

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

Check # 0975

Date of Notification (1) 12/13/14		Name of Building Owner/Operator (2) Redco Construction Corp							
Agencies Notified	Type Notification	Street Address PO BOX 1057							
<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 Englewood Cliffs, NJ 07632							
		Name of Contact Ron Reduce	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address 242 Highwood 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 buildings, homes, etc.)							
City (5) Ridgewood	Square Feet 3000	# of Floors 2	Bldg. Age 50+						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp						
Street Address n/a		Street Address 22 Troy Ln							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973.706.7950						
Start Date (10) 12/29/14		Scheduled Completion Date (11) 12/31/14	License No. 01193						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Loznica Management Corp							
<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 22 Troy Ln							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite Siding	2000 SF	x			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>			Date 12/13/14		

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

Check # 10974

Date of Notification (1) 12/12/14		Name of Building Owner/Operator (2) Eple Investments							
Agencies Notified	Type Notification	Street Address 604 Weston Point							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Longboat Key, FL 34228							
		Name of Contact Mark Giaquinto	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4)							
Street Address 30 Pine St		<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) Morristown		Square Feet 4000	# of Floors 1						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp						
Street Address n/a		Street Address 22 Troy Ln							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 12/22/14	Scheduled Completion Date (11) 12/23/14	Name of OSHA Monitor Loznica Management Corp							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Ln							
<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 Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <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
GYM			x	PIPE INSULATION	75 LF	x			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>			Date 12/12/14		

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED
2011 DEC 16 PM 9:50
ASBESTOS & LICENSE

Date of Notification (1) December 12, 2014		Name of Building Owner/Operator (2) The Village School	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 100 West Prospect Street		City, State, Zip Code Waldwick, NJ 07463	
Name of Contact Marilyn Larkin		Telephone Number ---	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Village School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 100 West Prospect Street		Sq. Feet: Unknown # of Floors: 3 Bldg. Age: 50 years	
City (5) Waldwick	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	
Street Address 20-21 Wagaraw Road, Bldg # 34A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		Telephone Number 973-636-9145	License Number 00840
Scheduled Start Date (10) December 22, 2014		Scheduled Completion Date (11) January 5, 2014	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Vacant Sub Chapter 8 - Non-Occupied		Name of OSHA Monitor EMSL inc.	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Roof	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Built Up Roofing Material	Amount (Specify SF or LF) 650 sf
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10	Name of Registered Landfill Meadowfill Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date January 5, 2015	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date December 12, 2014

GAC # 2014-471

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 11365

GAC Project # 060-14

Date of Notification (1) December 11, 2014		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CAMDEN HEATING PLANT, BLDG# 7056		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 CAMDEN CAMPUS		Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
City (5) CAMDEN	County (6) CAMDEN	County Code (7) (State Use Only)	Current Use (prior if being demolished): HEATING PLANT
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 12/22/14	Scheduled Completion Date (11) 12/24/14	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 3:00PM - 5:00AM		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) MEZZANINE 108	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI-PIPE INSULATION	Amount (Specify SF or LF) < 9 LF
			Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969		Disposal Date 12/24/14	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date December 11, 2014

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

Check#2070

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

RECEIVED

2011 DEC 16 PM 9:48

ASL & LICENSING ROL

Date of Notification (1) 12 / 12 / 14		Name of Building Owner/Operator (2) Kenneth Liu	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 546 Morse Avenue City, State, Zip Code Ridgefield, NJ 07657	
		Name of Contact Kenneth Liu	Telephone Number

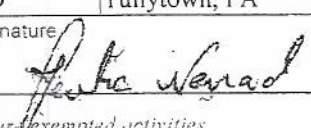
FACILITY INFORMATION

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 and commercial buildings, homes, etc.)	
Street Address 546 Morse Avenue		Square Feet	# of Floors
City (5) Ridgefield, NJ 07657		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address		Gr Tech LLC		
City, State, Zip Code		Street Address 576 Valley Rd #283		
		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.	
		973-638-1777	01127	
Start Date (10) 12 / 22 / 14	Scheduled Completion Date (11) 12 / 23 / 14	Name of OSHA Monitor Envirovision Consultants, 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 20-21 Wagaraw Road, Bldg. # 35 E		
		City, State, Zip Code Fair Lawn, NJ 07410		

