22/11

IESI Bethlehem, PA

Bethlehem, PA

City, State

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Completed by

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ATLANTIC LLC

1141 Routh 23 Wayne, NJ

City, State

D&S Proj. #: <u>MS 11-449</u>		,			of NJ estos Abatement 8:60 and 12:120)	THE STANSANT	10120	不		2
Date of Notification (1)		Name of F	Building Ov	vner/Operator (2)		110	No. of Street, or other Persons			
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Amendment	#:		, Zip Code			ILI NOV 2	9 2011	11	1	
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DCA Cancellation		SOPH	IE BEND.	A	- Surano	PARTIE PROPERTY	SING			
			FAC	CILITY INFORMA	TION	The same of the sa				
Name of facility where abatemen	t is taking	place (3)				Type of Facility		يد يديم		
SOPHIE BENDA							ol (K - 12)	20		
Street Address							apter 8 (Othe			<u>'</u>)
							(Private/Com /Homes, etc.	merci	al	
635 BAILEY AVENUE							# of Floors	T	Bldg.	Age
City (5)	Co	unty (6)			County Code (7)			_ _		
ELIZABETH	U	NION			(State use only)	Current Use (P	rior if being d	emolis	shed)	
Name of Monitoring Firm Hired by				ASCM No.	Name of Abatement	Contractor (9)				
					D & S RESTOR	ATION, INC.				
Street Address					Street Address					
7 H. State 7 - 0 - 3					20 California A					
City, State, Zip Code					City, State, Zip Code					
Project Manager for Monitoring Firm	n	ĪÞ	hone Numb	NOT.	Paterson, NJ 07	7503	Ti: 50			
,,			HOHE HUITE)ei	973-345-8020		License Nui 0015			
Start Date (10)	ISche	ed. Completi	on Date (1:	1)	Name of OSHA Mon			_		
11/07/11		178	(1		D & S Restorati	on, Inc.				
Occupancy Status During Abateme		(8/11			Street Address					
Facility closed/vacated during		2010/04/2010 12:00:00:00	ment		20 California Av	/enue				
Abatement performed outside	of normal	I facility hou	rs-		City, State, Zip Code					
Describe: NORMAL I	HOURS				Paterson, NJ 07	503				
Scope of Work (check all that appl				2		Full Containment w/	negative pres	CUITA		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovati	on			\boxtimes	Mini-enclosure		Source		
≥160 sf or ≥260 lf	Demolitio	n	712			Glovebag procedure				
Location of		on normally			<u> </u>	Non-Exempted (*) a	R R	e prod	E	T
asbestos-containing material (acm) to be	by maint staff(12)	enance/cus	todial		of asbestos-containing	Amount	e m	е	n	E
abated in facility (13)	Yes	No	N/A	material (AC		(Specify SF LF)	or o	a	a	C
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STOCKIENT BOILER				BOILER INSU	DLATION	81 SQ FT		1	P	1
								H		1
										11
Registered Waste Hauler		EP Hauler II		bic Yards of Was	The or magnetored t					
D & S RESTORATION, INC. Dity, State	135			YDS	TULLYTOWN, F		COVERY			
> 1310		1	Disposal Da		City, State		10.50	176787		
			11/08/11		THEOTOTAL	D A				
PATERSON, NJ 07503 Completed by (Print or Type)	Title		11/08/11	Signature	TULLYTOWN, I	PA	Date			

State of NJ Notification of Asbestos Abatement (Pursuant to 11 JAC 8:60 and 12:120) D&S Proj. #: MS 11-447 Name of Building Owner/Operator (2) Date of Notification (1) NOV 2 9 2011 1 1 / 0 4 / 1 1 1 TAMI & JEREMY MINTON Type Notification Agencies Notified Street Address M Initial ASBESTOS CONTROL & EPA 57 BROADVIEW AVENUE Amended **LICENSING** DEP City, State, Zip Code Amendment #: X DOL MAPLEWOOD, NJ 07040 Emergency Telephone Number (including Name of Contact DOH X justification) ☐ DCA TAMI & JEREMY MINTON Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) TAMI & JEREMY MINTO Subchapter 3 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Blag. Age: # of Floors Square Feet 57 BROADVIEW AVENUE County (6) County Code (7) City (5) Current Use (Prior if being demolished) (State use only) **ESSEX** MAPLEWOOD Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 00159 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 11/25/11 11/16/11 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure $\boxtimes > 3 \text{ sf or } > 3 \text{ If}$ □ Renovation Glovebag procedure Non-Exempted (*) and Non-friable procedure Demolition ≥160 sf or ≥260 lf E Is location normally used solely E e Location of e n by maintenance/custodial Amount n Description of asbestos-containing m asbestos-containing p C (Specify SF or staff(12) C material (ACM) 0 a material (acm) to be a 1 V abated in facility (13) р Yes No N/A e X 118 L FT PIPE INSULATION BASEMENT Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY 2 YDS D & S RESTORATION, INC. 13506 Disposal Date City, State City, State 11/17/11 TULLYTOWN, PA PATERSON, NJ 07503 Date Signature Completed by (Print or Type) Title 11/04/11 PRESIDENT BOGDAN JOLDZIC Do not use this form for asbestos licensure exempted activities. ASR-41

