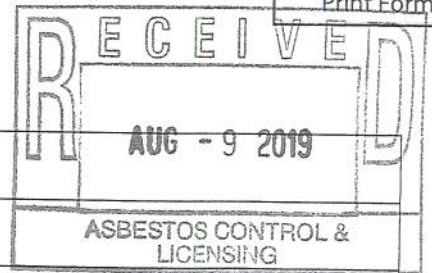


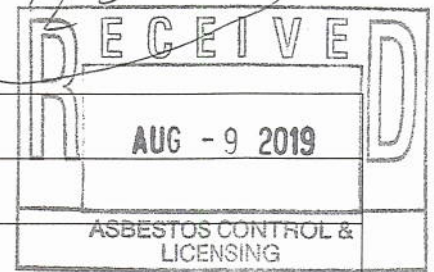
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)



CH 1156  
Inv 13544

Date of Notification (1) 08.05.2019		Name of Building Owner/Operator (2) Tee William Garriss							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07112							
		Name of Contact Tee William Garriss	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House		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 2781	# of Floors 2						
City (5) Newark, NJ		Bldg. Age 1907							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Renovations							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Spes Contracting LLC						
Street Address _____		Street Address 164 Meriline Ave Apt. C							
City, State, Zip Code _____		City, State, Zip Code Woodland Park, NJ							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. 01383						
Start Date (10) 08.14.2019	Scheduled Completion Date (11) 08.15.2019	Name of OSHA Monitor Spes Contracting LLC							
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 164 Meriline Ave Apt. C							
		City, State, Zip Code Woodland Park, NJ 07424							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Basement - Throughout			X	TSI - Pipe/Fitting Insulation	100 LF	X			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 1.5	Name of Registered Landfill Fearless Landfill					
City, State Woodland Park, NJ 07424			Disposal Date TBD	City, State Morrisville, PA					
Completed by Branislav Pavlov		Title project manager	Signature 			Date 08.05.2019			

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



Date of Notification (1) 07/24/19 <i>JHV/3543</i>		Name of Building Owner/Operator (2) Scotch Plains-Fanwood Public Schools							
Agencies Notified	Type Notification	Street Address 512 Cedar St.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Scotch Plains, NJ 07076							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Anthony Miranda	Telephone Number 908-232-6162						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Park Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 580 Park Ave.		Square Feet 55,000	# of Floors 1						
City (5) Scotch Plains		Bldg. Age 45+							
County (6) Unionm	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address 20-21 Wagaraw Rd.- Building 35E		Street Address 156 Maple Ave.							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm Frederik Larson		Telephone No. 973-636-9145	License No. 01107						
Start Date (10) 08-12-19	Scheduled Completion Date (11) 08-31-19	Name of OSHA Monitor Leslaw Nalodka							
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 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	*			Breeching/Duct Insulation	320 Sf.	*			
Boiler Room	*			Boiler Gaskets, Ropes	80 Sf.	*			
Boiler Room	*			Pipe Insulation	18 Lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 5	Name of Registered Landfill GCSL.					
City, State Newark, NJ			Disposal Date 08-31-19	City, State Pen Agryl, PA					
Completed by Leslaw Nalodka		Title President	Signature <i>[Signature]</i>			Date 07/24/19			



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

CHECK # 6028

AUG - 9 2019

ASBESTOS CONTROL &amp; LICENSING

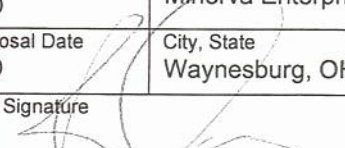
Date of Notification (1) 08-05-19 <i>Inv 13541</i>		Name of Building Owner/Operator (2) General Electric	
Agencies Notified	Type Notification	Street Address 6001 Tonnelles Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code North Bergen, NJ 07047	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Lyle Grant	Telephone Number (315) 447-4555