Scope of Work (Check all that apply)				
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure		
<input type="checkbox"/> > 160 sf or >260 lf	<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"/> Tent with Negative Pressure	
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	130 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 Gr Tech LLC		NUDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature 		Date 12/12/2014	

ASB-41

MAY 11

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

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

Check # 7672

Date of Notification (1) 11/26/14		Name of Building Owner/Operator (2) New Jersey Department of Military Affairs	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	101 Eggerts Crossing Road	Lawrenceville, NJ 08648
		Name of Contact	Telephone Number
		William McBride	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cherry Hill Armory			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, homes, etc.)		
Street Address Park Boulevard @ Grove Street			Square Feet 20000		
City (5) Cherry Hill			County (6) Camden		County Code (7) (STATE USE ONLY)
			# of Floors 2		Bldg. Age ~65
			Current Use (Prior if being demolished) armory		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 3 Lynn Court		
City, State, Zip Code Cranford, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely			Telephone Number 732-390-5858		License Number 00852
Scheduled Start Date (10) 12/22/14		Sched. Completion Date (11) 1/31/15	Name of OSHA Monitor J & S Environmental Laboratories, LLC		
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 – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

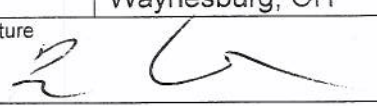
Scope of Work (Check all that apply)

- ☐ Demolition
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation

- ☒ Full Containment with Negative Pressure
☐ Mini – Enclosure
☐ Glovebag Procedure
☐ 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			R	R	E	E
Club and Museum		x		VAT	1900 SF	x			
Club and Museum		x		Ceiling plaster	2900 SF	x			
Club and Museum		x		Pipe insulation	90 LF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 40	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 1/28/15		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 11/26/14

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

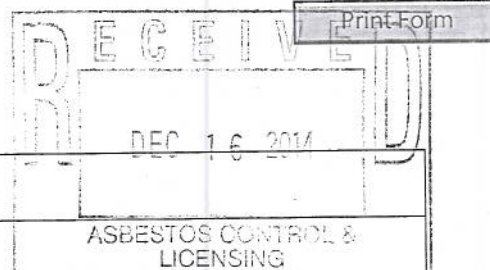
Check# 28181VED

Project #

Date of Notification (1) 12/10/2014		Name of Building Owner/Operator (2) Joseph Volpe III		2014 DEC 16 PM 9:47					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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 Broadway City, State, Zip Code Freehold NJ 07728 Name of Contact Joseph Volpe III Telephone Number					
FACILITY INFORMATION									
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 27 Broadway Rd				Square Feet # of Floors Bldg. Age					
City (5) Freehold, NJ 07728				County Code (7) Monmouth Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Nick Restoration LLC					
Street Address				Street Address 72 Brookside Rd					
City, State, Zip Code				City, State, Zip Code Randolph NJ 07869					
Project Manager for Monitoring Firm		Telephone No. (609)652-1833		Telephone No. 973-933-2550 License No. 01133					
Start Date (10) 12/20/2014		Scheduled Completion Date (11) 12/22/2014		Name of OSHA Monitor J&S Environmental					
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 RT 22 City, State, Zip Code Union, NJ 07083					
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 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
Boiler Room area		X		TSI	25 LF	X			
Boiler Room area		X		insulation TSI	20 SF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S				
City, State Randolph, NJ 07869				Disposal Date TBD	City, State Tullytown, PA				
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>		Date 12/10/2014			

