STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1): 06 / 20 / 17

Name of Building Owner / Operator (2): RUSSO DEVELOPMENT INC.

Street Address: 570 COMMERCE BLVD
City, State, Zip Code: CARLSTADT, NJ 07072
Telephone Number: DOMINICK Tucci

Agencies Notified: EPA
Type of Notification: Initial
Amendment # 1
Emergency with Justification
Cancellation

Name of Facility Where Abatement is Taking Place (3): FORMER MERCK UNION

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

Square Feet: 77,000
# of Floors: 3
Building Age: 40+
Current Use (Prior if being demolished): OFFICE / PRODUCTION

Name of Monitoring Firm Hired by Bldg. Owner (8): ASCM NO

Street Address: EHI
655 WEST SHORE TRAIL
City, State, Zip Code: SPARTA, NJ 07871

Project Mgr. For Monitoring Firm: WILLIAM KIERBIL
Telephone Number: 973-729-5649
City, State, Zip Code: EAST HANOVER, NJ 07936

Scheduled Start Date (10): 07 / 05 / 17
Sched. Completion Date (11): 12 / 30 / 17

Occupancy Status During Abatement (Check Only 1):
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours: Describe:
Other - Describe: 7:00 AM-3:30 PM

Name of OSHA Monitor: NORTHSTAR CONTRACTING GROUP, INC.
Street Address: 32 WILLIAM PARKWAY
City, State, Zip Code: EAST HANOVER, NJ 07936

Scope of Work (Check All That Apply):
Demolition
Renovation
Full Containment with Negative Pressure
Mini - Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

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

Location Is Description of Abatement Type
Location Normally Used Solely
by Maintenance/Custodial Staff

U1 [ ] WATER PROOFING 17,660 SF
U1 [ ] MASTIC 17,175 SF
U1 [ ] CAULK 810 LF

Name of Registered Waste Hauler: NEWARK CARTING
NJDEP Waste Hauler ID No.: 4509
Cubic Yards of Waste: Cubic

Name of Registered Landfill: I.E.S.L.
City, State: GEBETHLEM, PA 18105

Completed by (Print or Type):
Steve Stiles
Title: Project Manager

Signature: Date: 08/01/17

ASB-41
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Normally Used</td>
<td>in Facility (13)</td>
<td>REMOVAL</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>U1 FIRST FLOOR</td>
<td>✓</td>
<td>❑</td>
</tr>
<tr>
<td>U1 SECOND FLOOR</td>
<td>❑</td>
<td>✓</td>
</tr>
<tr>
<td>U1 THIRD FLOOR</td>
<td>❑</td>
<td>✓</td>
</tr>
<tr>
<td>U1 SECOND FLOOR</td>
<td>❑</td>
<td>✓</td>
</tr>
<tr>
<td>U1 THIRD FLOOR</td>
<td>❑</td>
<td>✓</td>
</tr>
</tbody>
</table>
# Notification of Asbestos Abatement

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 / 1 / 17</td>
<td>City of Camden</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>710 YORK STREET STRUCTURE</td>
</tr>
<tr>
<td>DOLWD</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5.23-8)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Amended Amendment #</td>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td>Emergency (including justication)</td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 95120</td>
<td>STATE USE ONLY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden, Camden, NJ 08101</td>
<td>50+</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td></td>
<td>Controlled Environmental Systems</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>710 YORK STREET STRUCTURE</td>
<td>CES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden, Camden, NJ 08101</td>
<td>1121 N. Bethlehem Pike - Suite 60</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 / 2 / 17</td>
<td>9 / 15 / 17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 sf or 3 if</td>
</tr>
<tr>
<td>160 sf or 260 if</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>200 YD per res</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Endorse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management of NJ</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>17273</td>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>200/residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairless Hills, PA</td>
<td>9/15/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown, PA</td>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Visco</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Visco</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1/17</td>
</tr>
</tbody>
</table>

*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): 
10/17/2017

Name of Building Owner/Operator (2): 
brian hughes

Street Address:
[redacted]

City, State, Zip Code: 
GLEN RIDGE, NJ 07028

Name of Contact: 
brian hughes

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
brian hughes

Street Address:
[redacted]

City (5): 
GLEN RIDGE

County (6): 
ESSEX

County Code (7): 
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8): 
[redacted]

ASCM No.:

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

Street Address:
20 California Ave.