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/23/11 MS. SHERYL NOA N Agencies Notified Type Notification Street Address □ EPA Initial TOS CONTROL DEP DOL City, State, Zip Code Amended LICENSING DOL Amendment # TEANECK Emergency (including elephone Number Name of Contact DOH justification) ☐ DCA Cancellation MS. BROWN **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) US. BROWN ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 968 WARREN PICMY etc.) City (5) Square Feet # of Floors Bldg. Age TEANECK 1948 2300 Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) BERGEN KESI DENCE Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack , N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor Omega Environmental Services 12/7/11 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 280 Huyler St Abatement Performed Outside of Normal Facility Hours
Other – Describe: 7. A. O. S. C. H. City, State, Zip Code South Hackensack , N.J. 07606 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation ☐ Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition - Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Туре Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A BASSMENT THERMAL SYSTEM INSULATION X 30LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste DJM Transport , Inc Cumberland County Landfill 22393 200 City, State Disposal Date City, State South Kearny N.J. 07032 12/7 Newburgh PA, 17242 Completed by Signatur J. MAIORANO Estimator

Do fot use this form for asbestos licensure exempted activities.

2788

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) John Cave / Residence 11/23/11 2 9 2011 Street Address NOV Type Notification Agencies Notified 6409 Ocean Blvd Initial **EPA** City, State, Zip Code Amended DEP Long Beach Township NJ 08008 ASBESTOS CONTROL & Amendment # × DOL TS CAN Wumber Emergency (including Name of Contact justification) DOH THE PERSON X John Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) John Cave / Residence Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address X 6409 Ocean Blvd etc.) Bldg. Age # of Floors Square Feet 35+ City (5) 2 1000 +Long Beach Township NJ 08008 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Residence Ocean Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc N/A Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00727 856-753-9800 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Pernaco Inc 11/9/11 11/5/11 Street Address Occupancy Status During Abatement (Check Only One) PO Box 329 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours West Berlin NJ 08091 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure × Abatement Type Is Location Normally Description of Location of Asbestos Containing Material (ACM) Amount Used Solely by Encapsulate Enclosure Asbestos-Containing Material (ACM) (Specify Remova Maintenance/ Repair (i.e. thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A No Yes 2900 SF x Exterior Siding X Exterior Siding Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. G.R.O.W.S. 3 22459 United Containers City, State Disposal Date City, State Morrisville PA 19067 11/9/11 Elm NJ Date Signature Title Completed by 11/23/11

