State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:66 and 12:120)

Name of Building Owner/Operator (2)  
Atlantic Site Construction

Name of Facility Where Abatement is Taking Place (3)  
341 Brighton Ave

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

County Code (7)  
(STATE USE ONLY)

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

Name of Abatement Contractor (9)  
AAA LEAD PROFESSIONALS

Name of Registered Waste Hauler  
NEWARK CARTING

City, State, Zip Code  
NEWARK, NJ, 07107

Disposal Date  
09/03/2019

City, State  
BETHLEHEM PA

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

Start Date (10)  
08/30/2019

Scheduled Completion Date (11)  
09/03/2019

Name of OSHA Monitor  
AAA LEAD PROFESSIONALS

Street Address  
341 Brighton Ave

City, State, Zip Code  
NEWARK, NJ, 07107

Project Manager for Monitoring Firm  

Telephone No.  
732-703-1174

License No.  
1200

SCOPE OF WORK (Check All That Apply)  

[X]  

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

EXTERIOR

INTERIOR

INTERIOR

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)

ACM Siding  
2500 SF  
X

ACM Linoleum flooring  
250 SF  
X

ACM Ceiling  
30 SF  
X

Abatement Type

Removal  
Repair  
Encapsulate  
Enclosure

Name of Registered Landfill  
IESI

Cubic Yards of Waste  
10

Disposal Date  
09/03/2019

City, State  
BETHLEHEM PA

Completed by  
JOSEPH PERLSTEIN

Title  
OWNER

Signature  
Date  
08/19/19

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

State of New Jersey

Date of Notification (1):
08/19/2019

Name of Building Owner/Operator (2):
Duke Realty

Name of Facility Where Abatement is Taking Place (3):
Gerdau-Ameristeel

Street Address:
161 Washington Street, Suite 1020
Conshohocken, PA 19428

City, State, Zip Code:
Conshohocken, PA 19428

Name of Contact:
David Jennings

Telephone Number:
484-533-2637

FACILITY INFORMATION

Type of Facility (4):
X Subchapter 8 (Other than K-12)

Square Feet:
8,000

# of Floors:
2

Bldg. Age:
1920's approx.

Current Use (Prior to being demolished):

County Code (7):
[STATE USE ONLY]

Name of OSHA Monitor:

Name of Abatement Contractor (9):
G.I. Solution Services LLC

Street Address:
1032 Bond Street, 2nd Floor

City, State, Zip Code:
Elizabeth, NJ, 07201

Name of Monitoring Firm Hired by Building Owner (8):
J M Sorge

Phone No.:
908-218-0086

ASCM No.:

Project Manager for Monitoring Firm:
John Bracken

TelephoneNumber:
908-353-6136

License No.:
02015

Start Date (10):
08/29/2019

Occupancy Status During Abatement (Check Only One):
X Facility Closed/Vacated During Entire Period of Abatement

Scheduled Completion Date (11):
09/29/2019

Abatement Performed Outside of Normal Facility Hours:

Other - Describe:

Scope of Work (Check All That Apply):

x ≥30 ft or ≥30 ft

x 160 ft or ≥280 ft

x Renovation

x Demolition

x Full Containment with Negative Pressure

x Mini-Enclosure

x Glovebag Procedure

x Non-Exempted (*) and Non-Fearable Procedure

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

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

| Building 1401 | X | Main roof / parapet | 10,930 SF | X |
| Building 1401 | X | Window caulking | 745 LF | X |
| Building 1401 - 1501 | X | Air cell pipe insulation | 3 LF | X |
| Building 1501 | X | Transite Panel | 20 SF | X |

Name of Registered Waste Hauler:
NEwARK CARTING

Name of Registered Landfill:
GRAND CENTRAL

Disposal Date:
08/19/2019

Completed by:
William Mawyn
Title: Project Manager

Signature:

Date:
08/19/2019

ASB-41 (R-05-08)

* Do not use this form for asbestos license exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80-7 and 12:120-7)

Date of Notification (1)
08/19/2019

Name of Building Owner/Operator (2)
Robert Crothers

Name of Contact
Robert Crothers

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

Type Notification
- Initial
- Amendment
- Cancellation
- Notification

Street Address

City, State, Zip Code
South Orange, NJ 07079

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

ASCM No.

