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

CHECK# 1735

Date of Notification (1)
04/20/2018

Name of Building Owner/Operator (2)
JACOBS CHAPEL AFRICAN METHODIST

Agencies Notified
☐ EPA
dep
☐ DOL
☐ DOH
☐ DCA
Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
311 ELBO LANE

City, State, Zip Code
MT. LAUREL, NJ 08054

Name of Contact
EAN FRANK
TelephoneNumber
856-304-3651

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
OLD MEETING HOUSE

Street Address
318 ELBO LANE

City (5)
MT. LAUREL

County (6)
BURLINGTON

County Code (7)
(State Use Only) _________

Name of Monitoring Firm Hired by Building Owner (8)
ACER ASSOC.

Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES INC.

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
1500

# of Floors
1

Bldg. Age
100+

Current Use (Prior to if being demolished)
VACANT

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Scope of Work (Check All That Apply)
☒ ≥2 sf or ≥3 if
☒ ≥160 sf or ≥280 if
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes ☒ No ☐ N/A

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)
640 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Enclosure

Name of Registered Waste Hauler
ASSURED ENVIRONMENTAL SERVICES

City, State
MULLICA HILL NJ

Completed by
RON SWANSON
Title
GENERAL MANAGER
Signature

Disposal Date
05/04/2018

City, State
WAYNESBURG, OH

Date
04/20/2018

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
04/20/2018

Name of Building Owner/Operator (2)
Garwood Developers Associated, LLC

Check # 5120

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment # 1
- Emergency (including justification)
- Cancellation

Street Address
820 Morris TPKE

City, State, Zip Code
Short Hills, New Jersey

Name of Contact
Dan Matrese

Telephone Number
732-580-9090

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Millen Industries Inc/Malcote Inc.

Street Address
75 North Avenue

City (5)
Garwood, New Jersey

County (6)

Union

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Sky Environmental Services

ASCM No.

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
40,000

# of Floors
4

Bldg. Age
50+

Current Use (Prior if being demolished)
Industrial Building

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
140 Boulevard

City, State, Zip Code
Mountain Lakes, New Jersey 07046

Project Manager for Monitoring Firm
Leon Shereshevsky

Telephone No.
973-558-4821

License No.
01104

Telephone No.
973-225-8400

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Start Date (10)
04/15/2018

Scheduled Completion Date (11)
06/15/2018

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Abandoned During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Will be working weekdays & weekends

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedure / Limited Containment & Tent
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility
(13)

Is Location Normally
Used Solely
by Maintenance/
Custodial

Yes
No
N/A

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amoun
t(Specific SF or LF)

Abatement
Type

Removal
Repair
Encapsulate
Enclosure

3rd floor, Bump-out (north-east cor) X
TSI debris clean up
150 LF
x

2nd floor, Main Warehouse space
TSI Pipe Insulation Risers (Wrap & cut)
18 LF
x

1st floor, around paper mill machine
Transite panels (Non Friable)
2,750 SF
x

Roof A- main
Roof flashing (Non Friable)
1,000 SF
x

Roof B
Built-up roofing (tar) (Non Friable)
12,000 SF
x

Throughout exterior facades
Window Calk (Non Friable)
470 SF
x

Staircase 2nd floor
Window Glazing (Non Friable)
800 SF
x

1st/2nd Floor
VAT & Mastic (Full Containment)
4808 SF
x

3rd Floor
VAT & Mastic (Full Containment)
360 SF
x

Basement
VAT & Mastic (Full Containment)
600 SF
x
<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lilich Corporation</td>
<td>19724</td>
<td>40</td>
<td>Fairless Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodland Park, New Jersey</td>
<td>06/15/2018</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adriana Olejarova</td>
<td>President</td>
<td>![Signature]</td>
<td>04/20/2018</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:99 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/9/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSE&amp;G</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>□</td>
</tr>
<tr>
<td>DEP</td>
<td>□</td>
</tr>
<tr>
<td>DOL</td>
<td>□</td>
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<td>□</td>
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<tr>
<td>DOH</td>
<td>□</td>
</tr>
<tr>
<td>DOA</td>
<td>□</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>DAN GIBSON</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-749-2223</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | PSE&G |
| Street Address | 444 SAINT PAUL AVE. |
| City | JERSEY CITY |
| County | HUDSON |
| # of Floors | 2 |
| Current Use (Prior to being demolished) | GAS HEADQUARTERS |
| Square Feet | 52,000 |
| Built Age | 1908 |