President

Anthony T Perna

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

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Date of Notification (1)	23 /	11			Name	of Buildin	g Owner/Operator (2) '	EIVE	1	1	;	
Agencies Notified	Type Notifica	ation	_		Street	Address	4	131	- 000		1		
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☑ DEP☑ DCA (NJAC 5:16)	☐ Amended				City, S	State, Zip	Code	17 7		1	4		
DHSS	☐ Emergen	100	ing		Che	erry Hill,	NJ 08003	1	ACOUTDON &		1		
□ DCA	justification	on)			Name	of Contac	ct :	ASBE	Street Num	ber			
(NJAC 5:23-8)	☐ Cancellat	tion			Jim	Lex	2		No.			*.	
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Street Address						*************		☐ Subchapter 8	(Other than K-12 ivate & commerci	?) ial build	linas.		
130-230 White Hors	se Pike							homes, etc.)	rato a commond				
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Clementon, NJ								100,000	1		40+		
County (6)	*				Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Camden								Vacant					
Name of Monitoring Firm	Hired by Build	ding Own	er (8)	ASCM	No.	Name of Abateme						
Environmental Res	solutions, In	c.					Diamond Hur	ntbach Constru	iction Corpora	tion			
Street Address			100			33000	Street Address	7/200					
525 Fellowship Roa	ad						500 East Luze	erne Street					
City, State, Zip Code							City, State, Zip Co	ode					
Mount Laurel, NJ	08054						Philadelphia,	PA 19124					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License No.				
Rick Lake				85	6-235	-7170	215-739-8166		00646				
Start Date (10) 12 / 08 /		Scheduled 01				te (11) 12	Name of OSHA M SAME AS AB						
Occupancy Status During	g Abatement (0	Check on	ly on	ie)			Street Address			and the second		-/://:	7.77
□ Facility Closed/Vacate	ed During Entir	re Period	of A	bater	nent								
Abatement Performed Time of Abatement: 7					s - Des	cribe	City, State, Zip Co	ode					
Scope of Work (Check a	II that apply)			97.11									
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				ovati olitio			☐ Mini-Enc ☐ Glovebag			ıre			
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Location	of		No	ormal	ly		Description o	f			T		
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(13)	,			(12)			other miscellane	ous)		-		late	6
W - W		Ye	s	No	N/A								
1 st Floor, Sales Area				\boxtimes		Floor t	ile		66,800 SF	\boxtimes			
1 st Floor, Sales Area			1	\boxtimes		Floor ti	ile		19,100 SF	\boxtimes			
1 st Floor, Sales Area	12:		1	\boxtimes		Floor ti	ile mastic		75,800 SF	\boxtimes			
1 st Floor, Sales Area			1	\boxtimes		Pipe jo	int fitting insulat	ion	10 LF	\boxtimes			
Name of Registered Was	te Hauler			1556	JDEP \		Cubic Yards of	Name of Regist	tered Landfill				
Service Transport	Group, Inc.			1,15000	auler II	No. #20990	Waste n/a	Minerva					
City, State					730 11	20000	Disposal Date	City, State					
New Castle, DE 19	720					557		Waynesbu	rg, OH 44688				
Completed By (Print or T	ype)	Title			-	-	Signature	- / -	11 12 Da	ate		1	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)				Name	e of Buildir	ng Owner/Operato	r (2)			~)	
11/	23 /	11		Ca	mden Co	ounty Improven	ent Authority		7			
Agencies Notified	Type Notific	cation	170077111	_	t Address		الله الله			-:		
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DEP DCA (NJAC 5:16)	Amende				State, Zip		U UI NOV	2 9 2011	1	1		
DHSS	Amendn Emerger		na	Ch	erry Hill,	, NJ 08003			•	į		
DCA	justificat	tion)	-3	Name	e of Conta	ct	ACRESTO	S CHATROL'S North	er	1		
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130-230 White Hors	e Pike					- 27	homes, etc.		II Dulic	iliys,		
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Clementon, NJ							100,000	1		40+		
County (6)				Cou	nty Code ((7)(STATE USE ONLY	Current Use (P	rior if being demolis	hed)			
Camden												
Name of Monitoring Firm			(8)	ASCM	No.	Name of Abater	ment Contractor (9)				
Environmental Res	olutions, In	ic.				Diamond H	untbach Constr	uction Corporat	ion			
Street Address						Street Address						
525 Fellowship Roa	d					The second secon	zerne Street					
City, State, Zip Code						City, State, Zip						
Mount Laurel, NJ 0							a, PA 19124	-				
Project Manager for Moni	toring Firm			lephone		Telephone No.		License No.				
Rick Lake				356-235		215-739-816		00646				
Start Date (10)	2000	Scheduled			The state of the s	Name of OSHA						
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Occupancy Status During						Street Address						
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Abatement Performed Time of Abatement: 7					scribe	City, State, Zip	Code					
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Scope of Work (Check all	that apply)					☐ Full Co	ntainment with Ne	gative Pressure				
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(13)	•		(12)		other miscellar	eous)	187 SES TOS.	-		Encapsulate	6
		Yes	No	N/A								
Bldg. #1, Sales Area			\boxtimes		Glue D	ots		2,000 SF	\boxtimes			
Exterior Parapot Walls	S		\boxtimes		Black 8	& Grey Roofing	Membrane	13,000 SF	\boxtimes			

Name of Registered Wast	e Hauler	1		NJDEP I		Cubic Yards of	Name of Regis	stered Landfill				
Service Transport G	roup, Inc.		1	Hauler II	D No. #20990	Waste n/a	Minerva					
City, State	2000			A30 11	20000	Disposal Date	City, State		1000			
New Castle, DE 197	20-						Waynesbu	irg, OH 44688				
Completed By (Print or Ty	oe)	Title		***		Signature	/2 1	1 /2 / Dat	e	,		
Charles Imbimbo		Projec	t Mar	nager		1/1/	20106	The same	/	22	1,	,

State of New Jersey No check NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) William Co. Date of Notification (1) Name of Building Owner/Operator (2) 11 14 11 Cape Regional Health System, Inc. Agencies Notified Type Notification Street Address **⊠** EPA 2 Stone Harbor Blvd **⊠** DOLWD City, State, Zip Code ☑ DHSS Amendment #1-11/22/11 Cape May Courthouse, NJ ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) □ Cancellation Mark Elberfeld **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Cape Regional Medical Center ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 2 Stone Harbor Blvd homes, etc.) Square Feet City (5) # of Floors Bldg. Age Cape May Courthouse 50,000 2 40+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cape May Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Criterion Labs, Inc. Street Address Street Address 3370 Progress Dr 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Bensalem, PA 19020 BRISTOL, PA 19007 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 215-788-6040 00509 Mike Panapresso 215-244-1300 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 12 / 2 / 11 11 / 28 / 11 BRISTOL ENVIRONMENTAL, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/5:00PM-1:30AM BRISTOL, PA 19007 REV#1-STARTING MON. 11/28-12/2/11-Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Mini-Enclosure ☐ Demolition ☐ Glovebag Procedure >160 sf or ≥260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Encapsulate Remova Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A 2nd Floor Finance Room \boxtimes Pipe Insulation and fittings 255 LF X П

SERVICE TRANSPORT GROUP, INC.