K 5995

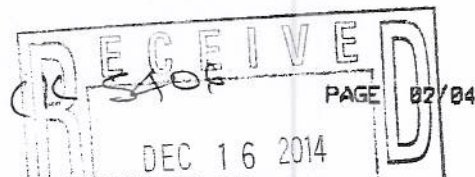
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/11/2014		Name of Building Owner/Operator (2) Thermo Fisher Scientific						
Agencies Notified	Type Notification	Street Address 303C College Road East	ASBESTOS CONTROL & LICENSING					
<input checked="" 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Plainsboro, NJ 08540						
		Name of Contact Kenneth Dow (agent for Owner)	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Thermo Fisher Scientific (Princeton Gamma-Tech)		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 303C College Road East		Square Feet 100,000	# of Floors 1					
City (5) Plainsboro		Bldg. Age 40+						
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Manufacturing						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International, Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.					
Street Address 34 East Germantown Pike		Street Address 42 Ridge Road						
City, State, Zip Code East Norriton, PA 19401		City, State, Zip Code Phoenixville, PA 19460						
Project Manager for Monitoring Firm Ray Giordano		Telephone No. 856-229-5369	Telephone No. 610-933-4332					
License No. 00836								
Start Date (10) 12/29/2014	Scheduled Completion Date (11) 12/30/2014	Name of OSHA Monitor Neuber Env. Svcs., 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: <u>facility will be occupied, room/work area will be unoccupied</u>		Street Address 42 Ridge Road						
		City, State, Zip Code Phoenixville, PA 19460						
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 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
room 212		X		floor epoxy	9 sf	X		
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Western Berks Refuse Authority				
City, State Freehold, NJ		Disposal Date 1/2015		City, State Birdsboro, PA				
Completed by Jeffrey A. LaRiviere		Title V.P.	Signature 		Date 12/11/2014			

12/11/2014 17:37 2013297448

BEST



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:29 and 12:20)

Date of Notification (1) 12/11/14		Name of Building Owner/Operator (2) MS. PAT GRABOWSKI		LICENSING DOL - 10 DAY	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 43 4TH ST		City, State, Zip Code RIDGECFIELD PARK, NJ 07660	
		Name of Contact MS. GRABOWSKI			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MS. GRABOWSKI			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 43 4TH ST			Square Feet 2000..		
City (5) RIDGECFIELD PARK			No. of Floors 2		
County (6) BERGEN			County Code (7) (STATE USE ONLY) RESIDENCE		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Best Removal Inc	
City, State, Zip Code				450 South River St Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	
Start Date (10) 12/12/14		Scheduled Completion Date (11) 12/13/14		License No. 00388	
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: 7 AM TO 5 PM				Name of OSHA Monitor Omega Environmental	
				Street Address 280 Huyler St	
				City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 3 or less <input type="checkbox"/> 100 or less <input type="checkbox"/> 100 or more					
<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"/> Gloving Procedure <input type="checkbox"/> Non-Permitted (C) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED		Is Location Normally Used Solely for Maintenance/Custodial (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	
BASEMENT				THERMAL SYSTEM INSULATION 30 LF	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Name of Registered Landfill Minerva Enterprises, LLC	
City, State Hackensack, N.J. 07601		Cubic Yards of Waste 10/20		City, State Waynesburg, Oh. 44688	
Disposal Date 12/13/14		Signature <i>J. Maiorano</i>		Date 12/11/14	
Completed by J. Maiorano		Title Estimator			

DEC 11 2014 09:43am

P001/001

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

DEC 16 2014

CHECK # 8629

Date of Notification (1) 12/11/14		Name of Building Owner/Operator (2) J P MANAGEMENT		NJ Dept. of Health & Senior Services ASBESTOS CONTROL & ABATEMENT LICENSING (signature) Date: 12/11/14 Time: 9:43AM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		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 190 MAIN STREET City, State, Zip Code HACKENSACK, NJ 07601 Name of Contact RICH S. Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) KENT VILLAGE			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 769 11TH AVE			Square Feet 5000		
City (5) PATERSON			# of Floors 5		
County (6) PASSAIC			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) APT'S		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc	
Street Address		Street Address 185 Vreeland Ave.		City, State, Zip Code Midland Park, NJ 07432	
City, State, Zip Code		Telephone No. 201-262-5841		License No. 00156	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.	
Start Date (10) 12/11/14		Scheduled Completion Date (11) 12/15/14		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606	
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:					
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 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
CRAWLS SPACE		X		PIPE	
				260 LF	
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 04508		Cubic Yards of Waste 2	
City, State, Zip Code Newark, NJ 07105		Disposal Date 12/11/14		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State, Zip Code Bethlehem, PA 18015		Signature R. McDonald		Date 12/11/14	
Completed by R. McDonald		Title President			