**Type of Facility (4)**

- [X] School (K-12)
- [□] Subchpater B (Other than K-12)
- [□] Other (i.e. private & commercial buildings, homes, etc.)

**Asbestos-Related Work**

- [X] Renovation
- [□] Demolition

**Location of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED In Facility (13)</th>
<th>Roof</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>ACM Roofing Materials</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>180 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

- FCI
- NJDEP Waste Hauler ID No. 000640061
- Cubic Yards of Waste | 80 |

**Name of Registered Landfill**

- FAIRLESS
- City, State | MORRISVILLE, PA |

**Completed by**

- CAROL RAIMO
- Title | OFFICE MGR. |

**Signature**

- CAROL RAIMO
- Date | 4/9/18 |

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*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1) 4/19/18

Name of Building Owner/Operator (2)
PSE&G

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Amendment # 1
☐ Emergency (Including
☐ Justification)
☐ Cancellation

Street Address
4000 HADLEY ROAD

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

Name of Contact
DAN GIBSON
Telephone Number
732-749-2123

Name of Facility Where Abatement is Taking Place (3)
PSE&G

Street Address
444 SAINT PAUL AVE.

City (8)
JERSEY CITY

County (9)
HUDSON

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
53,000

# of Floors
2

Bldg. Age
1918

Current Use (Prior to being demolished)
GAS HEADQUARTERS

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS

ASCM No.
0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA INC

Street Address
64 BROAD STREET

City, State, Zip Code
MATAWAN, NJ 07747

Project Manager for Monitoring Firm
TOM GEIGER

Telephone No.
732-290-2217

Start Date (10)
4/18/18

Scheduled Completion Date (11)
4/28/18

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/ Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours

Other – Describe:
OUTDOORS

Scopes of Work (Check All That Apply)
☒ ≥ 3 sf or ≥ 2 sf
☒ ≥ 160 sf or ≥ 225 sf

☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)
TO BE ABATED

IN FACILITY

Is Location Normally Used Solely By Maintenance/ Custodial Staff? (12)
Yes ☒ No ☐

Description of Asbestos Containing Material (ACM)
(I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
ACM Roofing Materials

Amount (Specify SF or LF)
140.5' X

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
EFGI

NJ DEP Waste
Hauler ID No.
600698061

Cubic Yards of Waste
80

Name of Registered Landfill
FAIRLESS

City, State
ELIZABETH, NJ

Disposal Date
TBD

City, State
MORRISVILLE, PA

Completed by
CAROL RAIMO
Title
OFFICE MGR.

Signature

Print Form

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

- **Date of Notification (1)**: 4/5/18
- **Agency Notified**: PSE&G
- **Name of Building Owner/Operator (2)**: PSE&G
- **Street Address**: 4000 Hadley Road
- **City, State, Zip Code**: South Plainfield, NJ 07080
- **Name of Contact**: Dan Gibson
- **Telephone Number**: 732-749-2123