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 6001 Tonnelles Avenue		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) North Bergen, NJ 07047		Square Feet 2,150SF	# of Floors Bldg. Age
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services, LLC		ASCM No. 00120	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address 104 E. 25th Street, 8th Floor		Street Address 200 Broad Street	
City, State, Zip Code New York, NY 10010		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm Fred Burkhardt		Telephone No. (212) 353-8280	License No. 00756
Start Date (10) 08-19-19	Scheduled Completion Date (11) 08-30-19	Name of OSHA Monitor Even-Air Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Long Island City, NY 11101	

Scope of Work (Check All That Apply)		Intact Removal <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	
<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		

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
Roof: Shed Roof			x	Roofing	2,150SF	x			

Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY / Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH 44688		
Completed by John A. Tancredi	Title Project Manager	Signature 	Date 08-05-19		



Check # 10752

Inv 13540

**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:129)

**RECEIVED**  
 ASBESTOS CONTROL & LICENSING  
 07065

Date of Notification (1) <b>8-7-19</b>		Name of Building Owner/Operator (2) <b>Saint John the Baptist - Church</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 <b>211 West Grand AVE</b>
			City, State, Zip Code <b>Rahway NJ 07065</b>
			Name of Contact <b>Father Andrew</b>

Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>2</b>		
City (5) <b>Rahway NJ 07065</b>			Bldg. Age <b>80+-</b>		
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Single family Dwelling</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>		
Street Address <b>P.O. Box 337</b>			Street Address <b>P.O. Box 337</b>		
City, State, Zip Code <b>New Egypt, NJ 08533</b>			City, State, Zip Code <b>New Egypt NJ 08533</b>		
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	Telephone No. <b>609 758-3365</b>		License No. <b>00394</b>
Start Date (10) <b>8-22-19</b>		Scheduled Completion Date (11) <b>8-31-19</b>		Name of OSHA Monitor <b>EPC Technologies Inc</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>P.O. Box 337</b>		
			City, State, Zip Code <b>New Egypt NJ 08533</b>		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<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) 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
Front Porch Roof			X	Flat Roofing	200 SF	X			
Back Flat Roof			X	Flat Roofing	400 SF	X			
Basement		X		Pipe Insulation	1 LF	X			

Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Waste Management of PA</b>	
City, State <b>New Egypt NJ</b>		Disposal Date <b>8-31-19</b>		City, State <b>Morrisville PA</b>	
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>8-7-19</b>



CK10751

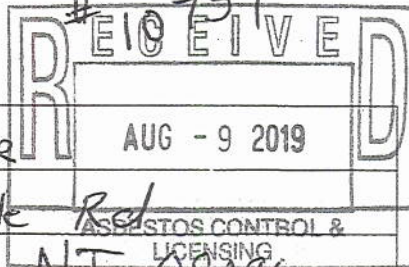
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PAID

