

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

RECEIVED

Date of Notification (1) 8/2/2012		Check#2283		Name of Building Owner/Operator (2) TRINITAS HOSPITAL /CROTHALL HEALTHCARE		2012 AUG -6 PM 5:11			
Agencies Notified		Type Notification		Street Address 15 Russell Street		ASBESTOS CONTROL & LICENSING			
<input type="checkbox"/> EPA <input checked="" 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Lynbrook, NY		Name of Contact Jason Curley Telephone Number 			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trinitas Reg Medical Center-New Point Campus				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 655 East Jersey Street				Square Feet 30,000		# of Floors 3			
City (5) Elizabeth, NJ 07206				Bldg. Age 75+					
County (6) UNION		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental			ASCM No. _____		Name of Abatement Contractor (9) EA Services Corporation				
Street Address 280 Huyler Street				Street Address 426 69th Street					
City, State, Zip Code South Hackensack, NJ 07606				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm Adel Guerrero			Telephone No. 201-489-8700		Telephone No. 201-295-1700		License No. 01074		
Start Date (10) 8/11/2012		Scheduled Completion Date (11) 9/11/2012		Name of OSHA Monitor EA Services Corporation					
Occupancy Status During Abatement (Check Only One)				Street Address same as above					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4:00 PM-12 PM-Job to be done in faces.				City, State, Zip Code					
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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
Boiler Plant	x			Boiler exhaust breaching	300 SF	x			
Boiler Plant	x			Elbows	40 LF	x			
Name of Registered Waste Hauler Freehold Carting			NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd		Name of Registered Landfill Waste Management		
City, State PO BOX 5010			Disposal Date tbd		City, State Tullytown Landfill				
Completed by Gina Salvador			Title Office Manager		Signature <i>Gina Salvador</i>		Date 8/2/2012		

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

- FOR 2012 -
OPEN FILING

Date of Notification (1) 12-28-11		Name of Building Owner/Operator (2) ALCATEL-LUCENT TECHNOLOGIES					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 600 MOUNTAIN AVE. 2012 AUG 6 PM 5:14 City, State, Zip Code MURRAY HILL, NJ 07974 Name of Contact LARRY FEDERICO Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) ALCATEL-LUCENT TECH. INC.		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 600 MOUNTAIN AVE.		Square Feet 300,000	# of Floors 5				
City (5) MURRAY HILL, NJ 07974		Bldg. Age 65+					
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OFFICES					
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) UNIPRO, INC.				
Street Address 1600 ROUTE 22 EAST		Street Address 173 KARKUS AVE.					
City, State, Zip Code UNION, NJ 07803		City, State, Zip Code WOODBIDGE, NJ 07095					
Project Manager for Monitoring Firm MIKE NELSON		Telephone No. 908-688-7800	License No. 00615				
Start Date (10) OPEN	Scheduled Completion Date (11) OPEN	Name of OSHA Monitor HILLMAN ENVIRONMENTAL					
Occupancy Status During Abatement (Check only one) <input 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 1600 RT. 22 EAST					
		City, State, Zip Code UNION, NJ 07803					
Scope of Work (Check all that apply)							
<input 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 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)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Name of Registered Waste Hauler NEWARK CARTING INC.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill G.ROWS. INC.			
City, State NEWARK, NJ		Disposal Date	City, State MORRISVILLE, PA.				
Completed By DAVID T. TOLCHIN	Title PRES.	Signature David T. Tolchin	Date 12-28-11				