**FACILITY INFORMATION**

- **Name of Facility Where Abatement Is Taking Place (3)**: PSE&G
- **Street Address**: 444 Saint Paul Ave.
- **City**: Jersey City
- **County**: Hudson
- **Type of Facility (4)**: Gas Headquarters
- **Square Feet**: 52,000
- **# of Floors**: 2
- **Bldg. Age**: April 1988
- **Name of Monitoring Firm Hired by Building Owner (5)**: Environmental Tactics
- **ASCN No.**: 0045
- **Name of Abatement Contractor (6)**: Unique Systems of America Inc.
- **Street Address**: 398 Whitehead Ave.
- **City, State, Zip Code**: South River, NJ 08882
- **Project Manager for Monitoring Firm**: Tom Geiger
- **Telephone No.**: 732-290-2217
- **License No.**: 01111
- **Name of OSHA Monitor**: Unique Systems of America Inc.
- **Street Address**: 398 Whitehead Ave.
- **City, State, Zip Code**: South River, NJ 08882
- **Start Date (10)**: 4/18/18
- **Scheduled Completion Date (11)**: 4/28/18
- **Occupancy Status During Abatement (Check Only One)**: No
- **Scope of Work (Check All That Apply)**:
  - ≤36 sf or ≥3 if
  - ≥36 sf or ≥250 if
  - Renovation
  - Demolition
  - Full Containment with Negative Pressure
  - Mini-Enclosure
  - Glovebag Procedure
  - Non-Exempted (*) and Non-Fireable Procedure
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED**
  - **Location**: Roof
  - **Type**: ACM Roofing Materials
  - **Amount (Specify SF or LF)**: 120 SF
- **Name of Registered Waste Hauler**: NJDEP Waste Hauler ID No. 1125
- **Cubic Yards of Waste**: 10
- **Name of Registered Landfill**: Fairless
- **City, State**: Morrisville, PA
- **Committed by**: Carol Raimo
- **Title**: Office Mgr.
- **Signature**: Carol Raimo
- **Date**: 4/5/18

---

*Do not use this form for asbestos licensure exempted activities.*
# State of New Jersey
## Notification of Asbestos Abatement
(Pursuant to NJAC 8:59 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/19/2018</td>
<td>Caro</td>
<td>EPA, DEP, DOH, DOL</td>
<td>Initial</td>
<td>Old Bridge, NJ 08857</td>
<td>JoAnn Caro</td>
<td></td>
</tr>
</tbody>
</table>

## Facility Information
- **Street Address:** [Redacted]
- **City:** Old Bridge, NJ 08857
- **County:** Middlesex
- **Type of Facility:** Residential
- **Square Feet:** 1200
- **# of Floors:** 1
- **Bidg. Age:** 60 +/-
- **Current Use:** Prior if being demolished

## Name of Facility Where Abatement is Taking Place
- **Name of Facility:** [Redacted]
- **Type:** Residential

## Name of Monitoring Firm Hired by Building Owner
- **Name:** MECS
- **Address:** PO Box 341 Chesterfield, NJ 08515

## Project Manager for Monitoring Firm
- **Name:** Bill Weisgarber
- **Telephone No.:** 609 298-4070

## Occupancy Status During Abatement
- **Status:** Vacated

## Scope of Work
- **Location:** Boiler Insulation
- **Description:** 25 sf
- **Location Normally Used Solely by Maintenance/ Custodial Staff:** No
- **Description of Asbestos Containing Material (ACM):** Full Containment with Negative Pressure
- **Abatement Type:** Removal

## Name of Registered Waste Hauler
- **Name:** Stevens Environmental Services
- **ID No.:** 16292

## Disposal Date
- **Date:** 4/26/2018

## Signature
- **Name:** Mahlon E. Stevens
- **Title:** Project Manager

*Do not use this form for asbestos licensure exempted activities.*
### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:40 and 12:130)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/19/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Caro</td>
</tr>
</tbody>
</table>

#### FACILITY INFORMATION
- **Name of Facility Where Abatement is Taking Place (3)**: Residential
- **Street Address**: [Redacted]
- **City**: Old Bridge, NJ 08857
- **County**: Middlesex
- **County Code**: [Redacted]
- **Type of Facility**: [Redacted]
- **Squart Footage** of Building: 120
- **# of Floors**: 1
- **Age (Est.)**: 60 +/-