Hauler ID No. 20990

City, State

NEW CASTLE, DE 19720

Title

Waste

MINERVA LANDFILL

City, State

WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scafiro

1st Floor Medical Records

Name of Registered Waste Hauler

Title Estimator

П

X

NJDEP Waste

Signature Brian Scafiir / j Date 11/22/11

 \boxtimes

8 LF

Name of Registered Landfill

Pipe fittings

Cubic Yards of

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

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/ /			Ca	pe Regi	onal Health Syst	em, Ind		120	M. Taranta	11	
Agencies Notified Type Notification ☐ EPA 8376 ☐ Initial	on			t Address Stone Ha	rbor Blvd		IOV 2 9 2011		Ù.) 	
☑ DOLWD 8338 ☐ Amended			14	State, Zip		10 14 1	104 2 3 2911		Summer	-	
☐ DHSS ₹369 Amendment	_	_			Courthouse, NJ					a	
DCA Emergency justification	(Incluai	ng		e of Conta		AS	BESIGS CONTROL	her		+	
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Cape Regional Medical Center						School (K-1					
Street Address						─ Subchapter	8 (Other than K-12				
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Cape May Courthouse						50,000	2		3ldg. / 40+		
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Cape May			000	my code (THOTALE GOL ONE TY	Current Use (F	nor it being demois	meu)			
Name of Monitoring Firm Hired by Building	Owne	r (8)	ASCM	No	Name of Abatem	ent Contractor (9	\				
Criterion Labs, Inc	, -,,,,,	. (-)	,		A commence of the contract of	IVIRONMENTA	•				
Street Address					Street Address	TVINOINIE	IL, INC.				
3370 Progress Dr					1123 BEAVE	PSTPEET					
City, State, Zip Code					City, State, Zip C						
Bensalem, PA 19020					BRISTOL, PA						
Project Manager for Monitoring Firm		Tel	ephone	No	Telephone No.	19007	License No.				
Mike Panapresso			15-244		215-788-6040	,	00509				
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11 / 28 / 11	12	/ _2	/ _		I was a supplied to the suppli	VIRONMENTA	L, INC.				
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) Name of Building Owner / Operator November 4, 2011 VERIZON COMMUNICATIONS Type Notification Agencies Notified Street Address \boxtimes EPA 243 East State Street DEP Initial City, State & Zip Code NOV 2 9 2011 \boxtimes DOL X Amended R#1-11/22/11 Trenton NJ X DOH Name of Contact Emergency Telephone Number DCA Cancellation Anthony Porta ASBESTOS CONTROL IL LICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Trenton Central Office** School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 243 East State Street # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 20000 Current Use (Prior if being demolished) Trenton Mercer Verizon communication center Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC TTI Environmental Street Address Street Address 1253 North Church Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code BRISTOL, PA 19007 Moorestown NJ Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MIKE STOCKU 856-840-8800 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/22/11 BRISTOL ENVIRONMENTAL INC 11/21/11 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 7:00 AM - 4:00 PM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure ≥3 sf or ≥3 lf Renovation Glove Bag Procedures ≥160 sf ≥260 lf Demolition Non-Exempted and Non-Friable Procedure Amount Abatement Type Description of Is Location Location of Normally Used Asbestos-Containing (Specify Asbestos-Containing Material (ACM) SF or LF) Encapsulate Material (ACM) Solely by Enclsoure Remova Repair Maintenance or (i.e., thermal systems TO BE ABATED Custodial Staff? insulation, surfacing, VAT in Facility (12)or other miscellaneous) (13)Yes No N/A 3rd Floor MER Room VAT/MASTIC 225 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste BRISTOL ENVIRONMENTAL INC 18706 **GROWS LANDFILL** Disposal Date City, State City, State TBD MORRISVILLE, PA BRISTOL, PA Signature Date Completed By (Print or Type) Title Patrick I De Card 11/4/11 PATRICK T. DeCARO Estimator