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Dec 11 2014 02:45pm

P001/001 8629

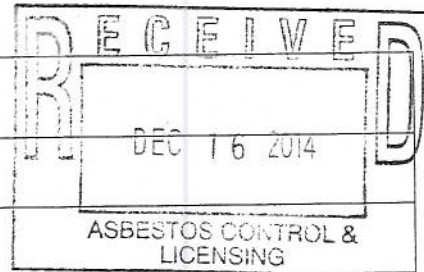
Date of Notification (1) 12/11/14		Name of Building Owner/Operator (2) ETHICON, INC		DEC 16		APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> Date: 12/11/14 Time: 2:43 PM		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address ROUTE 22 WEST		City, State, Zip Code SOMERVILLE, NJ 08876		
		Name of Contact STEPHEN YACYKEWYCH						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) ETHICON, 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 RT 22 WEST				Squats Feet 12,000				
City (5) SOMERVILLE				# of Floors 3		Bldg. Age 60		
County (6) SOMERSET		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) LAB'S				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc			
Street Address			Street Address 185 Vreeland Ave.					
City, State, Zip Code			City, State, Zip Code Midland Park, NJ 07432					
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 201-262-5841		License No. 00156	
Start Date (10) 12/13/14		Scheduled Completion Date (11) 12/25/14		Name of OSHA Monitor Omega Environmental Services 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 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> < 23 sf or < 23 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" 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	Encapsulation
T-402			X	VAT + MASTIC	24 SF	X		
T-403			X	" "	12 SF	X		
T-307			X	" "	360 SF	X		
R-406			X	TRANSITE	36 SF	X		
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 3		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.		
City, State, Zip Code Newark, NJ 07105		Disposal Date 12/13/14		City, State, Zip Code Bethlehem, PA 18015				
Completed by R. McDonald		Title President		Signature <i>[Signature]</i>		Date 12/11/14		

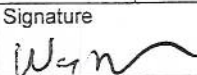
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/12/2014		Name of Building Owner/Operator (2) GABRIEL ESTATE c/o JAMES DIGIULIO ESQ		DEC 16 2014				
Agencies Notified		Type Notification		Street Address				
<input checked="" 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		1300 MT. KEMBLE AVENUE, PO 2075				
				City, State, Zip Code MORRISTOWN, NJ 07962				
		Name of Contact JAMES J. DIGIULIO		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) HOUSE				Type of Facility (4)				
Street Address 81 MOUNTAINVIEW BOULEVARD				<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) WAYNE				Square Feet	# of Floors			
				Bldg. Age				
County (6) PASSAIC		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.				
Street Address		Street Address 250 RUTHERFORD BLVD.						
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-956-8700	License No. 00494			
Start Date (10) 12/22/2014		Scheduled Completion Date (11) 12/24/2014		Name of OSHA Monitor SAME AS (9) ABOVE				
Occupancy Status During Abatement (Check Only One)				Street Address				
<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				
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 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
BASEMENT		X	PIPE INSULATION	140 LF	X			
EXTERIOR		X	TRANSITE SIDING	72 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.			
City, State CLIFTON, NJ		Disposal Date 12/24/2014		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 12/24/2014		

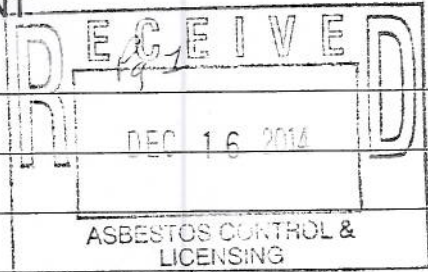
CHECK# 23010

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



Date of Notification (1) 12 / 12 / 14			Name of Building Owner/Operator (2) Shelby Mechanical Inc.						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <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 1009 Broad Street					
				City, State, Zip Code Cinnaminson, NJ 08077					
				Name of Contact Nancy Bray					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Building				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 1101 Broad Street									
City (5) Cinnaminson				Square Feet 2980	# of Floors 2.5				
				Bldg. Age 114					
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 318 12th Street		Street Address 500 East Luzerne Street							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	Telephone No. 215-739-8166	License No. 00646					
Start Date (10) 12 / 29 / 14		Scheduled Completion Date (11) 01 / 31 / 15		Name of OSHA Monitor SAME AS ABOVE					
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: 7AM-4PM/ _____ PM- _____ AM				Street Address					
				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 checked="" 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
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	200 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Tile	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Front Room	780 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Troweled on Plaster Ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Second Floor	670 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transite Shingles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior	2400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689		Cubic Yards of Waste 40	Name of Registered Landfill Minerva				
City, State Philadelphia, PA 19124				Disposal Date	City, State Waynesburg, OH 44683				
Completed By (Print or Type) Wayne Huntbach		Title Project Manager		Signature 		Date 12-12-14			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 11/21/14		Name of Building Owner / Operator (2) County of Burlington	
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 checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-12/12/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 49 Rancocas Road City, State & Zip Code Mt. Holly, NJ 08060 Name of Contact Steven G. Stypinski	