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

2012 AUG -6 PM 5:14

SEE ATTACHED OPEN FILING

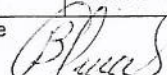
Date of Notification (1) <u>August 3, 2012</u>		Name of Building Owner/Operator (2) <u>ALCATEL-LUCENT TECHNOLOGIES</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <u>600 MOUNTAIN AVE.</u>		City, State, Zip Code <u>MURRAY HILL, NJ 07974</u>					
Name of Contact <u>LARRY FEDERICO</u>		Telephone Number <u>1</u>					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>ALCATEL-LUCENT TECHNOLOGIES, INC</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 <u>600 MOUNTAIN AVE.</u>		Square Feet <u>700,000</u>	# of Floors <u>5</u>				
City (5) <u>MURRAY HILL, NJ 07974</u>		Bldg. Age <u>65+</u>					
County (6) <u>UNION</u>		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) <u>HILLMAN ENVIRONMENTAL</u>		Name of Abatement Contractor (9) <u>UNI PRO, INC.</u>					
Street Address <u>1600 ROUTE 22 EAST.</u>		Street Address <u>173 KARKUS AVE.</u>					
City, State, Zip Code <u>UNION, NJ. 07803</u>		City, State, Zip Code <u>WOODBRIIDGE, NJ.</u>					
Project Manager for Monitoring Firm <u>MIKE NELSON</u>		Telephone No. <u>908-688-7800</u>	Telephone No. <u>752-726-3111</u>				
Start Date (10) <u>AUG. 9th</u>		License No. <u>00615</u>					
Scheduled Completion Date (11) <u>AUG. 16th</u>		Name of OSHA Monitor <u>HILLMAN ENVIRONMENTAL</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>1600 ROUTE 22 EAST</u>					
		City, State, Zip Code <u>UNION NJ 07803</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260 lf		<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					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> 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) (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
3rd floor @ STAIR #7		X	4 LF	X			
4th floor @ " #7		X	4 LF	X			
6th floor @ PASS. - 1st. Elev		X	36 LF	X			
Name of Registered Waste Hauler <u>NEWARK CARTING, INC.</u>		NJDEP Waste Hauler ID No. <u>4509</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>G.R.O.W.S. INC.</u>			
City, State <u>NEWARK NJ.</u>		Disposal Date <u>8.17.12</u>	City, State <u>MORRISVILLE, PA.</u>				
Completed By <u>DAVID T. TOLCHIN</u>		Title <u>PRES.</u>	Signature <u>David T. Tolchin</u>	Date <u>AUG. 3, 2012</u>			

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

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2012 AUG -6 PM 5:27

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 8/1/2012		Check#2282		Name of Building Owner/Operator (2) KENNEDY MEMORIAL HOSPITAL	
Agencies Notified		Type Notification		Street Address 2201 Chapel Hill Campus	
<input type="checkbox"/> EPA <input checked="" 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Cherry Hills, NJ 08002	
				Name of Contact Sharon Peters	Telephone Number _____
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Kennedy Memorial Hospital				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 2201 Chapel Hill Campus				Square Feet 250,000	# of Floors 5
City (5) Cherry Hill, NJ 08002				Bldg. Age 52	
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services			ASCM No. 117	Name of Abatement Contractor (9) EA Services Corporation	
Street Address 318 12th Street			Street Address 426 69th Street-2nd Floor		
City, State, Zip Code Hammononton, NJ 08037			City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 8/10/2012		Scheduled Completion Date (11) 8/17/12		Name of OSHA Monitor EA Services Corporation	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4:00 PM-12:00 PM				Street Address same as above	
				City, State, Zip Code	
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)
	Yes	No	N/A		
-Pav Area-			x	Floor Tile and Mastic	16 SF
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste tbd	Name of Registered Landfill IESI - Bethlehem Landfill Corp
City, State Wayne, NJ		Disposal Date tbd		City, State Bethlehem, PA	
Completed by Gina Salvador		Title Office Manager		Signature 	Date 8/1/2012