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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

Description of asbestos-containing material (ACM)

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>garage</td>
<td>pipe insulation</td>
<td>50 sf</td>
</tr>
<tr>
<td>basement boiler room</td>
<td>pipe insulation</td>
<td>60 sf</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste 1

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
08/30/2019

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
08/19/2019
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**: 08/19/2019

**Name of Building Owner/Operator (2)**: Nan Childress Orchard

**Agency Notified**
- [X] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type Notification**
- [X] Initial
- [ ] Amendment
- [ ] Cancellation

**Address**
- **Street Address**: 1980 Morrison Avenue
- **City, State, Zip Code**: Union, NJ 07083

**Name of Contact**: Nan Childress Orchard

**Current Use** (Prior if being demolished)
- [ ] Residential

**FACILITY INFORMATION**

**Name of Facility where abatement is taking place (3)**: Nan Childress Orchard

**Street Address**: 1980 Morrison Avenue

**City**: Union, NJ 07083

**County**: Essex

**County Code**: 000 (State use only)

**Square Feet**: 

**# of Floors**: 

**Bldg. Age**: 

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

**Street Address**: 105 Ryerson Road

**City, State, Zip Code**: Lincoln Park, NJ 07035

**Telephone Number**: (973)696-5869

**License Number**: 00378

**Type of Facility (4)**
- [ ] School (K - 12)
- [X] Subchapter 8 (Other than K-12)
- [ ] Other (Private/Commercial Bldgs., Homes, etc.)

**Occupancy Status During Abatement** (Check only one)
- [X] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours-
  Describe: 

**Scheduled Start Date (10)**: 09/30/2019

**Scheduled Completion Date (11)**: 08/31/2019

**Scope of Work (check all that apply)**
- [ ] Demolition
- [X] Renovation
- [ ] Full Containment w/negative pressure
- [X] Glovebag procedure
- [ ] Non-friable procedure
- [ ] No

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closet under stairs</td>
<td></td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>3 sf</td>
</tr>
<tr>
<td>Basement boiler room</td>
<td></td>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>3 sf</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

**B & G Restoration, Inc.**

**NJDEP Hauler ID#**: 19563

**Cubic Yards of Waste**: 1/2

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

**City, State**: Lincoln Park, NJ

**Disposal Date**: 06/31/2019

**Completed by (Print or Type)**: Gordana Luna

**Title**: Secretary/Treasurer

**Signature**: Gordana Luna

**Date**: 08/19/2019
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**Name of Building Owner/Operator (2)**
Newark Public Schools

**Street Address**
190 Muhammad Ali Avenue

**City, State, Zip Code**
Newark, NJ 07108

**Name of Contact**
Benjamin Olagadeyo

**Telephone Number**
973-938-7544

---

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**
  13th Avenue School

- **Street Address**
  359 13th Avenue

- **City**
  Newark, NJ 07103

- **County**
  Essex

- **Name of Monitoring Firm Hired by Building Owner (8)**
  Whitman

- **Name of Abatement Contractor (9)**
  Smac Corp.

- **Street Address**
  7 Pleasant Hill Road

- **City, State, Zip Code**
  Cranbury, NJ 08512

- **Project Manager for Monitoring Firm**
  Kevin Lovely

- **Telephone No.**
  732-390-5858

- **Start Date (10)**
  08/20/2019

- **Scheduled Completion Date (11)**
  08/23/2019

- **Name of OSHA Monitor**
  EMSL Analytical, Inc.

- **Street Address**
  1056 Shelton Rd.

- **City, State, Zip Code**
  Piscataway, NJ 08854

---

### Scope of Work (Check All That Apply)

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

---

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cafeteria</td>
<td>X</td>
<td>ACM Floor Tile and Mastic</td>
<td>1,375 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**

- **Smac Corp.**

**Cubic Yards of Waste**

- **Name of Registered Landfill**
  Grows Landfill

**Disposal Date**

- **08/23/2019**

**City, State**

- **Saddle Brook, NJ 07663**

**Completed by**

- **Title**
  President

**Signature**

- **Date**
  08/19/2019

---

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

Date of Notification (1) 8/19/2019

Name of Building Owner/Operator (2) LANXESS Solutions US Inc.

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

☐ Initial
☐ Amended
☐ Amendment #10
☐ Emergency (including justification)
☐ Cancellation

Street Address

1020 Kings George Post Road

City, State, Zip Code

Fords, NJ 08863

Name of Contact

Lisa Daniels

Telephone Number

732-306-4959

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
LANXESS Solutions US Inc.

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior to being demolished)
boiler house piping, processing plant & tanks

Name of Monitoring Firm Hired by Building Owner (8)
Emilcott Associates, Inc.