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

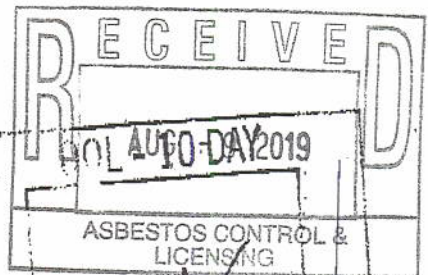
Check

#751



Date of Notification (1) <b>8-7-19</b>		Name of Building Owner/Operator (2) <b>Krazy Kat BAR</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 <b>1398 Hurffville Rd</b>		City, State, Zip Code <b>Deptford Twp NJ 08096</b>						
Name of Contact <b>Joe Ardire</b>		Telephone Number <b>856-228-1687</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Krazy Kat Bar</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 <b>1398 Hurffville Road</b>		Square Feet <b>1</b>						
City (5) <b>Deptford NJ 08096</b>		Bldg. Age <b>80+-</b>						
County (6) <b>Gloucester</b>		County Code (7) (STATE USE ONLY) _____						
Current Use (Prior if being demolished) <b>Bar</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>						
Street Address <b>P.O. Box 337</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
City, State, Zip Code <b>New Egypt, NJ 08533</b>		Street Address <b>P.O. Box 337</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Telephone No. <b>609 758-3365</b>		Telephone No. <b>609 758-3365</b>						
License No. <b>00394</b>								
Start Date (10) <b>8-17-19</b>		Scheduled Completion Date (11) <b>8-24-19</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: _____		Name of OSHA Monitor <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>								
City, State, Zip Code <b>New Egypt NJ 08533</b>								
Scope of Work (Check All That Apply) <input checked="" 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 checked="" 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) 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
Roof		X	Flat Roofing	5000 SF	X			
Front Door Area		X	Red 9"x9" Floor Tiles	400 SF	X			
Basement	X		Boiler Cardboard	50 SF	X			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>		Cubic Yards of Waste <b>24</b>		Name of Registered Landfill <b>Waste Management of PA</b>		
City, State <b>New Egypt NJ</b>		Disposal Date <b>8-24-19</b>		City, State <b>Morrisville PA</b>				
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>8-7-19</b>		



Inv 13405  
CH5917State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 8:26.1)

Date of Notification (1) 08 / 05 / 19		Name of Building Owner/Operator (2) Suzanne Grund							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Marlton, NJ 08053 Name of Contact Suzanne Grund Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Grund 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]		Square Feet 1,842	# of Floors 2						
City (5) Marlton		Bldg. Age 55							
County (6) Burlington		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 523 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08516		City, State, Zip Code Maple Shade, NJ 08062							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00042						
Start Date (10) 08 / 07 / 19	Scheduled Completion Date (11) 08 / 09 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >150 sf or >250 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 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
Lower Level Living Room & Bath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	205 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 08/08/2019	City, State Mortleville, PA						
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations	Signature 	Date 8/5/19					

ASB-41  
JAN 13

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

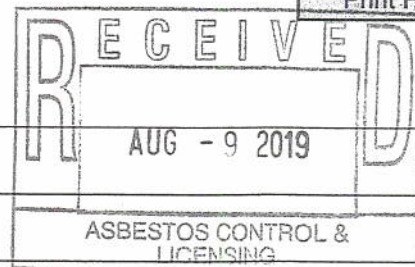
P 2/4

Shade Environmental 1 &gt;&gt; 609 633 0664

2019-08-05 12:42



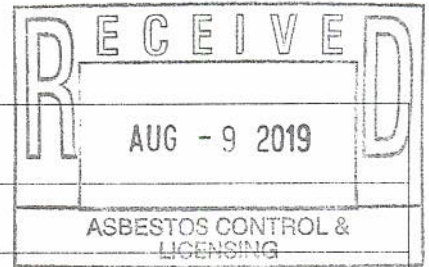
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/6/19		Name of Building Owner/Operator (2) Mark Russo Private Home		AUG - 9 2019					
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Beach Haven NJ 08008 Name of Contact Mark Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mark Russo Private Home				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 1000 + # of Floors 1 Bldg. Age 35+					
City (5) Beach Haven NJ 08008		County (6) Ocean		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091					
City, State, Zip Code		Project Manager for Monitoring Firm		Telephone No. 856-753-9800					
Start Date (10) 8/16/19		Scheduled Completion Date (11) 8/23/19		License No. 00727					
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:				Name of OSHA Monitor Same					
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				Street Address City, State, Zip Code					
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
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 8/23/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 8/6/19			



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



Date of Notification (1) 08 / 05 / 19		Name of Building Owner/Operator (2) Mount Holly Township Public Schools	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 331 Levis Drive City, State, Zip Code Mount Holly, NJ 08060 Name of Contact William Buffa Telephone Number 609-267-7200 x 6701	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) F.W. Holbein Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 333 Levis Drive		Square Feet 10,000	
City (5) Mount Holly		# of Floors 2	Bldg. Age 80
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842
Start Date (10) 08 / 23 / 19	Scheduled Completion Date (11) 08 / 26 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