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

RECEIVED

Date of Notification (1) 8/2/2012		Check#2280		Name of Building Owner/Operator (2) TRINITAS REGIONAL MEDICAL CENTER					
Agencies Notified		Type Notification		Street Address 225 Williamson Street					
<input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Elizabeth, NJ 07207					
				Name of Contact Brian Akers	Telephone Number [REDACTED]				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trinitas Reg Medical Center-				Type of Facility (4)					
Street Address 225 Williamson Street				<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) Elizabeth, NJ 07206				Square Feet 60,000	# of Floors 8				
County (6) UNION				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital				
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental			ASCM No.	Name of Abatement Contractor (9) EA Services Corporation					
Street Address 280 Huyler Street			Street Address 426 69th Street						
City, State, Zip Code South Hackensack, NJ 07606			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm Adel Guerrero			Telephone No. 201-489-8700	Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 8/11/2012		Scheduled Completion Date (11) 9/11/2012		Name of OSHA Monitor EA Services Corporation					
Occupancy Status During Abatement (Check Only One)				Street Address same as above					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4:00 PM-12 PM-Job to be done in faces.				City, State, Zip Code					
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 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) 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
Sixth and Seventh Floor			x	Elbows/Fittings	130 LF	x			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management				
City, State PO BOX 5010				Disposal Date tbd	City, State Tullytown Landfill				
Completed by Gina Salvador		Title Office Manager		Signature <i>Gina Salvador</i>		Date 8/2/2012			

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

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2012 AUG -6 PM 3:32

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/02/12		Name of Building Owner/operator (2) Patrick Cahiwat					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 36 Midland Boulevard City, State, Zip Code Maplewood, NJ 07040 Name of Contact Patrick Cahiwat Telephone Number					
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 & commercial buildings, homes, etc.)					
Street Address 36 Midland Boulevard		Square Feet 2000					
City (5) Maplewood, NJ 07040		# of Floors 2					
County (6) Essex		Bldg. Age 20+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Property					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a					
Street Address n/a		Name of Abatement Contractor (9) Blavor, Inc.					
City, State, Zip Code n/a		Street Address 1 Mountain Ave					
Project Manager for Monitoring Firm n/a		City, State, Zip Code Montville, NJ 07045					
Telephone No. n/a		Telephone No. 973-265-4165					
Start Date (10) 08/11/12		License No. 01049					
Scheduled Completion Date (11) 08/11/12		Name of OSHA Monitor Blavor, Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9:00 am - 9:00 pm		Street Address 1 Mountain Ave					
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Montville, NJ 07045					
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)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement		X	Asbestos Pipe Insulation	30 LF	X		
Name of Registered Waste Hauler Blavor, Inc.		NJDEP Waste Hauler ID No. 01780	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O. W.S. Landfill			
City, State Montville, NJ 07045		Disposal Date TBD		City, State Morrisville, PA 19057			
Completed By Ray Nedich		Title President		Signature 		Date 08/02/12	

OK
28937

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:-120-7)

RECEIVED

Date of Notification (1) 07/11/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University		2012 AUG -6 PM 3:40	
Agency Notified	Type Notification	Street Address		ASBESTOS CONTROL & LICENSING	
EPA	Initial	P.O. box 2158			
DEP	Notification	City, State, Zip Code			
DCA	x Amended	Princeton NJ 08543			
DOH	Notification	Name of Contact		Telephone Number	
	Cancellation	Robert Otego			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 20 Washington Road			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) x Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 20 Washington Road			Square Feet 100000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 4
			Bldg. Age 50+		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc			ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 3 Terri Lane			Street Address 98 LaCue Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Keehn			Telephone Number 609-386-8800	Telephone Number 610-364-9622	Licence Number 1103
Scheduled Start Date (10) 07/23/12 Month/Day/Year		Sched. Completion Date (11) 10/01/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) x Facility Closed/Vacated During Entire Period of Abatement			Street Address 3370 Progressive Drive		
Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 3:30 PM			City, State, Zip Code Bensalem PA 19020		
Other - Describe:					


Scope of work (Check all that apply)			Full Containment with Negative Pressure		
Demolition	x	Renovation	x	Mini - Enclosure	
>3 sf or >3 if			x	Glovebag Procedure	
x >160 sf or >260 lf			x	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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Ground Floor - exterior outside room 1		x		window caulk	170 LF	x			
1st Floor - exterior outside room 101 G		x		window caulk	170 LF	x			
2nd Floor - exterior outside room 201 G		x		window caulk	170 LF	x			
throughout		x		pipe insulation	100 LF	x			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager	Signature <i>Mark Goshow</i>	Date 8-2-12	