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

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

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Name of Registered W	aste Hauler	1	1 0 0 0 0 0 0 0		STREET, COLOR		95 North Main Street e					
Stevens Environ	nmental Service	es Inc	Ha			John Patella 95 North Main Street Code Cranbury: N						
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Completed Div							A+++		IA			-
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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11-28-11 Agencies Notified Type Notification		-	Street A				ASBESTOS CONT		<u></u>	-	1
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☑ DCA ☐ Cancellatio	n			ILITY INFORMAT		/				-	,
Name of Facility Where Abatement is Taki	ng Place (3	3)	1 40	ILITI IIII ORIIIIA		e of Facility	(4)		uildings, ho Bldg. Age 3 of Frage of the state of the st		
AMERICAN FU	RNITZ	RE				School (K-		1000			
Street Address /500 No. OLD			F ,		ß	Other (i.e. etc.)	er 8 (Other than K-1 private & commerc		ldings	, hom	es,
City (5)	20 V				1	uare Feet	The second of th	1			
EWING, N	r	08	618	- 2///		7000			50	2+	
County (6)				Code (7) USE ONLY)			rior if being demolis	inea)			
MERCER Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.		patement Co	SPACE ontractor (9)		-		
Name of Monitoring Firm Fired by Building	Cwilei (o)		100000000000000000000000000000000000000				, INC.				
ENVIRONMENTAL TACTICS Street Address	, TNC	•	100	,,,	Street Add	ess			****	*	-
64 BROAD ST.					1	73 K	ARKUS	Av	E.		
City, State, Zip Code					City, State,	Zip Code	1	_	1-	240	
MATAWAN, XJ Project Manager for Monitoring Firm	077	747			W	ODDBI	21000 N	J +	0/	703	5
Project Manager for Monitoring Firm			Telepho	one No.	Telephone		License 1		uildings, hor Bldg. Age 3 of 770, 170, 170, 170, 170, 170, 170, 170,	-	
THOMKS P. GETGE Start Date (10)	Schedule	ed Cor	noletion	070 · 2211	Name of O	SHA Monitor	17 0	00.	P. Dido O Procedure Abateme Type Removal C. C.		
THOMAS P. GEIGE Start Date (10) 12-12-11	Janedan	2 - 1/	6.1	/	ENVI		UTAL TACT	705	: ,	NC	
Occupancy Status During Abatement (Che	ck Only Or	ne)			Street Addr				,	dure Encapsulate	
Facility Closed/Vacated During Entire			nent		64	BROI	40 ST.				
☐ Abatement Performed Outside of Nor ☐ Other – Describe:	mal Facility	/ Hours	5		City, State,		'. NJ. 0	779	[•] 7		
Scope of Work (Check All That Apply)											
☐ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Mini-Enclosus Glovebag Pro					
	le	Locat	ion					T	Abat	emen	t
Location of	1	Vorma	lly	D	escription of			-	T	ype T	_
Asbestos-Containing Material (ACM)		d Sole			ntaining Materi al systems insi		Amount (Specify	, n	ildings, hor Bldg. Age 3 of 7	E	П
TO BE ABATED In Facility	Cus	todial ((12)	Staff?	surf	acing, VAT, or		SF or LF)	emo	wildings, ho Bldg. Age 3 0 + Str. Procedure Abateme Type Reppair Repair C.	caps	Enclosure
(13)		(12)	1	other	miscellaneous	5)		val	#	ulate	ure
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GROUND FLOOR			×	NON- FRIAI	BLE MAST	1C 0N	1500 S.F	. ×	_		_
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				FLOOR	ILE						
Name of Registered Waste Hauler	inc.		IJDEP V lauler ID 450	No. of W	c Yards aste		Registered Landfil		2.		88
City, State NOWARK, NJ.				Diene	acal Data	City, Sta	RRIS VILLE	P	Ά.		
Completed by	Title				Signature	1	0 /- Da	ate	10	,,	
DAVID T. TOZCHIN,	P	25			"air	21,180	ch	11 -	18.	11	

