

CK 3297

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

Print Form

**RECEIVED**

JAN 10 2020

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1-5-2020		Name of Building Owner/Operator (2) New 1992 LLC C/O Dunkin's Donuts							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 545 Chancellor Avenue		City, State, Zip Code Irvington, NJ 07111							
Name of Contact Lester Petrianek		Telephone Number 1-732-725-8877							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 4000							
City (5) Maplewood, NJ 07040		# of Floors 2							
County (6) Essex		Bldg. Age 75+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Green Environmental Services, LLC							
City, State, Zip Code		Street Address 235 Virginia Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Jersey City, NJ 07304							
Telephone No.		Telephone No. 201-333-8855							
Start Date (10) 1-15-2020		License No. 01174							
Scheduled Completion Date (11) 1-22-2020		Name of OSHA Monitor Green Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 235 Virginia Avenue							
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 checked="" 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		City, State, Zip Code Jersey City, NJ 07304							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Shingle siding	4000 SF	X			
1st & 2nd Floor		X		Wall Plaster	1012 SF	X			
1st Floor		X		VAT	295 SF	X			
Basement		X		Pipe insulation	15 LF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 10		Name of Registered Landfill Fairless Landfill			
City, State Jersey City, NJ		Disposal Date 1-22-2020		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>[Signature]</i>		Date 1-5-2020			

Location of Asbestos-Containing Material (ACM) <u>CELL ABATE (1)</u> in Facility #3	Location Normally Used Solely by Maintenance Custodial Staff? (Y/N)	Description of Asbestos-Containing Material (ACM), e.g. thermal systems insulation, surfacing VAF, or other miscellaneous	Amount (Specify SF or L)	Asbestos Type		
				Removal	Repair	Encapsulation
<b>Basement</b>	<b>x</b>	<b>Transite Panels</b>	<b>9 SF</b>	<b>x</b>		

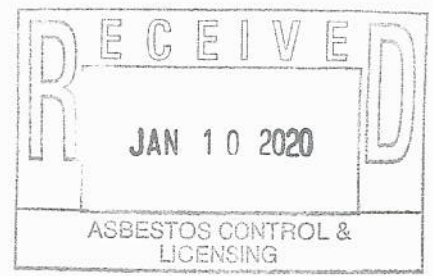
  

Name of Registered Waste Handler	Name of Registered Landfill
City/State	City/State
Completed by	Date
Signature	Date

\* Do not use this form for asbestos licensing exempted activities

PAGE # 2

1994 Springfield Avenue, Maplewood, NJ





CH5679

INV-17311

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

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JAN 10 2020	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 1/6/2020			Name of Building Owner/Operator (2) Rush & Davis Inc						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 201 Hooper Ave Suite 5A					
				City, State, Zip Code Toms River NJ 08753					
		Name of Contact Pat		Telephone Number 732 341 6451					
Name of Facility Where Abatement is Taking Place (3) Resident									
Street Address [REDACTED]			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.)						
City (5) Toms River			Square Feet # of Floors Bldg. Age						
County (6) Ocean			County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.						
Street Address			Name of Abatement Contractor (9) Anti Ice Abatement Contractors LLC						
City, State, Zip Code			Street Address 1212 Burlington Ave						
Project Manager for Monitoring Firm			City, State, Zip Code Belleville NJ 08005						
Telephone No.			Telephone No. 609-346-5916						
Start Date (10) 1/16/20			Scheduled Completion Date (11) 2/16/20						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor						
			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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	Enclosure
Outside				Sideg	1000 SF				
Name of Registered Waste Hauler WME LLC	NJDEP Waste Hauler ID No. 20947	Cubic Yards of Waste	Name of Registered Landfill HLM of PA						
State Delaware		Disposal Date TBD	City, State Wilmington PA						
Initiated by Joseph T. Hall	Title President	Signature [Signature]	Date 1/6/20						

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

RECEIVED	Print Form
JAN 10 2020	
ASBESTOS CONTROL & LICENSING	

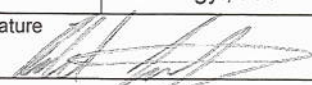
Date of Notification (1) 1/7/20 <i>Inv 17185</i>		Name of Building Owner/Operator (2) Engle Martin Associates	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type 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 390 Morris Ave. Bldg 1		City, State, Zip Code Summit, NJ 07901	
Name of Contact Jim Skahill		Telephone Number 973-229-5550	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Apartment Complex		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 390 Morris Ave. Bldg 1		Square Feet 1100	
City (5) Summit		# of Floors 1	Bldg. Age 65+/-
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Complex	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement
Street Address		Street Address 280 N. Midland Ave.	
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663	
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305
Start Date (10) 1/10/20	Scheduled Completion Date (11) 1/14/20	Name of OSHA Monitor	
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: 8 A.M to 4 P.M		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input 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)			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
1st FI Unit		x		Pipe Wrap	71 LF	x			