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

check # 2727

Date of Notification (1) 6 / 15 / 2012		Name of Building Owner / Operator (2) paramus chrysler jeep dodge		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		
Street Address 314 route 4 west		City, State, Zip Code paramus nj 07652		
Name of Contact melisa michaels		Telephone Number & LICENSING 01		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) paramus chrysler jeep dodge		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 bldgs., homes, etc.)		
Street Address 314 route 4 west		Building Age 20+		
City (5) paramus	County (6) bergen	County Code (7)	Square Feet 10,000	
			# Of Floors 1	
		Current Use (Prior if being demolished) car dealer		
Name of Monitoring Firm Hired by Bldg. Owner (8) gza		Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 55 lane rd		Street Address 462 Getty Avenue		
City, State, Zip Code fairfield nj 07004		City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm ben sallemi		Telephone Number 973 2487816		
Sheduled Start Date (10) 08 / 20 / 12		Sched. Completion Date (11) 8 / 30 / 12		
Telephone Number 973-772-3660		License Number 00117		
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011		
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3sf or >3lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <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 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)	Abatement Type R E M O V A L R E P A I R E N C A P S U L E N C L O S U R
roof level	<input checked="" type="checkbox"/>	duct tar paper	200 sf	<input checked="" type="checkbox"/>
roof level	<input checked="" type="checkbox"/>	pitch pockets	4 sf	<input checked="" type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA 18015	
Completed by (Print or Type) PAUL MAST		Title VICE PRESIDENT	Signature 	Date 08/03/12

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

Date of Notification (1) 6 / 15 / 2012		Name of Building Owner / Operator (2) paramus chrysler jeep dodge		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED 2012 AUG 6 PM 5:24 CONTROL -ENDING </div>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation				Street Address 314 route 4 west			
City, State, Zip Code paramus nj 07652		Name of Contact melisa michaels		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) paramus chrysler jeep dodge			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 bldgs., homes, etc.)						
Street Address 314 route 4 west			Building Age 20+						
City (5) paramus	County (6) bergen	County Code (7)	Square Feet 10,000	# Of Floors 1	Current Use (Prior if being demolished) car dealer				
Name of Monitoring Firm Hired by Bldg. Owner (8) gza			Name of Abatement Contractor (9) LVI Environmental Services Inc.						
Street Address 55 lane rd			Street Address						
City, State, Zip Code fairfield nj 07004			462 Getty Avenue City, State, Zip Code						
Project Mngr. For Monitoring Firm ben sallemi			Telephone Number 973 2487816						
Schedul Start Date (10) 08 / 06 / 12		Sched. Completion Date (11) 8 / 30 / 12		Telephone Number 973-772-3660					
				License Number 00117					
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor LVI Environmental Services Inc.						
			Street Address 462 Getty Avenue						
			City, State, Zip Code Clifton, NJ 07011						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <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 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)	Abatement Type <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>R E M O V A L</td> <td>R E P A I R</td> <td>E N C A P S U L</td> <td>E N C L O S U R</td> </tr> </table>		R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R						
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	duct tar paper	200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	pitch pockets	4 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"/>				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.					
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA 18015						
Completed by (Print or Type) PAUL MAST		Title VICE PRESIDENT	Signature		Date 07/27/12				