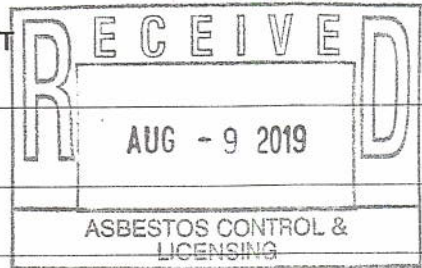
- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|  |  | <input type="checkbox"/> 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
Pipe Chase off of Custodial Closet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	5 LF	<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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 08/26/2019		City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature Date 8/5/19	



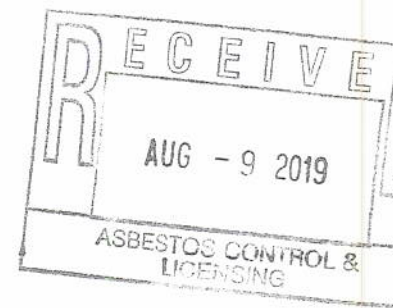
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



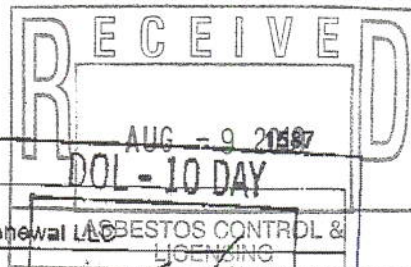
Date of Notification (1) <b>08 / 06 / 19</b>		Name of Building Owner/Operator (2) <b>Sherwin-Williams</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type 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>101 West Prospect Avenue</b>							
		City, State, Zip Code <b>Cleveland, OH 44115</b>							
		Name of Contact <b>Kenneth Stroebel</b>							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Residential Property</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>2,800</b>							
City (5) <b>Gibbsboro</b>		# of Floors <b>1</b>	Bldg. Age <b>50</b>						
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		ASCM No. <b>00003</b>	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>1253 North Church Street</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>William Stafford</b>		Telephone No. <b>856-840-8800</b>	License No. <b>00842</b>						
Start Date (10) <b>08 / 05 / 19</b>	Scheduled Completion Date (11) <b>08 / 30 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" 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 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
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Siding	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	170 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway Adjacent to Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>08/30/2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 			Date <b>8/16/19</b>		



Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Living Room		X		Ceramic Tile Wet Bed	50 SF	X
Office		X		Floor Tile and Mastic	135 SF	X





Inv 13457  
CK1507State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:12)

Date of Notification (1) August 05, 2019		Name of Building Owner/Operator (2) PR II/GAR Tremley Property Two Urban Renewal LLC						
Agencies Notified	Type Notification	Street Address c/o F. Greek Development, 33 Cotters Lane						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Brunswick, New Jersey 08816						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Project Manager	Telephone Number (973) 641-1736					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Guard shark @ Linden Logistics Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 4000 Road to Grasselli		Square Feet	# of Floors					
City (5) Linden		Bldg. Age						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) empty						
Name of Monitoring Firm Hired by Building Owner (8) WCD Group Division		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC					
Street Address 1350 Broadway, Suite 1904		Street Address 1500 Kings HWY N, STE 209						
City, State, Zip Code New York, NY 10018		City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Michael Garambone		Telephone No. 609-613-2004	Telephone No. (973) 759-5000					
Start Date (10) 8/6/19		Scheduled Completion Date (11) 8/31/19	License No. 00781					
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:		Name of OSHA Monitor The MACK Group, LLC						
		Street Address 1500 Kings HWY N, STE 209						
		City, State, Zip Code Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 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 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
Guard shark		X		floor tile & associated mastic	TBD	X		
Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill IESI Bethlehem landfill				
City, State Newark, NJ		Disposal Date 8/31/19		City, State Bethlehem, PA				
Completed by Mike Cooper		Title President	Signature	Date 8/5/19				



