

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

CK 1012

Date of Notification (1) <b>04/21/16</b>		Name of Building Owner/Operator (2) <b>LEONARD SALLAHIAN</b>	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <b>SUMMIT, NJ, 07906</b>	
		Name of Contact <b>LEONARD SALLAHIAN</b>	Telephone Number [REDACTED]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>SALLAHIAN'S ESTATE</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 & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>3575</b>	# of Floors <b>2</b>
City (5) <b>SUMMIT</b>		Bldg. Age <b>1963</b>	
County (6) <b>UNION</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>HOME</b>	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>ASBESTOS ROBOTICS div. of INDIAN ARROW</b>	
Street Address		Street Address <b>144 MILL ST.</b>		
City, State, Zip Code		City, State, Zip Code <b>PATERSON, NJ, 07501</b>		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>973 653 9652</b>	License No. <b>1257</b>

Start Date (10) <b>05/09/16</b>	Scheduled Completion Date (11) <b>05/23/16</b>	Name of OSHA Monitor <b>GORAN IGEV</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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>144 MILL ST.</b>	
		City, State, Zip Code <b>PATERSON, NJ, 07501</b>	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input 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) TO BE ABATED 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
<b>ATTIC</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>VERMICULITE</b>	<b>1800 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>INDIAN ARROW/ATLANTIC CAR</b>		NJDEP Waste Hauler ID No. <b>31360126085</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>G. R. O. W. S.</b>	
City, State <b>PATERSON, NJ</b>		City, State <b>WAYNE, NJ</b>	Disposal Date <b>TBD</b>	City, State <b>MORRISVILLE, PA</b>	
Completed by <b>GORAN IGEV</b>		Title <b>SECRETARY</b>	Signature <i>[Signature]</i>		Date <b>09/21/16</b>

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

Check # 3006

Date of Notification (1) 11 / 25 / 15		Name of Building Owner/Operator (2) The College of New Jersey	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-4/20/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Rd.	
		City, State, Zip Code Ewing, NJ 08628	
		Name of Contact David Jurkin	Telephone Number 732-233-8082
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) TCNJ-S.T.E.M. site(Former Holman Hall)		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 2000 Pennington Rd.		Square Feet	# of Floors
City (5) Ewing		Bldg. Age	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) USA Env Manangement Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 344 West State St		Street Address 1123 BEAVER STREET	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-656-8101	License No. 00509
Start Date (10) 4 / 21 / 16	Scheduled Completion Date (11) 4 / 22 / 16	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) TO BE ABATED 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)
	Yes	No	
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite water pipes
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	Steam pipe
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067
Completed By (Print or Type) Brian Scaffiro	Title Estimator	Signature	Date

ASB-41 MAY 11 B515/25

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

\*\*\* NOTE: 4/23/16 PROJECT GOES BACK ON HOLD



NO CK

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

APPROVED: TOM VOORHEES, NJDOH

Date of Notification (1) 4 / 13 / 16		Name of Building Owner/Operator (2) RESIDENCE							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-4/19/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code UNION CITY, NJ 07087							
		Name of Contact C/O ERIK MUNKVOLD	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		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 [REDACTED]									
City (5) UNION CITY, NJ		Square Feet	# of Floors Bldg. Age						
County (6) HUDSON	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 318 12 <sup>th</sup> Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. (609) 704-8850	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 4 / 20 / 16	Scheduled Completion Date (11) 4 / 20 / 16	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00AM-5:00PM/ PM- AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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)			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
BEDROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINOLEUM FLOORING	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH					
Completed By (Print or Type) Patrick T DeCaro		Title Estimator	Signature Patrick T. DeCaro/jl			Date 4/19/16			



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

*original check 10486  
from 3/3/16*

Date of Notification (1) <b>4 / 26 / 16</b>		Name of Building Owner/Operator (2) <b>City of Camden</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>							
		City, State, Zip Code <b>Camden, NJ 08101</b>							
		Name of Contact <b>John Bond</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>WALNUT STREET RESIDENCES</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 [REDACTED]		Square Feet <b>varies</b>	# of Floors <b>varies</b>						
City (5) <b>Camden</b>		Bldg. Age <b>50+</b>							
County (6) <b>CAMDEN</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>						
Street Address <b>PO Box 365</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>C 609-839-2432</b>	Telephone No. <b>215 542 7000</b>						
		License No. <b>00847</b>							
Start Date (10) <b>3 / 14 / 16</b>	Scheduled Completion Date (11) <b>5 / 20 / 16</b>	Name of OSHA Monitor <b>CES</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: <b>7:00AM-5:00PM</b> / ____PM-____AM		Street Address <b>1121 N Bethlehem Pike -Suite 60</b>							
		City, State, Zip Code <b>Spring House, PA 19477</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
<b>SEE ATTACHED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE ATTACHED</b>	<b>200 YD per res</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Fairless Hills, PA</b>			Disposal Date <b>5/20/16</b>	City, State <b>Tullytown PA</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>			Date <b>4/26/2016</b>			



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

*Original dated 4-15-16  
305 31916*

Date of Notification (1) <b>4 / 26 / 16</b>		Name of Building Owner/Operator (2) <b>City of Camden</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>						
		City, State, Zip Code <b>Camden, NJ 08101</b>						
		Name of Contact <b>John Bond</b>	Telephone Number <b>856-374-6094</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>NEWTON STREET RESIDENCES</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 <div style="background-color: black; width: 150px; height: 15px;"></div>								
City (5) <b>Camden</b>		Square Feet <b>varies</b>	# of Floors <b>varies</b>					
		Bldg. Age <b>50+</b>						
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>					
Street Address <b>PO Box 365</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>						
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Spring House, PA 19477</b>						
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>C 609-839-2432</b>	License No. <b>00847</b>					
Start Date (10) <b>3 / 21 / 16</b>	Scheduled Completion Date (11) <b>6 / 30 / 16</b>		Name of OSHA Monitor <b>CES</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: <b>7:00AM-5:00PM</b> / <b>PM</b> - <b>AM</b>		Street Address <b>1121 N Bethlehem Pike -Suite 60</b>						
		City, State, Zip Code <b>Spring House, PA 19477</b>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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) <b>200 YD per res</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>SEE ATTACHED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE ATTACHED</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>				
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>6/30/16</b>		City, State <b>Tullytown PA</b>				
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>			Date <b>4/26/2016</b>	