City, State, Zip Code: 
Paterson, NJ 07503

Telephone Number:
973-345-8020

License Number:
01169

Occupancy Status During Abatement (Check only one):

☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: NORMAL HOURS

Other-Describe: 

Scope of Work (check all that apply):

☐ >1 sf or >1 lf  [x] Renovation
☐ >160 sf or >260 lf  [x] Demolition
☐ Full Containment with negative pressure
☐ Mini-enclosure
☐ Glovebag procedure
☐ Non-Exempted (*) and Non-removable procedure

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

basement boiler room: [x] No  [ ] N/A

Description of asbestos-containing material (ACM):
PIPE INSULATION

Amount (Specify SF or LF):
231 ft

Registered Waste Hauler:
D & S RESTORATION, INC.

NJDEP Hauler ID:
13506

Cubic Yards of Waste:
1 yd

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATERNON, NJ 07503

Disposal Date:
08/10/17

Completed by (Print or Type):
BOGDAN JOLDZIC  [x] PRESIDENT

Signature:
[redacted]

Date:
07/28/17

* 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):
17 12 11

Name of Building Owner/Operator (2):
angel alasa

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

Type Notification:
- Initial
- Amendment #:

Street Address:

City, State, Zip Code:
west ny, nj 07093

Name of Contact:
angel alasa

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3):

angel alasa

Street Address:

City (5):

County (6):
HUDSON

County Code (7):
(State use only)

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

ASCM No.

Name of Abatement Contractor (9):

D & S RESTORATION, INC.

Street Address:
20 California Ave.

City, State, Zip Code:
Paterson, NJ 07503

Project Manager for Monitoring Firm:

Phone Number:
973-345-8020

License Number:
01169

Start Date (10):
08/08/17

Sched. Completion Date (11):
08/28/17

Occupancy Status During Abatement (Check only one):
- Facility closed/vacated during entire period of abatement:
  - No

- Abatement performed outside of normal facility hours:
  - Yes

  Other-Describe:

Scope of Work (check all that apply):
- >3 sf or >3 lf
- >160 sf or >260 lf
- Demolition

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):
  - PIPE INSULATION

Amount (Specify SF or LF):
80 lf

Registered Waste Hauler:
D & S RESTORATION, INC.

NJDEP Hauler ID#:
13506

Cubic Yards of Waste:
1 yd

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
Paterson, NJ 07503

Disposal Date:
08/09/17

Title:
PRESIDENT

Signature:

Date:
07/28/2017

* 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) 10/17/17

Name of Building Owner/Operator (2) SCOTT ROBINS

Agencies Notified
☐ EPA  ☒ Initial
☐ DEP  ☐ Amended
☒ DOL  ☐ Emergency
☒ DOH  (including justification)
☐ DCA  ☐ Cancellation

Street Address

City, State, Zip Code
CHATHAM BORO, NJ 07928

Name of Contact SCOTT ROBINS

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

SCOTT ROBINS

Project Manager for Monitoring Firm

Start Date (10) 08/30/17

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
   Describe:
   NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >3 If
☒ >160 sf or >260 If
☐ Renovation
☐ Demolition

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

attic ☒ Yes ☐ No  N/A

Description of asbestos-containing material (ACM)
vermiculite attic insulation

Amount (Specify SF or LF)
135 SQ FT

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

Square Feet

Bldg. Age

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID 13506

Cubic Yards of Waste
2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date 08/31/17

Completed by (Print or Type)
BOGDAN JOLDZIC

Title PRESIDENT

Signature

Date 07/27/2017

*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) DENISE MORTENSEN

Agencies Notified
☐ EPA ☐ Initial
☐ DEP ☐ Amended
☒ DOL ☐ Amendment #:
☐ DOH ☐ Emergency (including justification)
☐ DCA ☐ Cancellation