**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:50 and 12:120)

Inv 13533

Ck # 2706

Date of Notification (1) 8/6/19		Name of Building Owner/Operator (2) Rory Bell		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="margin-top: 10px; font-size: 1.2em;">AUG - 9 2019</div>	
Agencies Notified	Type Notification	Street Address [REDACTED]			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillsborough, NJ 08844			
		Name of Contact Rory Bell		Telephone Number ASBESTOS CONTROL & LICENSING	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential House		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 2000	# of Floors 2
City (5) Cliffside Park		Bldg. Age 50+	
County (6) Bergen		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc
Street Address n/a		Street Address 360 Palisade Ave	
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255
Start Date (10) 8/15/19	Scheduled Completion Date (11) 8/17/19	Name of OSHA Monitor Harmony Contracting Inc	
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 360 Palisade Ave	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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
Basement			x	Pipe Insulation	145 LF	x			

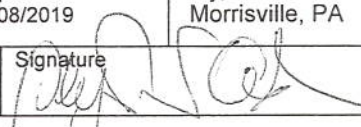
  

Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Garfield, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by E. Girovic	Title Secretary	Signature <i>E. Girovic</i>	Date 8/5/19		

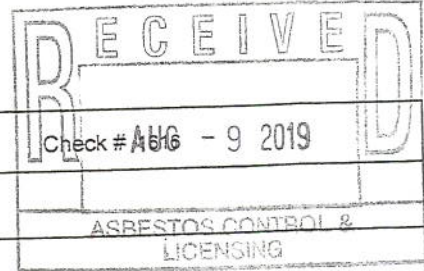


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

<b>RECEIVED</b>	
AUG - 9 2019	
Check # 1617	
<b>ASBESTOS CONTROL &amp; LICENSING</b>	

Date of Notification (1) 08/05/2019		Name of Building Owner/Operator (2) Montclair State University		Check # 1617				
Agencies Notified	Type Notification	Street Address 1 Normal Ave		ASBESTOS CONTROL & LICENSING				
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07043		Telephone Number 973-655-5625				
		Name of Contact Amy Ferdinand						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) MSU, Bohn Hall			Type of Facility (4)					
Street Address 1 Normal Ave			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)					
City (5) Montclair			Square Feet 20,000	# of Floors 2	Bldg. Age +55			
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Educational					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Ave		Street Address 246 Union Boulevard						
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Totowa, New Jersey 07512						
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 08/05/2019	Scheduled Completion Date (11) 08/08/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Limited Containment & Tent <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	Encapsulat
Room 411		X	VAT and Mastic	200 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste .5	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey		Disposal Date 08/08/2019		City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President	Signature 		Date 08/05/2019			

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

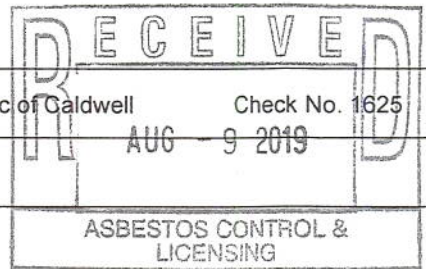


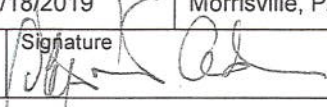
Date of Notification (1) 07/31/2019		Name of Building Owner/Operator (2) Montclair State University		Check # <b>AUG - 9 2019</b>					
Agencies Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Normal Ave		<b>ASBESTOS CONTROL &amp; LICENSING</b>				
			City, State, Zip Code Montclair, NJ 07043						
			Name of Contact Amy Ferdinand		Telephone Number 973-655-5546				
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) MSU, Bohn 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 & commercial bldgs., homes, etc.)					
Street Address 1 Normal Ave				Square Feet 20,000	Bldg. Age +55				
City (5) Montclair				# of Floors 2					
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Educational					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc			ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Ave			Street Address 246 Union Boulevard						
City, State, Zip Code Englewood, NJ 07631			City, State, Zip Code Totowa, New Jersey 07512						
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 08/05/2019		Scheduled Completion Date (11) 08/08/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
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 2333 Route 22 West					
				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove bag Procedure / Limited Containment &amp; Tent  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>									
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
Room 411		X		VAT and Mastic	200 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste .5	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey		Disposal Date 08/08/2019		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 			Date 07/31/2019		