#### Notification
- **Name of Abatement Contractor (6)**: Stevens Environmental Services, Inc.
- **Street Address**: PO Box 322, Allentown, N.J. 18101
- **License No.**: 00463

#### Monitoring
- **Name of Monitoring Firm** (8): MECS
- **Street Address**: PO Box 341, Chesterfield, N.J. 08515

#### Scope of Work
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED**
  - **In Facility**: Yes
  - **Location Normally Used Solely by Maintenance/ Custodial Staff**: [Redacted]
- **Description of Asbestos Containing Material (ACM)**
  - (i.e. internal systems insulating surfaces, VAT, or other miscellaneous)
  - **Location of Asbestos-Containing Material (ACM)**: [Redacted]
  - **Location Normally Used Solely by Maintenance/ Custodial Staff**: [Redacted]
  - **Boiler Insulation**: 25 sf

#### Disposal
- **Name of Registered Waste Hauler**: CBEQ Waste Hauler ID No. 18262
- **Cubic Yards of Waste**: [Redacted]
- **Dispose Date**: 4/26/2018

#### Project Manager
- **Name of Project Manager**: Mahlon E. Stevens
- **Signature**: [Signature]

---

*Do not use this form for asbestos license-exempted materials.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  

Date of Notification (1) 4/18/2018  

Name of Building Owner / Operator (2) 
Carolyn Haines  

Address: 
107 Haddon Ave.  
Westmont, NJ 08108  

Type of Facility (4) 
\[ \square \text{School (K-12)} \] 
\[ \square \text{Subchapter 8 (Other than K-12)} \] 
\[ \times \text{Other (i.e., private & commercial buildings, homes, etc.)} \]  

Square Feet: 2000  
# of Floors: 2  
Bldg. Age: 50+  

Current Use (Prior if being demolished): 
Residence  

Name of Abatement Contractor (9)  
Alpha Environmental Services  
PO Box 8297  
Trenton, NJ  

Telephone Number: 609-847-2956  
License Number: 01222  

Name of OSHA Monitor  
EMSL Analytical  
Street Address: 107 Haddon Ave.  
City, State & Zip Code: Westmont, NJ 08108  

Occupancy Status During Abatement (Check only one) 
\[ \square \text{Facility Closed/Vacated During Entire Period of Abatement} \] 
\[ \square \text{Abatement Performed Outside of Normal Hours – 7am to 3pm} \] 
\[ \times \text{Facility Occupied During Abatement} \]  

Describe:  

Scope of Work (Check all that apply) 
\[ \square \text{Renovation} \] 
\[ \square \text{Demolition} \] 
\[ \times \text{Non-Exempted and Non-Friable Procedure} \] 

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  
Kitchen \[ \times \]  

Name of Registered Waste Hauler  
ALPHA ENVIRONMENTAL  
Trenton, NJ  

Cubic Yards of Waste: 1  
Disposal Date: various  
City, State: Morrisville, PA  

Completed By (Print or Type)  
Rod Richardson  
Title: Project Manager  
Signature:  
Date: 4/18/2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
4/22/2018
Name of Building Owner / Operator (2)
Tom Sahol

Agencies Notified
☒ EPA
☐ DEP
☐ DOL
☐ DOH
☒ DCA
Type Notification
☒ Initial
☐ Amended
☐ Emergency
☐ Cancellation
Street Address

City, State & Zip Code
Florence, NJ
Name of Contact
Tom Sahol
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
Florence
County (6)
Burlington
County Code (7)

Type of Facility (4)
☒ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
3000
# of Floors
2
Bldg. Age
90+

Current Use (Prior if being demolished)

Residence

Name of Abatement Contractor (9)
Alpha Environmental Services

Street Address
PO Box 8297
City, State & Zip Code
Trenton, NJ

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.