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1 YD	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Richard Cristofol		Title President	Signature 		Date 1/7/20



INV-17242

B &amp; G proj. #: 2020-13

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9828

Date of Notification (1) 01/10/2020		Name of Building Owner/Operator (2) County of Morris		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 10 2020 ASBESTOS CONTROL &amp; LICENSING </div>
Agencies Notified	Type Notification	Street Address P.O. Box 900		
<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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960		
		Name of Contact Dave Endly		
		Telephone Number 973-285-2895		

## FACILITY INFORMATION

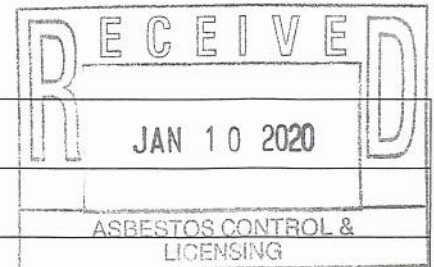
Name of facility where abatement is taking place (3) County Building			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 550 West Hanover Avenue			Square Feet		
City (5) Morris Township, NJ			County (6) Morris	County Code (7) (State use only)	# of Floors
			Bldg. Age		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm			Telephone Number (973)696-6869		License Number 00378
Sched. Start Date (10) 01/18/2020			Sched. Completion Date (11) 01/19/2020		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)				<input type="checkbox"/> wrap & cut <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure					
<input type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 lf				<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> Non-friable procedure					
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
corridor & 2 adjacent rooms			<input checked="" type="checkbox"/>	VAT (no mastic)	400 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 01/20/2020	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 01/08/2020



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



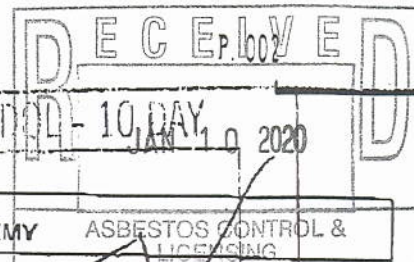
Date of Notification (1) 1-9-2020 <b>Inv-17240</b>		Name of Building Owner/Operator (2) FRIT		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JAN 10 2020  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified		Type Notification				Street Address 1626 E. JEFFERSON STREET			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code ROCKVILLE, MD 20852					
		Name of Contact RIC WOODIE		Telephone Number 301-998-8286					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) BRICK PLAZA #26 (FORMER HALLOWEEN STORE)				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 100 CEDERBRIDGE AVENUE				Square Feet 40,000					
City (5) BRICK				# of Floors 1					
County (6) OCEAN				Bldg. Age +/-50					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES		ASCM No. _____		Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES					
Street Address 700 TURNER WAY		Street Address 2251 FRALEY STREET							
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610-787-0402		Telephone No. 215-533-5155					
License No. 01166									
Start Date (10) 1-13-2020		Scheduled Completion Date (11) 2-28-2020		Name of OSHA Monitor VERTEX COMPANIES					
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 700 TURNER WAY					
				City, State, Zip Code ASTON, PA 19014					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MAIN FLOOR			X	MASTIC	40,000SF	X			
MAIN FLOOR			X	VAT	15,000SF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste _____		Name of Registered Landfill MINERVA			
City, State YARDLEY, PA				Disposal Date _____		City, State LIBSON, OH			
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS		Signature 		Date 1-9-2020			



JAN/07/2020/TUE 09:53 AM

Inv- 17186  
CK5860

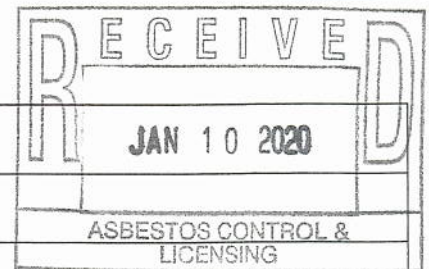
FAX No.