CK1625

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



Date of Notification (1) 08/06/2019		Name of Building Owner/Operator (2) Community of the Sisters of St. Dominic of Caldwell		Check No. 1625	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" 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 1 Ryerson Ave  City, State, Zip Code Caldwell, New Jersey  Name of Contact Sharon M. Buge, CPA  Telephone Number 973-403-3331x 12	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) St. Dominic's Academy			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2572 John F. Kennedy Blvd			Square Feet 30,000		
City (5) Jersey City, New Jersey 07304			# of Floors 2		Bldg. Age 50+
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Charter School	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. 00012		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 560 Sylvan Avenue, Suite 3065			Street Address 246 Union Boulevard		
City, State, Zip Code Englewood Cliffs, New Jersey 07632			City, State, Zip Code Totowa, New Jersey 07512		
Project Manager for Monitoring Firm Steven A. Jaraczewski		Telephone No. 201-569-6708		Telephone No. 973-225-8400	
Start Date (10) 08/16/2019		Scheduled Completion Date (11) 08/18/2019		License No. 01104	
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: _____			Name of OSHA Monitor Iris Environmental Laboratories, LLC		
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF)
	Yes	No	N/A		
Basement Bathroom		X		Asbestos Containing Ceiling Plaster	200 SF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill
City, State Totowa, New Jersey		Disposal Date 08/18/2019		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President		Signature  Date 08/06/2019	

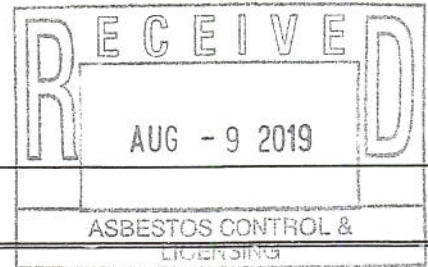


State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Proj. #: 19-160

CH1049 Inv 13530

P A I D



Date of Notification (1) 10/18/10 15/11/19		Name of Building Owner/Operator (2) Greg Frenzel	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Ho Ho Kus, NJ 07423	
Name of Contact Greg Frenzel		Telephone Number	

FACILITY INFORMATION

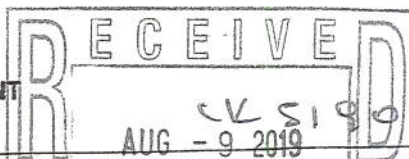
Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,800 SF		
City (5) Ho Ho Kus, NJ 07423			# of Floors 02		
County (6) Bergen			Bldg. Age 70		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address				Street Address 309 W. End Ave	
City, State, Zip Code				City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
Start Date (10) 08/19/19		Sched. Completion Date (11) 08/23/19		License Number 02007	
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: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor KLOMAX, LLC					
Street Address 309 W. End Ave					
City, State, Zip Code Hopatcong, NJ 07843					

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 checked="" type="checkbox"/> Full Containment w/negative pressure <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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Garage		<input checked="" type="checkbox"/>		Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Basement		<input checked="" type="checkbox"/>		VAT/Mastic	600 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"/>		
Registered Waste Hauler KLOMAX, LLC		NJDEP Hauler ID# 0038241		Cubic Yards of Waste 6 yds		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY					
City, State Hopatcong, NJ 07843		Disposal Date TBD		City, State TULLYTOWN, PA							
Completed by (Print or Type) Paige Bovlan		Title Owner		Signature [Signature]		Date 08/05/19					