Project Manager for Monitoring Firm

Telephone Number

License Number
608-847-2955
01222

Scheduled Start Date (10)
4/11/2018
Scheduled Completion Date (11)
4/30/2018

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours – 7am to 3pm
☐ Describe:

Facility Occupied During Abatement

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 if
☐ ≥160 sf ≥260 if
☒ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)
Yes ☒ No ☑ N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
Plaster Mastic Under 12x12 Duct 2200sf 320sf 90ft

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☒ Encapsulate
☐ Non-Exempted and Non-Friable Procedure

Endorsements

Basement
1st Floor
Throughout

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 00033330

Cubic Yards of Waste
15

Name of Registered Landfill
Grow's Landfill

City, State
Trenton, NJ
Disposal Date
various
City, State
Morristown, PA

Completed By (Print or Type)
Rockford Rashard
Title
Signature
Date 4/22/2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
4/18/2018

Name of Building Owner / Operator (2)
Carolyn Haines

Agencies Notified
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification
- [X] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

Street Address

Name, City, State & Zip Code
Lawrence

Name of Contact
Greg

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
Lawrence

County (6)
Mercer

County Code (7)

Square Feet
2000

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Residence

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (i.e., private & commercial buildings, homes, etc.)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Alpha Environmental Services

Street Address
PO Box 8297

City, State & Zip Code
Trenton, NJ

Project Manager for Monitoring Firm

Telephone Number
609-847-2956

License Number
01222

Scheduled Start Date (10)
4/27/2018

Scheduled Completion Date (11)
4/30/2018

Occupancy Status During Abatement (Check only one)
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours – 7am to 3pm

Describe:
Facility Occupied During Abatement

Scope of Work (Check all that apply)
- [X] ≥ 3 sf or ≥ 3 lf
- [ ] ≥ 160 sf ≥ 250 lf
- [X] Renovation
- [ ] Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)
- [X] Yes
- [ ] No
- [ ] N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Location of Registered Waste Hauler

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
00033330

Cubic Yards of Waste
1

Name of Registered Landfill
Grows Landfill

Disposal Date
various

City, State
Morrisville, PA

Completed By (Print or Type)
Rod Richardson

Title
Project Manager

Signature

Date
4/18/2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 4/18/2018

Name of Building Owner / Operator (2)
Ralph Terregrossa

Agencies Notified
- EPA
- Initial
- DEP
- Amended
- DOL
- Emergency
- DOH
- Cancellation
- DCA

Name of Contact
Ralph Terregrossa

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address [Redacted]

City (5) Rocky Hill
County (6) Mercer
County Code (7)

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet 2000
# of Floors 2
Bidg. Age 50+

Current Use (Prior to being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.

Name of Abatement Contractor (9)
Alpha Environmental Services

Street Address PO Box 8297
City, State & Zip Code Trenton, NJ

Project Manager for Monitoring Firm Telephone Number

City, State & Zip Code

Scheduled Start Date (10) 4/28/2018
Scheduled Completion Date (11) 4/30/2018

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Describe:
- Facility Occupied During Abatement

Name of OSHA Monitor EMISL Analytical

Street Address 107 Haddon Ave.
City, State & Zip Code Westmont, NJ 08108

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 If
- ≥160 sf ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)
Yes No N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Basement
Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 00033330

Cubic Yards of Waste 1
Disposal Date Various

Name of Registered Landfill Grows Landfill
City, State Morrisville, PA

Completed By (Print or Type) Rod Richardson

Title Project Manager

Signature [Redacted]