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

Date of Notification (1) 1-8-2020		Name of Building Owner/Operator (2) KIPP COOPER NORCROSS ACADEMY		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1600 N. 8TH STREET City, State, Zip Code CAMDEN, NJ 08104 Name of Contact DAVE MILLMAN Telephone Number 267-232-5745	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) CHARLES SUMNER PUBLIC SCHOOL (VACANT)				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1800 S. 8TH STREET				Square Feet 68,000	
City (5) CAMDEN				# of Floors 2	
County (6) CAMDEN				Bldg. Age 93	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL			ASCM No.		
Street Address 1253 N. CHURCH STREET			Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES		
City, State, Zip Code MOORESTOWN, NJ 08057			Street Address 2251 FRALEY STREET		
Project Manager for Monitoring Firm MICHAEL R. STOCKU			City, State, Zip Code PHILADELPHIA, PA 19137		
Telephone No. 856-840-8800			Telephone No. 215-533-5155		License No. 01166
Start Date (10) 1-9-20		Scheduled Completion Date (11) 1-13-20		Name of OSHA Monitor TTI 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 Other - Describe:				Street Address 1253 N. CHURCH STREET	
				City, State, Zip Code MOORESTOWN, NJ 08057	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> < 23 sf or < 23 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 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 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)	
		Yes No N/A		Amount (Specify SF or LF)	
attic corner closest to access hatch				ACPI 16LF	
attic corner closest to access hatch				ACPI 30LF	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	
City, State YARDLEY, PA		Disposal Date		Name of Registered Landfill MINERVA	
City, State LIBSON, OH		Signature		Date 1-7-20	
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS			



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



Date of Notification (1) 01-06-2020		Name of Building Owner/Operator (2) Victor Santos							
Agencies Notified	Type Notification	Street Address							
<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	[REDACTED] City, State, Zip Code Maplewood, NJ 07050							
		Name of Contact Victor Santos	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<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) Maplewood		Square Feet	# of Floors						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 1119 East Grand St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
			License No. 01206						
Start Date (10) 01-15-20		Scheduled Completion Date (11) 01-17-20							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Delfa Contracting LLC							
<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: 8:00am - 5:00pm		Street Address 1119 East Grand St.							
		City, State, Zip Code Elizabeth, NJ 07201							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	145 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Elizabeth, NJ			Disposal Date 01-17-20	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 01-06-2020			



CK 3297

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

Print Form

**RECEIVED**

JAN 10 2020

**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 1-5-2020		Name of Building Owner/Operator (2) New 1992 LLC C/O Dunkin's Donuts		Street Address 545 Chancellor Avenue		City, State, Zip Code Irvington, NJ 07111		Name of Contact Lester Petrianek		Telephone Number 1-732-725-8877	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 4000		# of Floors 2	
City (5) Maplewood, NJ 07040		County (6) Essex		County Code (7) (STATE USE ONLY)		Bldg. Age 75+		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.		Name of Abatement Contractor (9) Green Environmental Services, LLC					
Street Address				City, State, Zip Code		Street Address 235 Virginia Avenue		City, State, Zip Code Jersey City, NJ 07304		Telephone No. 201-333-8855	
Project Manager for Monitoring Firm				Telephone No.		License No. 01174		Name of OSHA Monitor Green Environmental Services, LLC			
Start Date (10) 1-15-2020		Scheduled Completion Date (11) 1-22-2020		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 235 Virginia Avenue		City, State, Zip Code Jersey City, NJ 07304			
Scope of Work (Check All That Apply)											
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" 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) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes No N/A						Removal Repair Encapsulate Enclosure			
Exterior				Shingle siding		4000 SF		x			
1st & 2nd Floor				Wall Plaster		1012 SF		x			
1st Floor				VAT		295 SF		x			
Basement				Pipe insulation		15 LF		x			
Name of Registered Waste Hauler Green Environmental Services				NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 10		Name of Registered Landfill Fairless Landfill			
City, State Jersey City, NJ				Disposal Date 1-22-2020		City, State Morrisville, PA					
Completed by Liliana Serrano				Title Office Manager		Signature <i>Liliana Serrano</i>		Date 1-5-2020			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:126)