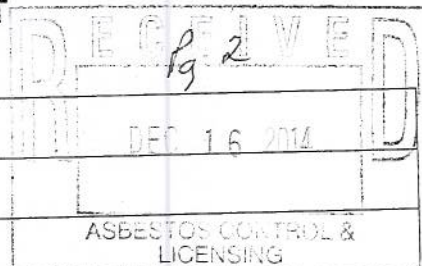
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Burlington County Courthouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 49 Rancocas Road		Square Feet 80,000	# of Floors 4
City (5) Mt. Holly	County (6) Burlington	Bldg. Age 60 Years	
County Code (7)		Current Use (Prior if being demolished) Courts	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections		ASCM No.	
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Trenton NJ 08608		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Rollie Jones		City, State & Zip Code Bristol, PA 19007	
Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 12/9/14	Scheduled Completion Date (11) January 10, 2015	Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: OFF SITE UNTIL 12/15; 12/15-12/19 7AM-11:30 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glove Bag Procedures	
		<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 or 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	Enclose
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brown/finish coat plaster	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated 1x1 ceiling tile	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall paneling with mastic	1800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FG pipe/acm fitting	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

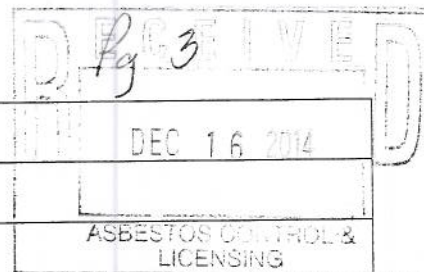
Name of Registered Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 50	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date	City, State Waynesburg, Ohio	
Completed By (Print or Type) Patrick T. DeCaro	Title Estimator	Signature <i>Patrick T. DeCaro / jk</i>	Date 11/21/14

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 11/21/14		Name of Building Owner / Operator (2) County of Burlington							
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 checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-12/12/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 49 Rancocas Road						
			City, State & Zip Code Mt. Holly, NJ 08060						
			Name of Contact Steven G. Stypinski						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Burlington County Courthouse		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 49 Rancocas Road		Square Feet 80,000	# of Floors 4						
City (5) Mt. Holly	County (6) Burlington	Bldg. Age 60 Years							
County Code (7)		Current Use (Prior if being demolished) Courts							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton NJ 08608		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	City, State & Zip Code Bristol, PA 19007						
Scheduled Start Date (10) 12/9/14	Scheduled Completion Date (11) January 10, 2015	Telephone Number (215)788-6040	License Number 00509						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: OFF SITE AM 12/12; 5PM-1AM 12/12;12/13-7AM-11:30PM;12/14-8AM-4PM <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Bristol Environmental Inc.							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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 or 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	Enclose
Basement mechanical chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	2 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor mechanical chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	17 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second floor mechanical chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third floor mechanical chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	1 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwell adjacent bathrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date	City, State Waynesburg, Ohio						
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator	Signature <i>Patrick T. DeCaro</i>					Date 11/21/14	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 11/21/14		Name of Building Owner / Operator (2) County of Burlington	
Agencies Notified	Type Notification	Street Address 49 Rancocas Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-12/12/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Mt. Holly, NJ 08060	
		Name of Contact Steven G. Stypinski	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington County Courthouse			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 49 Rancocas Road			Square Feet 80,000	# of Floors 4	Bldg. Age 60 Years
City (5) Mt. Holly	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Courts		
Name of Monitoring Firm Hired by Building Owner (8) Environmental connections		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton NJ 08608		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 12/9/14	Scheduled Completion Date (11) January 10, 2015		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: OFF SITE UNTIL 12/15; 12/15-12/19- 7AM- 11:30 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf
<input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures
<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 or 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	Enclose
Offices off board room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	650 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closets in hallway off board room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	50 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 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"/>

Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date		City, State Waynesburg, Ohio	
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 11/21/14

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CR# 2742

Pg 1

Date of Notification (1) 11/21/14		Name of Building Owner / Operator (2) County of Burlington							
Agencies Notified <input checked="" 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 checked="" type="checkbox"/> Amended R#1-12/7/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 49 Rancocas Road City, State & Zip Code Mt. Holly, NJ 08060 Name of Contact Steven G. Stypinski							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Burlington County Courthouse		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 49 Rancocas Road		Square Feet 80,000	# of Floors 4						
City (5) Mt. Holly	County (6) Burlington	Bldg. Age 60 Years							
County Code (7)		Current Use (Prior if being demolished) Courts							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton NJ 08608		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	License Number 00509						
Scheduled Start Date (10) 12/9/14	Scheduled Completion Date (11) January 10, 2015	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
City, State & Zip Code Bristol, PA 19007		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 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 checked="" type="checkbox"/> Glove Bag Procedures <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 or 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
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brown/finish coat plaster	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated 1x1 ceiling tile	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall paneling with mastic	1800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FG pipe/acm fitting	300 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"/>
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 50	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date		City, State Waynesburg, Ohio					
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator	Signature <i>Patrick T. DeCaro</i>			Date 11/21/14			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Ch# 2742
Pg 2

Date of Notification (1) 11/21/14		Name of Building Owner / Operator (2) County of Burlington	
Agencies Notified <input checked="" 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 checked="" type="checkbox"/> Amended R#1-12/7/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 49 Rancocas Road City, State & Zip Code Mt. Holly, NJ 08060 Name of Contact Steven G. Stypinski Telephone Number	

FACILITY INFORMATION

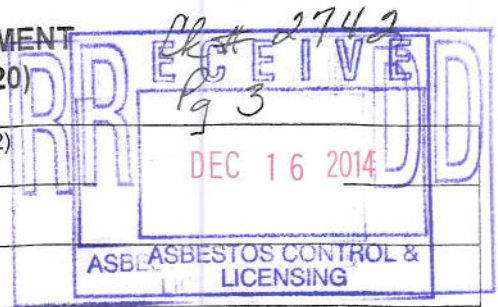
Name of Facility Where Abatement is Taking Place (3) Burlington County Courthouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 49 Rancocas Road		Square Feet 80,000	# of Floors 4
City (5) Mt. Holly		County (6) Burlington	County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 120 North Warren Street		Street Address 1123 Beaver Street	
City, State & Zip Code Trenton NJ 08608		City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	License Number 00509
Scheduled Start Date (10) 12/9/14	Scheduled Completion Date (11) January 10, 2015	Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: WEEKEND WORK <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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 checked="" type="checkbox"/> Glove Bag Procedures <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 or 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 mechanical chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	2 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor mechanical chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	17 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second floor mechanical chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third floor mechanical chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	1 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwell adjacent bathrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	20 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"/>

Name of Registered Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date	City, State Waynesburg, Ohio	
Completed By (Print or Type) Patrick T. DeCaro	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 11/21/14

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 11/21/14		Name of Building Owner / Operator (2) County of Burlington	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	49 Rancocas Road	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#1-12/7/14	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Mt. Holly, NJ 08060	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		Steven G. Stypinski	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington County Courthouse			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
49 Rancocas Road			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5)	County (6)	County Code (7)	Square Feet	# of Floors	Bldg. Age
Mt. Holly	Burlington		80,000	4	60 Years
Name of Monitoring Firm Hired by Building Owner (8) Environmental connections			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address			Street Address		
120 North Warren Street			1123 Beaver Street		
City, State & Zip Code			City, State & Zip Code		
Trenton NJ 08608			Bristol, PA 19007		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
Rollie Jones		609-392-4200	(215)788-6040		00509
Scheduled Start Date (10) 12/9/14		Scheduled Completion Date (11) January 10, 2015		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1123 Beaver Street		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm			City, State & Zip Code		
Describe:			Bristol, PA 19007		
<input checked="" type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