Date 4/18/2018
**New Jersey Department of Environmental Protection**

**Asbestos Abatement Notification**

Date of Notification: 4/23/16

**Receive**

**Facility Information**

**Name of Building Owner/Operator:** Bruce Buitler, Church of

**Street Address:** 19 Green Ave

**City, State, Zip Code:** Madison, N.J. 07940

**Telephone Number:** 201-919-0395

**Type of Facility:** Church

**County:** Madison

**County Code:** 00012

**Site Address:** 300 Grand Ave

**City, State, Zip Code:** Englewood, N.J. 07631

**Telephone Number:** 201-569-6708

**Name of Abatement Contractor:** A.M.A.C. Contracting Inc.

**Street Address:** 185 Midland Ave

**City, State, Zip Code:** Midland Park, N.J. 07432

**License No.:** 00458

**Name of OSHA Monitor:** Omega Environmental Services Inc

**Street Address:** 280 House Street

**City, State, Zip Code:** Hackensack, N.J. 07606

**Number of Stories:** 3

**Number of Floors:** 3

**Building Use:** Multi-Purpose

**Project Owner:** Unknown

**Project Manager:** Stephen J. Buitler

**Completion Date:** 5/23/18

**Occupancy Status During Abatement:**

- **Facility Closed/Vacant During Entire Period of Abatement:** Yes
- **Abatement Performed Outside of Normal Facility Hours:** No
- **Other:**

**Groups of Work:**

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Wet Excavation
- Staging and Processing
- Non-Removing (R) and Non-Respirable (N)

**Location of Asbestos-Containing Material (ACM) to be Abated:**

- **Building:** 19 Green Ave
- **Area:** Kitchen

**Description of ACM:**

- **Location:** Normally Used/Noted During Normal Use
- **Location:** Confined Area
- **Location:** Contained By
- **Location:** Other (Describe)

**Amount:** 600 SF

**Abatement Type:**

- **Method:**湿法
- **Containment:** Yes
- **Scheduling:** 5/23/18

**Disposal Date:**

**Disposal Site:** Pennsbury, PA 08702

**Name of Registered Waste Hauler:** Joseph Vocelka

**Signature:**

**Date:** 5/23/18

**Notes:**

- The facility used the form for asbestos abatement exemption Section 49:4A-5A-19.

---

**Newark Catering Inc.**

**City, State:** Newark, NJ 07105

**Disposal Date:** 5/23/18

**Signature:**

**Date:** 5/23/18
**NOTIFICATION OF ASBESTOS ABATEMENT**

**Name of Building Owner/Operator:** North Village Apartments

**Street Address:** 911 Village Dr E

**City, State, Zip Code:** North Brunswick, NJ 08972

**Name of Contractor:** A.MAC Contracting Inc.

**Street Address:** 185 Midland Ave

**City, State, Zip Code:** Midland Park, NJ 07432

**Start Date (10):** 5/2/18

**Scheduled Completion Date (11):** 5/15/18

**Scope of Work (Check All That Apply):**
- Demolition
- Renovation

**Description of Abatement:**
- Due Insulation

**Names of Registered Waste Hauler:**
- North Carting Inc.
  - City, State: Newark, NJ 07114
  - **Compliance:**
    - Vice President: Joseph Vecchio
    - **Signature:**

**Amount (Specify SF or LF):** 230 LF

**Name of Registered Landfill:**
- Grand Central Sanitary Landfill

**City, State:** Pan Argyl, PA 08702

**Dated and Signed for asbestos license exempted activity:** 4/13/18
**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 52:20-2 and 22:12E2)

**Date of Notification (9)**  
4/29/18

**Name of Building Owner/Occupant (3)**  
**North Village Apartments**  
APR 25 2018

**City, State, Zip Code**  
911 Village Dr. E.  
**North Brunswick, N.J. 08902**

**Name of Asbestos Control Contractor (9)**  
A.MAC Contracting Inc.

**Street Address**  
165 Middle Ave  
City, State, Zip Code  
Midland Park, NJ 07432

**Telephone No.**  
201-962-5041  
**License No.**  
#0158

**Facility Name/Number (5)**  
Apartment Complex

**County**  
Middlesex

**Name of Monitoring Firm/Hired by Building Owner (3)**  
ABCX No.

**Name of OSHA Monitor**  
Omega Environmental Services Inc

**Street Address**  
280 Huyler Street  
City, State, Zip Code  
Hackettstown, NJ 07840

**Scheduled Completion Date (11)**  
5/15/18

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>ACM Type</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>68 LF</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>64 LF</td>
</tr>
</tbody>
</table>