CH5190

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



Date of Notification (1) 8/6/19 INV 13529		Name of Building Owner/Operator (2) STACKS PROPERTIES						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]						
		City, State, Zip Code RIVER VALE, NJ, 07675						
		Name of Contact MR. KEVIN STACKPOLE	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) STACK PROPERTIES		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 2200	# of Floors 2					
City (5) RIVER VALE		Bldg. Age 1960						
County (6) BERGEN	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) Best Removal Inc						
Street Address		Street Address 450 South River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 8/15/19	Scheduled Completion Date (11) 8/16/19	Name of OSHA Monitor Omega 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 checked="" type="checkbox"/> Other - Describe: 8AM TO 5:00 PM		Street Address 280 Huyler St						
		City, State, Zip Code S. Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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
BASE TENT			VAT	400 SF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/100	Name of Registered Landfill Minerva Enterprises, LLC				
City, State Hackensack, N.J. 07601			Disposal Date 8/16/19	City, State Waynesburg, Oh, 44688				
Completed by J. Maiorano	Title Estimator		Signature [Signature]	Date 8/6/19				

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

Print Form

RECEIVED

AUG - 9 2019

ASBESTOS CONTROL & LICENSING

CH 7691

08/06/2019 INV 13528

Date of Notification (1)

Name of Building Owner/Operator (2)  
Garcia, Cheryl

Agencies Notified

Type Notification

Street Address

City, State, Zip Code  
Lyndhurst, New Jersey 07071

Name of Contact  
Garcia, Cheryl

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Garcia Residence

Street Address

City (5)  
Lyndhurst, New Jersey

County (6)  
Bergen County

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

Square Feet  
Appr. 1800

# of Floors  
3

Bldg. Age  
1922

Current Use (Prior if being demolished)  
Residential

Name of Monitoring Firm Hired by Building Owner (8)  
N/A

ASCM No.

Name of Abatement Contractor (9)  
McCabe Environmental Services, L.L.C.

Street Address  
464 Valley Brook Avenue

City, State, Zip Code  
Lyndhurst, New Jersey 07071

Project Manager for Monitoring Firm

Telephone No.

Telephone No.  
201-438-4839

License No.  
02014

Start Date (10)  
8/19/19

Scheduled Completion Date (11)  
8/23/19

Name of OSHA Monitor  
Same

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: Occupied

Street Address

City, State, Zip Code

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 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
Basement Utility Room			X	Boiler Demo including insulation, packing, rope gaskets, fire brick	60 SF	X			

Name of Registered Waste Hauler  
Newark Carting Inc.

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  
3 Yards

Name of Registered Landfill  
Grand Central Sanitary Landfill

City, State  
Newark, New Jersey

Disposal Date  
8/23/19

City, State  
Pen Argyl, Pennsylvania

Completed by  
Jarred Panecki

Title  
Project Manager

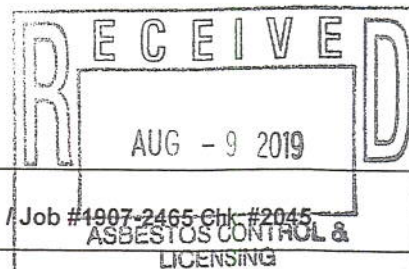
Signature  
Jarred Panecki

Date  
08/06/19



Inv# 13551  
PAID  
OK 2045

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



Date of Notification (1) 8 / 7 / 19		Name of Building Owner/Operator (2) Riverside Board of Education		Job #1907-2465-CHK #2045 ASBESTOS CONTROL & LICENSING	
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 112 E Washington Street	
		City, State, Zip Code Riverside, NJ 08075		Name of Contact Robert Karmade	
				Telephone Number 609-217-4974	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Riverside High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 112 E Washington Street			Square Feet 28,000 SF		
City (5) Riverside			# of Floors 1		Bldg. Age 90
County (6) Burlington		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 1253 N Church Street		Street Address 3859 Sylon Boulevard		City, State, Zip Code Hainesport, NJ 08036	
City, State, Zip Code Morristown, NJ 08057		Telephone No. 609-702-0400		License No. 00862	
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 856-840-8800		Name of OSHA Monitor EMSL Analytical, Inc.	
Start Date (10) 8 / 21 / 19		Scheduled Completion Date (11) 8 / 26 / 19		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	
		Street Address 200 U.S. Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<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
One Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and Mastic	768 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 Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central	
City, State Lafayette, NJ		Disposal Date 8/26/19		City, State Penn Argyle, PA			
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 		Date 8/17/19	