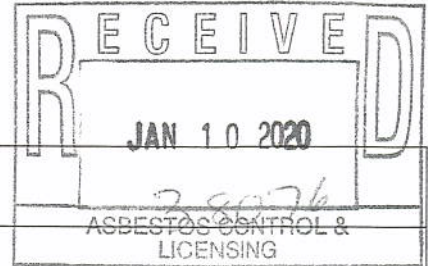
RECEIVED	Print Form
	JAN 10 2020
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 1-5-2020		Name of Building Owner/Operator (2) New 1992 LLC C/O Dunkin's Donuts							
Agencies Notified	Type Notification	Street Address 545 Chancellor Avenue							
<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 Irvington, NJ 07111							
		Name of Contact Lester Petrianek	Telephone Number 1-732-725-8877						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 1994 Springfield Avenue		Square Feet 2200	# of Floors 1						
City (5) Maplewood, NJ 07040		Bldg. Age 75+							
County (6) Essex	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855						
			License No. 01174						
Start Date (10) 1-15-2020	Scheduled Completion Date (11) 1-22-2020	Name of OSHA Monitor Green Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 235 Virginia Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Jersey City, NJ 07304							
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		Shingle siding	2000 SF	x			
Roof		x		Roofing Material	1468 SF	x			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ			Disposal Date 1-22-2020	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>		Date 1-5-2020				



Inv-17182  
CK 38076

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



Date of Notification (1) 01 / 07 / 20		Name of Building Owner/Operator (2) Sheri Skoloff	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code West Orange, NJ 07052	
		Name of Contact Sheri Skoloff	Telephone Number [REDACTED]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) West Orange	Square Feet 4000	# of Floors 2	Bldg. Age 100
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	
Street Address 1889 Rte. 9, Unit 61		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
City, State, Zip Code Toms River, New Jersey 08755		Street Address 1889 Route 9, Unit 61	
Project Manager for Monitoring Firm Nicholas Fernicola		City, State, Zip Code Toms River, New Jersey 08755	
Telephone No. 732-349-9932		Telephone No. 732-349-9932	
Start Date (10) 01 / 07 / 20		License No. 00624	
Scheduled Completion Date (11) 01 / 08 / 20		Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

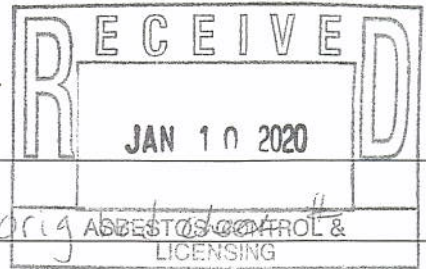
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" 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
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 01/08/20		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature [Signature]		Date 1/7/20	



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:16)



Date of Notification (1) 01 / 02 / 20		Name of Building Owner/Operator (2) ULA 211 Properties, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1069 East 9 <sup>th</sup> Street City, State, Zip Code Brooklyn, NY 11230 Name of Contact Avi Telephone Number 646-946-2748							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 4000							
City (5) Bradley Beach		# of Floors 2	Bldg. Age 70						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 01 / 09 / 20	Scheduled Completion Date (11) 01 / 17 / 20	Name of OSHA Monitor E.M.S.L. Analytical							
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 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roofing	4150 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 10	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 01/17/20		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 1/2/20			



PAID

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

Check#2597

Inv 17229

<b>RECEIVED</b>	
JAN 10 2020	
ASBESTOS CONTROL & LICENSE	
Telephone Number	732-413-5435

Date of Notification (1) <b>01/02/2020</b>		Name of Building Owner / Operator (2) <b>Structure Design Build LLC</b>	
Agencies Notified	Type Notification	Street Address <b>436 River Street</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Oceanport NJ 07757</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Kevin Calver Sr</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED] <b>07720</b>			Square Feet <b>2000</b>		
City (5) <b>Bradley Beach</b>			# of Floors <b>2</b>		Bldg. Age <b>50+</b>
County (6) <b>Monmouth</b>			Current Use (Prior if being demolished) <b>Residence</b>		
County Code (7)					
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9) <b>Alpha Environmental LLC</b>		
Street Address			Street Address <b>PO Box 8297</b>		
City, State & Zip Code			City, State & Zip Code <b>Trenton NJ</b>		
Project Manager for Monitoring Firm			Telephone Number <b>609-847-2956</b>		License Number <b>01222</b>
Scheduled Start Date (10) <b>01/11/2020</b>		Scheduled Completion Date (11) <b>01/13/2020</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>200 Route 130 North</b>		
			City, State & Zip Code <b>Cinnaminson NJ 08077</b>		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input checked="" 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
<b>1st and 2nd Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Duct (Wrap and Cut)</b>	<b>120ft (wrap and Cut)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>various</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>		Date <b>01/02/2020</b>