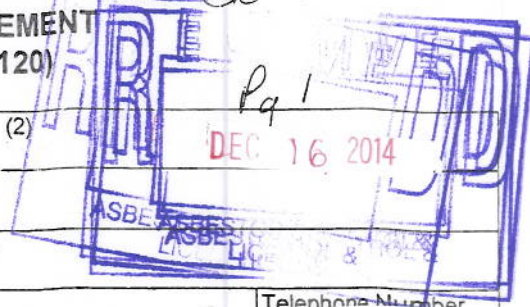
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or 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
Offices off board room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	650 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closets in hallway off board room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	50 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 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"/>

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Service Transport Group, Inc.	20990		Minerva Landfill
City, State	Disposal Date	City, State	
New Castle, DE		Waynesburg, Ohio	
Completed By (Print or Type)	Title	Signature	Date
Patrick T. DeCaro	Estimator	<i>Patrick T. DeCaro</i>	11/21/14

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CR# 2738



Date of Notification (1) 11/21/14		Name of Building Owner / Operator (2) County of Burlington	
Agencies Notified <input checked="" type="checkbox"/> EPA 5926 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 5902 <input checked="" type="checkbox"/> DOH 5919 <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 49 Rancocas Road City, State & Zip Code Mt. Holly, NJ 08060 Name of Contact Steven G. Stypinski Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington County Courthouse			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 49 Rancocas Road			Square Feet 80,000	# of Floors 4	Blg. Age 60 Years
City (5) Mt. Holly	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Courts		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton NJ 08608		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 12/8/14	Scheduled Completion Date (11) January 10, 2015		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

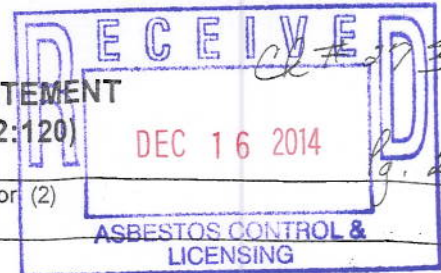
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or 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
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brown/finish coat plaster	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated 1x1 ceiling tile	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall paneling with mastic	1800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Room and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FG pipe/acm fitting	300 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"/>

Name of Registered Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 50	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date	City, State Waynesburg, Ohio	
Completed By (Print or Type) Patrick T. DeCaro	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 11/21/14

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 11/21/14		Name of Building Owner / Operator (2) County of Burlington	
Agencies Notified	Type Notification	Street Address 49 Rancocas Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Mt. Holly, NJ 08060	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Steven G. Stypinski	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington County Courthouse			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 49 Rancocas Road			Square Feet 80,000	# of Floors 4	Bldg. Age 60 Years
City (5) Mt. Holly	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Courts		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton NJ 08608		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 12/8/14		Scheduled Completion Date (11) January 10, 2015		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: WEEKEND WORK <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

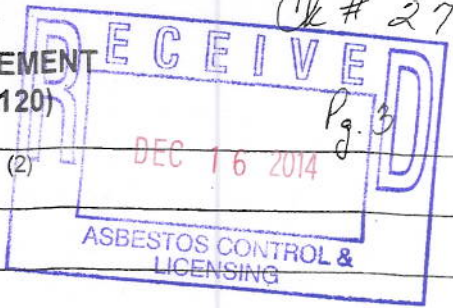
Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <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 or 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 mechanical chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	2 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor mechanical chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	17 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second floor mechanical chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third floor mechanical chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	1 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwell adjacent bathrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting insulation	20 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"/>

Name of Registered Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date	City, State Waynesburg, Ohio	
Completed By (Print or Type) Patrick T. DeCaro	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 11/21/14

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 11/21/14		Name of Building Owner / Operator (2) County of Burlington	
Agencies Notified	Type Notification	Street Address 49 Rancocas Road	
<input checked="" 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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Mt. Holly, NJ 08060	
		Name of Contact Steven G. Stypinski	Telephone Number ()

FACILITY INFORMATION

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Scheduled Start Date (10) 12/8/14	Scheduled Completion Date (11) January 10, 2015		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <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 or 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
Offices off board room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	650 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closets in hallway off board room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/mastic	50 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 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"/>

Name of Registered Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date	City, State Waynesburg, Ohio	
Completed By (Print or Type) Patrick T. DeCaro	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 11/21/14