ASCM No

Stryker Demolition & Environmental Services, LLC

Name of Abatement Contractor (9)

Street Address

190 Park Avenue

City, State, Zip Code

Morristown, NJ 07960

License No

01286

Project Manager for Monitoring Firm

David Tomsey

Telephone No

973-533-1110

Name of OSHA Monitor

Stryker Demolition & Environmental Services, LLC

Street Address

992 Old Eagle School Road, STE 910

City, State, Zip Code

Wayne, PA 19087

Start Date (10) 2/18/2019

Scheduled Completion Date (11) 10/31/2019

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describes: boiler house

Scope of Work (Check All That Apply)

☐ 23 sf or ±3 ft.
☐ 300 sf or ±500 ft.
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

IN FACILITY

(13)

Yes

No

N/A

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

Full Containment with Negative Pressure Encapsulate
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

#6 Fuel Line

Pipe Insulation (TSI)

197 LF

X

Door Gasket, caulk, counter

Other Misc.

530 LF

X

QA, M1D, E2, E1 Area

Pipe Insulation (TSI)

2672 LF

X

ZAA, Ester 2, PA Tank, E1

Surfacing

2538 SF

X

Name of Registered Waste Hauler

Horwith Trucks, Inc.

NJDEP Waste Hauler ID No.

SW-1998

Cubic Yards of Waste

45

Name of Registered Landfill

Cumberland County Landfill

City, State

Northampton, PA

Disposal Date

9/6/2019

City, State

Shippensburg, PA

Completed by

Mark Klotzbach

Title

Vice President

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)
8/19/19

Name of Building Owner/Operator (2)
Matthew Lamberta

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address

[Redacted]

City, State, Zip Code
Haworth, NJ 07641

Name of Contact
Matthew Lamberta

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential Home

Street Address

[Redacted]

City (5)
Haworth

County Code (7)
Bergen

County Code (7)

Current Use (Prior if being demolished)
Residential Home

Type of Facility (4)

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td>X</td>
</tr>
</tbody>
</table>

Square Feet
2995

# of Floors
2

Bldg. Age
65+/-

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Type of Abatement Contractor (9)

All Stages Abatement

Project Manager

Street Address

[Redacted]

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

[Redacted]

Scheduled Completion Date (11)
8/25/19

Start Date (10)
8/20/19

Occupancy Status During Abatement (Check Only One)

<table>
<thead>
<tr>
<th>Status</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>X</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe: 8AM-2:45PM</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Work</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>x Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>x Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material (ACM)</th>
<th>Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Basement Area</td>
<td></td>
<td></td>
<td>VAT</td>
<td>814 SF</td>
<td>x</td>
</tr>
<tr>
<td>Cedar Closet</td>
<td>x</td>
<td></td>
<td>VAT</td>
<td>57 SF</td>
<td>x</td>
</tr>
<tr>
<td>Utility Room</td>
<td>x</td>
<td></td>
<td>VAT</td>
<td>11 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

All Stages Abatement

NJDEP Waste Hauler ID No.
0036592

Cubic Yards of Waste
10 YD

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Saddle Brook, NJ

Completed by
Richard Cristofoli
Title
President
Signature

Date
8/19/19

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/19/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>USEPA</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>USEPA</td>
</tr>
<tr>
<td>Street Address</td>
<td>2890 Woodbridge Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Edison, NJ 08837</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Gary Kinyety-Chenega Services</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(731) 261-8786</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Building # 209</td>
</tr>
<tr>
<td>Street Address</td>
<td>2890 Woodbridge Ave.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Edison, NJ 08837</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>MECS</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chesterfield, NJ 08515</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Bill Weisgarber</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609 238-4070</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>9/6/2019</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9/22/2019</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>☑ 243 sf or ≥336 sf</td>
<td></td>
</tr>
<tr>
<td>☑ ≥1800 sf or ≥2600 sf</td>
<td></td>
</tr>
<tr>
<td>☑ Renovation</td>
<td></td>
</tr>
<tr>
<td>☑ Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Bathrooms (2)</td>
<td>X</td>
</tr>
<tr>
<td>Lab Area</td>
<td>X</td>
</tr>
<tr>
<td>Lab Area</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>VAT</td>
<td>690lf</td>
</tr>
<tr>
<td>Transite Panels Fume Hood</td>
<td>60 sf</td>
</tr>
<tr>
<td>Transite Lab Top</td>
<td>12 sf</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Stevens Environmental Services</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18292</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8/23/2019</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Mahlon E. Stevens</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>8/19/2019</td>
</tr>
</tbody>
</table>

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