**Name of Registered asbestos Handler**  
Newark Catering Inc.

**City, State**  
Newark, NJ 07105

**Disposal Date**  
5/15/18  
**Name of Registered Landfill**  
Grand Central Sanitary Landfill

**Name of Registered Landfill**  

**City, State**  
Pan Argyi, PA 18772

**Signed by**  
**Vice President**  
Joseph Vincnete

**Date**  
4/29/18

*Do not use this form for asbestos removal controlled activities.*
## NOTIFICATION OF ASBESTOS ABATEMENT

**Date of Notification:** 4/23/10  
**Notification Type:** N

### Notification Information

- **Agency:** EPA  
- **Notification Type:** Initial  
- **Notificationer:** State  
- **Notification Date:** 4/23/10  
- **Receiving Date:** 4/25/10

### Building Information

- **Address:** N. Village Ave., 911 Village Dr. E.  
- **City, State, Zip Code:** NORTH BURLINGTON, NJ 08002

### Building Owner/Operator Information

- **Name:** GREG PERUCAVIO  
- **Title:**  
- **Phone:** 732-820-9092

### Facility Information

- **Facility Name:**  
- **Location:** Stats, Company  
- **City:** NORTH BURLINGTON  
- **County:** MIDDLESEX  
- **Square Feet:**  
- **Floor Plan:**  
- **Occupancy:** Residential  
- **Contractor:** AMAC Contracting Inc.

### Monitoring Information

- **ABCM No.:**  
- **Name of Monitoring Firm:**  
- **Project Manager:**  
- **Telephone No.:**  
- **Scheduled Completion Date:** 5/15/10

### Abatement Information

- **Project Manager:**  
- **Telephone No.:**  
- **License No.:**  
- **Name of Contractor:** Omega Environmental Services Inc

### Site Information

- **Occupancy Status:**  
- **Site Address:** 280 Nuyler Street  
- **City, State, Zip Code:** Hackensack, NJ 07601

### Abatement Type

- **Location:**  
- **Is Location Normally Used Solely by Maintenance/Condo Staff?**  
- **Description of Asbestos Containing Material (ACM):**  
- **Amount (SF or LF):**  

### Disposal Information

- **Date:**  
- **Name of Disposal Firm:**  
- **Date of Disposal:**  

### Register Information

- **Name:**  
- **Title:**  
- **Signature:**  
- **Date:** 4/23/10

---

*This is a sample asbestos abatement notification form.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
01/12/18

Name of Building Owner/Operator (2)
Nancy Sullivan

Name of Abatement Contractor (9)
B & G Restoration, Inc.

EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Street Address

City, State, Zip Code
Paramus, NJ 07653

Type of Facility (4)
☐ School (K-12)
☒ Subchapter 8 (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Residential

Name of facility where abatement is taking place (3)

Nancy Sullivan

City (5)
Paramus, NJ 07653

County (6)
Bergen

State use only

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No.
n/a

B & G Restoration, Inc.
Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Phone Number

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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:

Scheduled Start Date (10)
05/03/2018

Scheduled Completion Date (11)
05/04/2018

Scope of Work (check all that apply)
☒ Demolition
☐ Renovation

☒ Full Containment w/negative pressure
☐ Glovebag procedure
☐ Mini-enclosure
☐ Non-failable procedure

Location of asbestos-containing material to be abated in facility (13)