2499	State of N	ew Jers	ey - Notifi	cation of Asbestos Ab	atemen	TO IT	ם מ			7
GAC Project # 060-11		(Pursua	ant to N.J.A.C	. 8:60-7 and 12:120-7)	以产	6 E	3 U \		-]	
Client Project #				5	1				11.11	
Date of Notification (1)				Name of Building Owner/Op	erator (2)	NOV :	2.9.2	011.	111	
November	21, 2011			Name of Building Owner/Op RUTGERS, THE STA	TEUNIN	/ERSI	FY'OF	'NJ	loren	.
Agencies Notified	Notificatio Initial	Notification		Street Address ENVIRONMENTAL HI 27 ROAD 1, BLDG 40	EALTH			EPT.	<u> </u>	1
□ EPA			cation # 1	O'L OLLE Tim Conda		-	-	TIVII O		
DCA			letion dates)	City, State, Zip Code; PISCATAWAY, NJ 08	854	unide States	EVAN.		marke a	
X DOL		gency (in	cluding	Name of Contact	ph →i.	Telepi	hone Nu	mber		-226
DEP- No Longer REQUIRED		cation)		MICHAEL SMITH, EN	V.	2		-7	3	
⊠ DOH	☐ Canc	elled		HEALTH & SAFETY						
			FACILITY IN	FORMATION					4	
Name of Facility Where Abatement	ie Taking Place (3)	TAGILITIN	Type of Facility (4)						
TILLET HALL, BLDG# 41	AG	1		School (K-12)						
TILLET HALL, BLDG# 41				Subchapter 8 (other than	K-12)					
Street Address				X Other (i.e. private & comm	nercial build	dings, ho	mes, etc	.)		
LIVINGSTON CAMPUS				Sq. Feet: N/A # o	f Floors:	Bldg	. Age:	60+	years	
City (5) PISCATAWAY	nty (6) NIDDLESEX		Code (7) Jse Only)	Current Use (prior if being of	demolished	i): ACA	DEMIC			
Name of Monitoring Firm Hired by E	olda Owner (8)	ASCM	No	Name of Contractor (9)						
ATC ASSOCIATES	sidg. Owner (o)	0098						ro IN	^	
ATC ASSOCIATES				GREENWOOD ABATE	MENT	ONSU	LIAN	15, IN	U	
Street Address				Street Address						
3 TERRI LANE				268 MAIN STREET						-
City, State, Zip Code				City State, ZipCode						
BURLINGTON, NJ 080				BUTLER, NJ 07405		Licon	se Numb	NOT.		
Project Manager for Monitoring Firm BRIAN KEARNY	<u>Telephone</u> 609-38	6-8800		<u>Telephone Number</u> 973-492-0477		0084		<u>bei</u>		
	Cabadula	Completio	n Date (11)	Name of OSHA Monitor	- 19 m					
Scheduled Start Date (10)	12/28/1		II Date (11)	1						
12/23/11	12/20/1	•		ENVIROVISION, INC.						
Occupancy Status During Abater	ment (Check only	one)		Street Address						
☐Facility Closed/Vacated During	Entire Period of	Abatemen	t	20-21 WARGARAW R	OAD					
☐Abatement Performed Outside	of Normal Facili	ty Hours -		City, State, Zip Code	OAD			-		
Describe				City, State, Zip Code						
⊠Other – Describe: 5 PM FRI NECESSARY)	TO MON 5 AM	/I (24HR /	ACCESS AS	FAIRLAWN, NJ				-2024-15		
Scope of Work (Check all that app	γ)							Alice De		
			Apple 6		ull Contair		tn Nega	live Pi	essure	
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$			⊠Renovatio		Mini-Enclo					
\ge 160 sf or \ge 26	0		Demolitio		Glovebag			n Erick	e Pron	dura
——————————————————————————————————————					Non-Exam		Ahata	ment Ty	me FIOCE	Jule
Location of Asbestos-Containing	Is Location Non		Description of A	Asbestos Containing Material	Amo	unt cify SF	-			
Material (ACM) in Facility (13)	Solely by Maint	/Custodial	(ACM) (i.e. the	ermal systems insulation, surfacing	or LF		Remov	e Repa	ir Encap	Enclose
	Staff? (12) YES NO	NA	VAT, OF Other II			<u> </u>				
201 SUITE	I X		VAT		100	0 SF	X			
201 3011	100	1	-			10	X			
		-	-							
			-10.#	To 11. 1/2 1. (514)	20 CY	Nam	e of Reg	istered	Landfill	
Name of Reg. Waste Hauler	And the second s	Vaste Haule	riu#	Cubic Yards of Waste:	20 01	G.R	.O.W.S	. Nort	h Land	dfill
See Hauler Below #1 & 2	See Bel	70000			Di-					- 10-51
Hauler #1) Greenwood Abatemer	t Consultants, In	c. – Butler,	NJ 07405		Disposal 1 12/28/20	F 300 C 200 C 300 C 300 C		City, S 100 N	tate ew Ford	Mill
NJDEP # 12561					1212012	UII		Rd. M	orrisvill	
Hauler #2) Newark Carting, Inc.	Newark, NJ 045	09						19067		
NJ DEP # 4509						m=1/Le31		215-7	36-1700	
Completed by (Print or Type)	Title			Signature		Date				
Completed by (Print or Type) RAYMOND C. PEDALING		PROJE	CT	1 01	12		Nove	mber	21, 2	011