Street Address

City, State, Zip Code
MENDHAM, NJ

Name of Contact
DENISE MORTENSEN

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
DENISE MORTENSEN

Street Address

City (5) MENDHAM
County (6) Morris
County Code (7) (State use only)

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

D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020
License Number
01169

Name of Abatement Contractor (9)
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10) 08/14/17
Sched. Completion Date (11) 08/31/17

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement;
☐ Abatement performed outside of normal facility hours;
☐ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☐ ≥ 1/2 sf or ≥ 1 if
☒ Renovation
☐ ≥ 160 sf or ≥ 280 if
☐ Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)
Yes ☒ No ☒ N/A ☒

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
20 LF

Remove ☒ Repair ☒ Encap ☒

Registered Waste Hauler (16)
D & S Restoration, Inc.
NJDEP Hauler # 13506
Cubic Yards of Waste 3 YDS
Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Date 08/15/17

Complied by (Print or Type) BOGDAN JOLDZIC
Title PRESIDENT

Signature Date 07/27/2017

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

Date of Notification (1): 07/25/2017

Name of Building Owner/Operator (2):
Township of Pittsgrove

Agencies Notified: 
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- [ ] OCA

Type Notification: 
- [X] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address: 989 Centerton Road
City, State, Zip Code: Pittsgrove, NJ 08318

Name of Contact: Constance Garton

Name of Facility Where Abatement is Taking Place (3):
Former Grain Mill, (Building 2)

Street Address: 1237 Landis Avenue
City: Pittsgrove

County (6): Salem
County Code (7): (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8):
Pennoni Associates Inc.

ASCM No: Name of Abatement Contractor (9):
ASCM No: Neuber Environmental Services, Inc.

Street Address: 515 Grove Street Suite 18
City, State, Zip Code: Haddon Heights, NJ 08035

Project Manager for Monitoring Firm: Alan Lloyd
Telephone No: 856-547-0506

Start Date (10): 08/09/2017
Scheduled Completion Date (11): 08/31/2017

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

Scope of Work (Check All That Apply):
- [ ] 23 sf or 43 if
- [ ] 2180 sf or 2280 sf
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Gluebag Procedure
- [X] Non-Exempted (*) and Non-Enable Procedure

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

[ ] See Attached
[ ] See Attached
[ ] See Attached

Amount (Specify SF or LF):

Abatement Type:

Removal
[ ]
[ ]
[ ]

Encapsulate
[ ]
[ ]
[ ]

Endosome
[ ]
[ ]
[ ]

Name of Registered Waste Hauler:

Waste Management
NJDEP Waste Hauler ID No.: 17273
Cubic Yards of Waste:
GROWS/Tullytown Landfill

Disposal Date: 08/09/2017
City, State: Morrisville, PA

Completed by: Patrick Larney
Title: Project Manager
Signature: 07/25/2017

* Do not use this form for asbestos inure exempted activities.
Note: Please find the additional fee's attached for the basement work area and the roof/exterior work area.
Building 2 total additional notification fee's = $400.00

**PROJECT NAME:** Pittsgrove Grain Mill ACM  Building 2

<table>
<thead>
<tr>
<th>Area / Notes</th>
<th>Abatement Item</th>
<th>Unit</th>
<th>Quantity</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor</td>
<td>Tile, Mastic &amp; Sheet</td>
<td>SF</td>
<td>1,554</td>
<td>Properly Remove and Dispose</td>
</tr>
<tr>
<td>1st Floor</td>
<td>Textured Ceiling Plaster</td>
<td>SF</td>
<td>1,422</td>
<td>Properly Remove and Dispose</td>
</tr>
<tr>
<td>Boiler and Throughout Basement and 1st Floor</td>
<td>Paper Insulation</td>
<td>SF</td>
<td>336</td>
<td>Properly Remove and Dispose</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Flue Packing</td>
<td>SF</td>
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<tr>
<td>275 LF Exterior Windows</td>
<td>Window Caulk</td>
<td>EA</td>
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<td>Window Glazing</td>
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<tr>
<td>Roof</td>
<td>Roofing</td>
<td>SF</td>
<td>4,000</td>
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