Living room / office area

VAT/mastic

152 sf

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563
Cubic Yards of Waste 2

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
05/07/2018

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer

Signature

Date
04/23/2018
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
4/20/2018

**Name of Building Owner/Operator (2)**
Karen Banias

**Agencies Notified**
- EPA
- DEP
- DOH
- DCA

**Type Notification**
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

**Street Address**
[Redacted]

**City, State, Zip Code**
Washington NJ 07882

**Name of Contact**
Marko Stankovic, Project Manager

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
N/A

**Square Feet**
2000

**# of Floors**
2

**Bldg. Age**
60

**County Code (7)**
[STATE USE ONLY]

**Current Use (Prior if being demolished)**
residence

**Name of Monitoring Firm Hired by Building Owner (8)**
ASCM No.

**Name of Abatement Contractor (9)**
Checkmark Industrial

**Street Address**
54 Morgan Dr

**City, State, Zip Code**
Sparta NJ 07871

**Project Manager for Monitoring Firm**

**Telephone No.**
973-570-2645

**License No.**
01334

**Start Date (10)**
4/23/2018

**Scheduled Completion Date (11)**
4/30/2018

**Occancy Status During Abatement (Check Only One)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe:

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM)**
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**
175 LF

**Location of Asbestos-Containing Material (ACM)**

- In Facility

**Name of Registered Waste Hauler**
Atlantic Carting

**NJDEP Waste Hauler ID No.**
7

**Cubic Yards of Waste**

**Name of Registered Landfill**
Waste Management

**City, State**
Wayne NJ

**Disposal Date**

**Completed by**
Corey Stankovic

**Title**
CEO

**Signature**
Stankovic

**Date**
4/20/2018

---

*Do not use this form for asbestos licensure exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

Name of Building Owner/Operator (2)
henrietta wieting

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Amendment #: ___

Address:

City, State, Zip Code

Name of Contact
hawthorne, nj 07506

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
henrietta wieting

Street Address

Name of Monitoring Firm Hired by Bldg. Owner (8)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Square Feet

# of Floors

Bldg. Age

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Current Use (Prior if being demolished)

Facility occupied during entire period of abatement.

Facility closed/vacated during entire period of abatement.

Abatement performed outside of normal facility hours.

Other:

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
05/11/18

End Date (11)
06/30/18

Scope of Work (check all that apply)
☒ ≥ 3 sf or ≥ 3 if
☒ ≥ 160 sf or ≥ 260 if
☐ Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
120 ft

Removal
Repair
Encapsulation

Registered Waste Hauler
D & S RESTORATION, INC.

NUDEC Hauler ID#
13506

Cubic Yards of Waste
2 yds.

Disposal Date
05/12/18

Name of Registered Landfill
TULLYTON, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503
TULLYTON, PA

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

Signature

Date
04/19/2018

ARR.1

* Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 / 23 / 18</td>
<td>Cape May County; Department of Public Works</td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>384 Ranger Road - #99A Utility Bldg. - Cape May County Airport</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Lower Township</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape May</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)**  
BiO Terra Solutions

**ASCM No.**  
ALL PRO MANAGEMENT LLC

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL PRO MANAGEMENT LLC</td>
<td>27 Outwater Lane</td>
</tr>
</tbody>
</table>

**Telephone No.**  
973-926-4888

<table>
<thead>
<tr>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1188</td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
</tbody>
</table>

**Street Address**  
27 Outwater Lane

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garfield, NJ 07026</td>
<td>1188</td>
</tr>
</tbody>
</table>

**Scope of Work (Check all that apply)**

- ≥ 3 sf or ≥ 3 fl
- ≥ 180 sf or ≥ 260 fl
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

- Transite: 550 SF
- TSI: 1,100 LF
- Tank Insulation: 560 SF
- Boiler Insulation: 1,100 SF

**Name of Registered Waste Hauler**

Newark Carting

**Name of Registered Landfill**

IESI Bethlehem Landfill

**City, State**

Newark, NJ

**Disposal Date**

TBD

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethlehem, PA</td>
<td>4/23/18</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

Allen Monchik

**Title**

Project Manager

**Signature**

*Allen Monchik*

**ASB-41**

**JAN 13**

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interior</td>
<td>X</td>
<td>Breaching Insulation</td>
<td>385 SF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed by: (Print or type) Allen Monchik
Title: Project Manager
Signature: Allen Monchik
Date: 4/23/18