MANAGER

GAC Project # 060-11	Sta	ate of No			cation of Asbestos A . 8:60-7 and 12:120-7)	Abateme			IV		M
Client Project #							1			-	1-,1
Date of Notification (1)	=300 =3				Name of Building Owner/ RUTGERS, THE ST	Operator (2	41NC	W 2	9, 2011	IL	
Novemb					RUTGERS, THE ST	TATE N	WERSI	TY OF	NJ		A
Agencies Notified		Notification Initial		ation	Street Address ENVIRONMENTAL	HEALTH	a SASE	हाळ ए	SAPROL		1
☐ EPA		□Amende	ed Notif	ication	27 ROAD 1, BLDG	4086, LIV	INGST	ONCEN	MPUS		
DCA		□ Emerg	ency (i	ncluding	City, State, Zip Code	L			de de la companie	e Same	Sector -
X DOL		justific		-	PISCATAWAY, NJ			•			***
☑ DEP- No Longer REQUIRE	ED	☐ Cance			Name of Contact	CONTRACTOR OF STREET	(we-Friend	hone No	mber	MIDAL S	COSTON CHARACTER
X DOH			3111707755		MICHAEL SMITH, E		-				
					HEALTH & SAFETY	(
				FACILITY INF	ORMATION						
Name of Facility Where Abateme		g Place (3)			Type of Facility (4) School (K-12)						
Street Address					Subchapter 8 (other that						
LIVINGSTON CAMPUS					Sq. Feet: N/A #	nmercial bui of Floors:				ars	
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PISCATAWAY	MIDDL	ESEX	(State	Use Only)	Current Use (prior if being	g demolishe	d): ACA	DEMIC			
Name of Monitoring Firm Hired b	y Bldg. Ow	ner (8)	ASCM	No.	Name of Contractor (9)				<u> </u>		
ATC ASSOCIATES			0098	3	ODEENIMOOD ADAT	CERSENIT A	CONCIL	LTANIT	e INC		
					GREENWOOD ABAT	FINENT	CONSU	LIANI	S, INC	•	
Street Address 3 TERRI LANE					Street Address 268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
	8016				BUTLER, NJ 07405		_				
Project Manager for Monitoring F	irm :	Telephone N	with the proposition to the V		Telephone Number		Licens	se Numb	<u>er</u>		
BRIAN KEARNY		609-386	-8800		072 402 0477		0084	0			
		0.1.1.1.1	S1-4'-	- D-t- (44)	973-492-0477 Name of OSHA Monitor		0004	·U			
Scheduled Start Date (10)		Scheduled (n Date (11)	1						
11/25/11		11/28/11			ENVIROVISION, INC).					
Occupancy Status During Aba	tement (C	heck only o	ne)		Street Address						
□Facility Closed/Vacated Dur				nt							
Abatement Performed Outsi	A STATE OF THE PARTY OF THE PAR				20-21 WARGARAW	ROAD					
Describe					City, State, Zip Code						
☑Other - Describe: 5 PM FF	RI TO MO	ON 5 AM	24HR A	ACCESS AS							
NECESSARY)			•		FAIRLAWN, NJ						
			1210		- Auto-Autority 140						
Scope of Work (Check all that ar	oply)				_	F 0 4 - i		h Nama	D		
						Full Contai		in Negat	ive Press	sure	
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				Renovation	_	Mini-Encl					
≥ 160 sf or ≥ 2	260			■ Demolition		Glovebag					
				15 6		Non-Exen			ent Type		ure
Location of Asbestos-Containing		ation Norma by Maint./C		(ACM) (i.e. them	bestos Containing Material nal systems insulation, surfac		cify SF	Abaten	ient Type		
Material (ACM) in Facility (13)	Staff?		ustoulai	VAT, or other mis		or LF		Remove	Repair I	encap E	Enclose
	YES	NO	NA		nagrio .		× 7/1				
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			1		9						
Name of Reg. Waste Hauler		NJDEP Was	te Haule	r ID#	Cubic Yards of Waste:	20 CY	Name	of Regis	tered Lar	ndfill	
See Hauler Below #1 & 2	E.3	See Belov		110 #	Cubic Talus of Waste.	2001		o.w.s.			ill
Hauler #1) Greenwood Abatem	ent Consul	Itants, Inc	Butler.	NJ 07405	· · · · · · · · · · · · · · · · · · ·	Disposal I	<u>Date</u>		City, State		
NJDEP # 12561		,	,			11/28/2	011		100 New		20030
Hauler #2) Newark Carting, Inc	c., Newarl	ι, NJ 04509							Rd. Morr 19067	sville,	Pa
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					l Cinnetur-		Deta				
Completed by (Print or Type)			DO 154	T.	Signature	. ~	Date	Noven	her 11	204	1
RAYMOND C. PEDALIN	1000	ENIOR P		.1	1/2 //	1/2	\Box	TOACH	- DCI I	, 201	
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11/25/2011 Disune Rollins NOV 2 9 2011 James Rollins Sizes Address		· ·		,,					Emerg	ency hou	critica	tio	n
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Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)	□ DCA				Dian	c Rollir	13	Plant Print Control	1	-			
Street Address Street		-		<i>-</i>	-							-1	-
Street Address 812 Mildred Avenue 812 Mildred Avenue 813 Mildred Avenue 814 Mildred Avenue 815 Mildred Avenue 816 Mildred Avenue 817 Marie (1.e., private & commercial buildings, nemes, etc.) 818 Mildred Avenue 819 Aguars Freet 819 Freders 819 Age 810 Mildred Avenue 810 Mildred Avenue 811 Mildred Avenue 812 Mildred Avenue 830 Marie (1.e., private & commercial buildings, nemes, etc.) 831 Mildred Avenue 841 Freders 852 Mildred Avenue 853 Mildred Avenue 854 Freder Mildred 855 Mildred Avenue 855 Mildred Mildred Mildred Mildred Avenue	Name of Facility W.	here Abalemen	i is Taking Place	(3)				Type of Fadil	y (4)	•			-:
Street Address Subtrayler, Gother (file, *Trivale & commercial buildings, homes, etc.)	rivate home							D Selvent (K.	2)				
