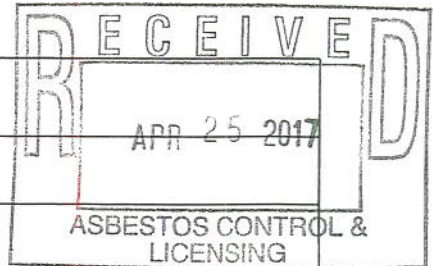


\$1200  
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 6:16)



Date of Notification (1) <u>04</u> / <u>05</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>PERTH AMBOY PUBLIC SCHOOL</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address <b>178 BARRACKS STREET</b>	
		City, State, Zip Code <b>PERTH AMBOY, NEW JERSEY 08861</b>	
		Name of Contact <b>Mr. Derek Jess</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement Is Taking Place (3) <b>DELANEY HOME</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>CONVEY &amp; CHAMBERLAIN AVE</b>			
City (5) <b>PERTH AMBOY</b>		Square Feet <b>26,300</b>	# of Floors <b>2</b>
		Bldg. Age <b>~50</b>	
County (8) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Housing</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>AHERA ENVIRONMENTAL</b>		ASCM No.	Name of Abatement Contractor (9) <b>TRICON ENTERPRISES</b>
Street Address <b>PO BOX 385</b>		Street Address <b>322 BEERS STREET</b>	
City, State, Zip Code <b>OCEANVILLE NJ 08231</b>		City, State, Zip Code <b>KEYPORT NEW JERSEY 07736</b>	
Project Manager for Monitoring Firm <b>DONNA D'ERRICO</b>		Telephone No. <b>609-652-1833</b>	License No. <b>01095</b>
Start Date (10) <u>04</u> / <u>19</u> / <u>17</u>	Scheduled Completion Date (11) <u>10</u> / <u>1</u> / <u>17</u>	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address	
		City, State, Zip Code	

## Scope of Work (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> $\geq 180$ sf or $\geq 260$ lf | <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure                             |
|  |  | <input checked="" type="checkbox"/> Glovebag Procedure                         |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See Attached		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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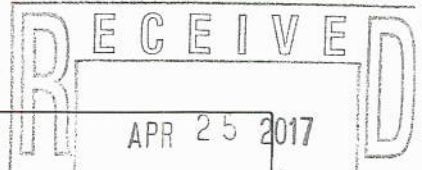
Name of Registered Waste Hauler <b>Freehold, Cartage, Inc.</b>	NJDEP Waste Hauler ID No. <b>S2265</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>
City, State <b>Freehold, NJ</b>	Disposal Date <b>04/19/17</b>	City, State <b>Newburgh, PA</b>	
Completed By (Print or Type) <b>MARTIN MCREA</b>	Title <b>SUPERVISOR</b>	Signature 	Date <b>04/05/17</b>

DOL Asbestos Notification asb-41-unprotected State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:80 and 5:16)

## Continuation Sheet

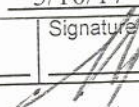
Name of Facility Where Abatement is Taking Place (3)  
DELANEY HOMES

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BLDG 17 Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	boiler brick 2 boiler	480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 17 Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rib Rope Packing	288 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 17 Apt 867 Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 17 Apt 879 kitchen/Livingroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	375 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 17 Apt 877 Livingroom/Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	375 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 17 Apt 875 Livingroom/Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	375 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 17 Apt 833 Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	155SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 17 Apt 887 Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 18 Apt 899 Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	190 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 18 Apt 889/891 Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	504 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 18 Apt 905 stair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 18 Apt 901 Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	190 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 19 Apt 917 Livingroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 19 Apt 905 stair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 19 Apt 909 Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	45 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 20 Apt 929 Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 20 Apt 931 Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 23 Apt 910 kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	155 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior piping Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI	8800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 17,18,19,20,23, & 24 Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Micellaneous	2376 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 17,18,19,20,23, & 24 Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Micellaneous	5776 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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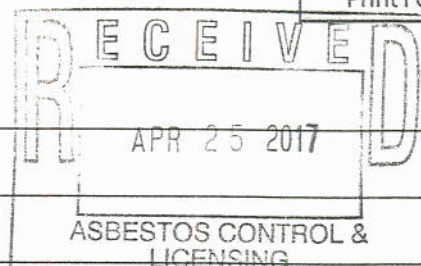
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

**Check # 25464**  
**APR 25 2017**

Date of Notification (1) <u>4/22/17</u>		Name of Building Owner/Operator (2) <u>Berner</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> <u>ASBESTOS CONTROL &amp; LICENSING</u>						
	City, State, Zip Code <u>Lumberton, NJ 08048</u>		Name of Contact <u>Bruce Berner</u>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>		Square Feet <u>2400</u>	# of Floors <u>2</u>						
City (5) <u>Lumberton, NJ 08048</u>		Bldg. Age <u>70+/-</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>						
Start Date (10) <u>5/5/17</u>		License No. <u>00493</u>							
Scheduled Completion Date (11) <u>5/10/17</u>		Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>Basement/Crawlspace</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>60 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Debris</u>	<u>15 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/10/17</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 	Date <u>4/22/17</u>					



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

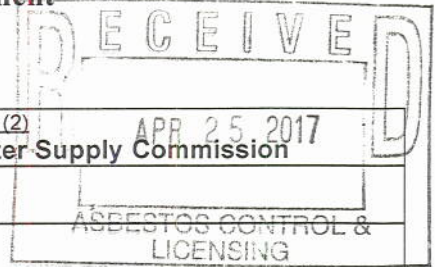


Date of Notification (1) 04-19-17		Name of Building Owner/Operator (2) Borough of Paramus							
Agencies Notified	Type Notification	Street Address 1 Jockish Square							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact John Robinson	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4)							
Street Address 97 Fairview Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paramus		Square Feet	# of Floors						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 04-25-17		Scheduled Completion Date (11) 05-02-17	Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
All Floors		x		VAT	3,000 SF	x			
Basement		X		Pipe Insulation	100 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 8	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ			Disposal Date 05-05-17	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 	Date 04-19-17					

# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

NO CH



Date of Notification (1) <b>April 20, 2017</b>		Name of Building Owner/Operator (2) <b>North Jersey District Water Supply Commission</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type Initial Notification <input checked="" type="checkbox"/> Amended Certification #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>1 F.A. Orechio Drive</b>	City, State, Zip Code <b>Wanaque, NJ 07465</b>
		Name of Contact Ron Farr	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>North Jersey District Water Supply Commission Old Administration Building- Room 112 (Mechanical Rm)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>Unknown</b> # of Floors: <b></b> Bldg. Age: <b></b> years	
Street Address <b>737 Ringwood Avenue</b>		Current Use (prior if being demolished):	
City (5) <b>Wanaque</b>	County (6) <b>Passaic</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>EnviroVision Consultants inc.</b>		ASCM No. <b>00079</b>	
Street Address <b>20-21 Wagaraw Road, Bldg # 35E</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>		Telephone Number <b>973-636-9145</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>TBD</b>	Scheduled Completion Date (11) <b>TBD</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Non-Occupied</b>		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Room # 12</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>TSI TSI- Joints/Fittings</b>	Amount (Specify SF or LF) <b>160 lf 40 ea.</b>
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Repair	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>5</b>	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date <b>April 30, 2017</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>April 20, 2017</b>

GAC # 2017-596- Amendment # 1- Awaiting inspection and DCA permit - Schedule to be determined.