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

Date of Notification (1) 6 / 15 / 2012		Name of Building Owner / Operator (2) paramus chrysler jeep dodge		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED 2012 AUG -6 PM 5:24 ASBESTOS CONTROL ING </div>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation				Street Address 314 route 4 west			
City, State, Zip Code paramus nj 07652		Name of Contact melisa michaels		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) paramus chrysler jeep dodge			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 bldgs., homes, etc.)						
Street Address 314 route 4 west			Square Feet 10,000						
City (5) paramus		County (6) bergen	County Code (7)	# Of Floors 1	Building Age 20+				
Current Use (Prior if being demolished) car dealer									
Name of Monitoring Firm Hired by Bldg. Owner (8) gza			Name of Abatement Contractor (9) LVI Environmental Services Inc.						
Street Address 55 lane rd			Street Address 462 Getty Avenue						
City, State, Zip Code fairfield nj 07004			City, State, Zip Code Clifton, NJ 07011						
Project Mngr. For Monitoring Firm ben sallemi			Telephone Number 973 2487816						
Scheduled Start Date (10) 7 / 30 / 12		Sched. Completion Date (11) 8 / 30 / 12		License Number 00117					
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor LVI Environmental Services Inc.						
			Street Address 462 Getty Avenue						
			City, State, Zip Code Clifton, NJ 07011						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3sf or >3lf <input type="checkbox"/> >160 sf or >260 lf									
<input checked="" type="checkbox"/> Renovation <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 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)	Abatement Type <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>R E M O V A L</td> <td>R E P A I R</td> <td>E N C A P S U L</td> <td>E N C L O S U R</td> </tr> </table>		R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R						
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	duct tar paper	200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	pitch pockets	4 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"/>				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.					
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA 18015						
Completed by (Print or Type) PAUL MAST		Title VICE PRESIDENT	Signature		Date 07/19/12				

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

Date of Notification (1) 6 / 15 / 2012		Name of Building Owner / Operator (2) paramus chrysler jeep dodge		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED 2012 AUG -6 PM 5: 24 ASBESTOS CONTROL </div>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation				Street Address 314 route 4 west	
City, State, Zip Code paramus nj 07652		Name of Contact melisa michaelis					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) paramus chrysler jeep dodge			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 bldgs., homes, etc.)				
Street Address 314 route 4 west			Square Feet 10,000				
City (5) paramus			County (6) bergen		County Code (7)		
			Current Use (Prior if being demolished) car dealer		Building Age 20+		
Name of Monitoring Firm Hired by Bldg. Owner (8) gza			ASCM NO				
Street Address 55 lane rd			Name of Abatement Contractor (9) LVI Environmental Services Inc.				
City, State, Zip Code fairfield nj 07004			Street Address 462 Getty Avenue				
Project Mngr. For Monitoring Firm ben sallemi			City, State, Zip Code Clifton, NJ 07011				
Telephone Number 973 2487816			Telephone Number 973-772-3660				
Sched. Start Date (10) 7 / 23 / 12			Sched. Completion Date (11) 8 / 30 / 12				
License Number 00117							
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor LVI Environmental Services Inc.				
			Street Address 462 Getty Avenue				
			City, State, Zip Code Clifton, NJ 07011				
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf							
<input checked="" type="checkbox"/> Renovation <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 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)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	duct tar paper	100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	pitch pockets	4 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"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.			
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA 18015				
Completed by (Print or Type) PAUL MAST		Title VICE PRESIDENT	Signature		Date 07/03/12		

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

Date of Notification (1) 6 / 15 / 2012		Name of Building Owner / Operator (2) paramus chrysler jeep dodge		RECEIVED	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Street Address 314 route 4 west City, State, Zip Code paramus nj 07652 Name of Contact melisa michaels Telephone Number 	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) paramus chrysler jeep dodge			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 bldgs., homes, etc.)		
Street Address 314 route 4 west			Square Feet 10,000 # Of Floors 1 Building Age 20+		
City (5) paramus	County (6) bergen	County Code (7)	Current Use (Prior if being demolished) car dealer		
Name of Monitoring Firm Hired by Bldg. Owner (8) gza		ASCM NO	Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 55 lane rd		Street Address			
City, State, Zip Code fairfield nj 07004		462 Getty Avenue			
Project Mngr. For Monitoring Firm ben sallemi		Telephone Number 973 2487816	City, State, Zip Code Clifton, NJ 07011		
Sheduled Start Date (10) 7 / 9 / 12		Sched. Completion Date (11) 8 / 30 / 12	Telephone Number 973-772-3660		License Number 00117
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <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 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)	Abatement Type	
				R E M O V A L	R E P A I R
				E N C A P S U L	E N C L O S U R
roof level	<input checked="" type="checkbox"/>	duct tar paper	100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
roof level	<input checked="" type="checkbox"/>	pitch pockets	4 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"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA 18015		
Completed by (Print or Type) paul mast		Title vp	Signature		Date 6 15 2012