State Action Ac	Street Address							□ Subchaple	a (Other than K-1)				
City (s) Indican, NJ 07036 County (e) Ulnion Name of Monitoring Firm Hired by Building Owner(e) Name of Monitoring Firm Hired by Building Owner(e) Sircel Address City, State, Zip Code Wayne, NI 07470 Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Start Date (10) Sohedined Completion Date (f1) In 1/27/2011 Cooppany Status Buring Abatement (Check only one) Seriel Address Street Address	1812 Mildred Av	enue						ASBESTOS CONTROL & LICENSING Type of Facility (4) School (K-1 2) Subcrispler 9 (Other than K-1 2) Other (i.e. private & commercial buildings, homes, etc.) Square Foet # of Floors Blidg. Age SE Current Use (Prior If being demolished) Abalement Contractor (9) LLC dress Ey Rd #283 Ey Rodee N 07470 I No License No. 1777 101127 ISHA Monitor Sion Consultants, Inc Gress Agaraw Road, Blidg. # 34A Eye Code N, NJ 07410 I Full Containment with Negative Pressure Mini-Enclosure Citovabeg Procedure Non-Exempted (*) and Non-Frigble Procedure Abatement Type The Mini-Enclosure Citovabeg Procedure Non-Exempted (*) and Non-Frigble Procedure Abatement Type The Mini-Enclosure SF or LF) Sol Name of Reg Stered Landfile T, R, R, F, Inc					
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Union Name of Monitoring Firm Hired by Building Owner(s) ASCR No. Name of Abalement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 01127 Name of OSHA Monitor 1/26/2011 11/27/2011 Decupancy Status During Abatement (Check only one) B Facility Closed/Vacated During Entirs Period of Abatement 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Pair Lawn, NJ 07410 Steet Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Pair Lawn, NJ 07410 Steet Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Pair Lawn, NJ 07410 Steet Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Pair Lawn, NJ 07410 Steet Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Pair Lawn, NJ 07410 Decorption Asbestos-Containing Material (ACM) In SEA ARTED IN Facility (13) Vest No. NIA Pipe institution SF or LF) To the LLC O033785 T.R.R.F. Inc Ulspots Interest City, State City, State City, State City, State City, State City, State T.R.R.F. Inc Ulspots Interest City, State Ci		1 0			Cour	rty Code	7) (STATE USE	Current Use (Prior if being demail	(Stied)			_
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)	/23/11			Nam		ng Owner/Operator		1,,,4	· · · · · · · · · · · · · · · · · · ·					
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Agencies Notified	[2] Initial	11		Sue	300		H ST	-	LIU	ENSING	-			
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Name of Facility Where		ng Plac	æ (3)				1	-01C-10000-1100-11						
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City (5) 570	we Han						Square		# of Fleo			ig. A	ge	
County (6) CAAG	MAY				nty Code (7) (STATE	Current	Use (Pr	for If being d	emolisi	ned)			
Name of Monitoring Firm		Owner	-	ASCM	No.	Name of Abatem	-						-	_
(8) Worklotting rittle	A	Omno				1 11	FMC	1700			5		-	
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Project Manager for Mon	itoring Firm		Tele	ephone	No.	Telephone No.			License	No.				
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Start Date (10)	Sche	duled (Comple	etion Da	ite (11)	Name of OSHA		1/	-}		0.56-5413	es-inco		
12/3/11		12/1	10/	11	+	798	EPH	K-L	EMM					
Occupancy Status During						Street Address	0	Cina	=]	σ.				
Facility Closed/Vacate	ed During Entire Po	eriod of	Abate	ment			~	D PIL	.v 4= 1	JUr		_		_
Abatement Performed	Outside of Norma	al Facili	ty Hou	rs		City, State, Zip C	ode	_		41 -	τ- ,	2 5	۰.	_
Other - Describe:						147	APLE	> -	IDDE	N	٠, ر	0	2	
Scope of Work (Check al	Ithat apply)					□ Full Cor	ntainment	with Ne	gative Press	ure	132			
☐ ≥3 sf or ≥3 lf		□ R	enovat	ion		Mini-End	closure		y					
≥160 sf or ≥260 If		Ø De	emolitic	m		Gloveba	g Proced	ure and No	n-Friable Pr	ocedur	9			
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Date of Notification (1) 11/22/11 Ck:163), A wat - 12% 17.	17	Name of E	Building Owne	or/Operate	TI INOA	D209_2017] [λΥ	<u> </u>	_
Agencies Notified	Type Notification	n	-	Street Add	Iress	f 7=	ASDEST	OS GOMAROLD& 2	2011	+		5105
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Name of Facility Where Mt Pleasant Middle	e School	ng Place (3)				Type of Facilit	y (4)		TIPAS	F	
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City (5) Livingston, New Je	ersey 07039						Square Feel 20,000	# of Floors		Bldg 55+	. Agc	-
County (f) Essex			C	OUNTY COC	e (7)		Current Use (P School	rior if being demo	ished)	-22/19/0		-
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PO Box 316						Street	Address AcBride Aver					-
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