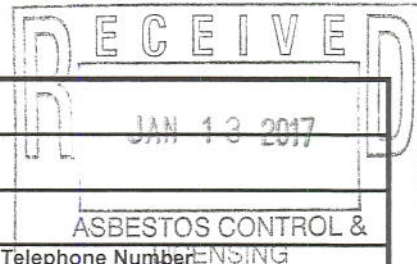


STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)



Date of Notification (1) 01 / 03 / 17		Name of Building Owner / Operator (2) First Energy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Street Address 76 South Street City, State, Zip Code Akron, Ohio 44308	
Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input checked="" type="checkbox"/> Cancellation		Name of Contact Jim Halsey	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Street Address 315 EAST MAIN STREET			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) WRIGHTSTOWN	County (6) BURLINGTON	County Code (7)	Square Feet	# Of Floors	Building Age
			Current Use (Prior if being demolished) Telephone Pole		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 West Shore Trail			Street Address 32 Williams Parkway		
City, State, Zip Code Sparta, NJ 07871			City, State, Zip Code East Hanover, NJ 07036		
Project Mngr. For Monitoring Firm Dino Nappi			Telephone Number 212-682-9271		
Scheduled Start Date (10) 01 / 17 / 17		Sched. Completion Date (11) 01 / 19 / 17		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07036		

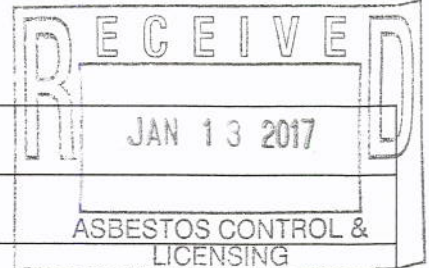
Scope of Work (Check All That Apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Demolition              | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> ≥3sf or ≥3lf |  | <input type="checkbox"/> Mini - Enclosure                                      |
| <input type="checkbox"/> ≥160 sf or ≥260 lf      |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior Telephone Pole	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Transite Conduit	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"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.			
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105				
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature 		Date 01/10/17		

MD# 24051457225

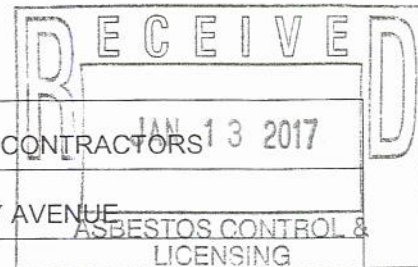
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 01/09/17		Name of Building Owner/Operator (2) Lamar Ruffin							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" 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 Bergenfield, NJ							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lamar Ruffin		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	# of Floors						
City (5) Bergenfield, NJ		Bldg. Age							
County (6) Bergen County	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) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 01/19/17	Scheduled Completion Date (11) 02/02/17	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1600 ROUTE EAST SUITE 107							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Basement				VAT	250Sq	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State HILLSIDE, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager	Signature 	Date 01/09/17					



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



**NOCK**

Date of Notification (1) <b>JANUARY 11, 2017</b>		Name of Building Owner/Operator (2) <b>A.B. KURRE CONTRACTORS</b>	
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 checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>26 BRADLEY AVENUE</b> City, State, Zip Code <b>OCEANPORT, NJ 07757</b>	
		Name of Contact <b>ALLEN KURRE</b>	Telephone Number

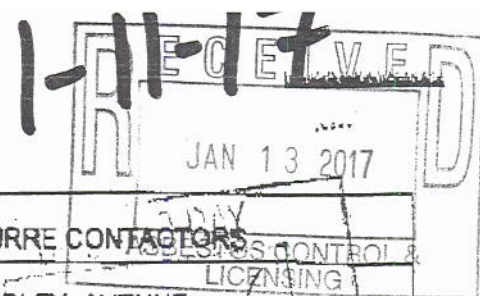
Name of Facility Where Abatement is Taking Place (3) <b>WOODBROOK SCHOOL</b>		Type of Facility (4)	
Street Address <b>15 ROBIN ROAD</b>		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>EDISON, NJ 08820</b>	Square Feet <b>N/A</b>	# of Floors <b>N/A</b>	Bldg. Age <b>N/A</b>
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A OUTSIDE UNDERGROUND WORK</b>		Name of Abatement Contractor (9) <b>EPC TECHNOLOGIES, INC</b>	
Street Address		Street Address <b>P.O. BOX 337</b>	
City, State, Zip Code		City, State, Zip Code <b>NEW EGYPT, NJ 08533</b>	
Project Manager for Monitoring Firm		Telephone No. <b>609-758-3365</b>	License No. <b>00394</b>
Start Date (10) <b>JANUARY 11, 2017</b>	Scheduled Completion Date (11) <b>JANUARY 11, 2017</b>	Name of OSHA Monitor <b>EPC TECHNOLOGIES, INC.</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>P.O. BOX 337</b>	
<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: <b>NORMAL HOURS, OUTSIDE UNDERGROUND WORK</b>		City, State, Zip Code <b>NEW EGYPT, NJ 08533</b>	

Scope of Work (Check All That Apply)				
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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) <b>TO BE ABATED</b> 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
<b>OUTSIDE - SEWER PIPE</b>		<b>6" TRANSITE CEMENT PIPE</b>	<b>60-70 LF</b>	<input checked="" type="checkbox"/>

Name of Registered Waste Hauler <b>EPC TECHNOLOGIES, INC</b>	NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>WASTE MANAGEMENT OF PA</b>
City, State <b>NEW EGYPT, NJ</b>		Disposal Date <b>JAN 11, 2017</b>	City, State <b>MORRISVILLE, PA</b>
Completed by <b>STEVE SCHENKER</b>	Title <b>PRESIDENT</b>	Signature <i>Steve Schenker</i>	Date <b>JAN 11, 2017</b>

HAWK was changed and the Hauler





# Emergency

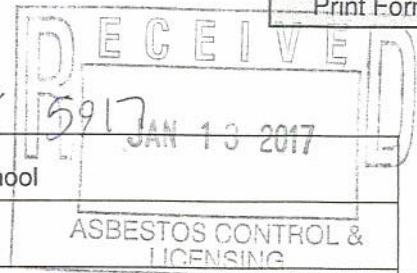
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:12D)

Date of Notification (1) <b>JANUARY 4, 2017</b>		Name of Building Owner/Operator (2) <b>A.B. KURRE CONTRACTORS</b>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>26 BRADLEY AVENUE</b>							
		City, State, Zip Code <b>OCEANPORT, NJ 07757</b>							
		Name of Contact <b>ALLEN KURRE</b>	Telephone Number <b>609-755-3365</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>WOODBROOK SCHOOL</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>15 ROBIN ROAD</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
City (5) <b>EDISON, NJ 08820</b>		Bldg. Age <b>N/A</b>							
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A OUTSIDE UNDER GROUND WORK</b>		Name of Abatement Contractor (9) <b>EPC TECHNOLOGIES, INC</b>							
Street Address		Street Address <b>P.O. BOX 337</b>							
City, State, Zip Code		City, State, Zip Code <b>NEW EGYPT, NJ 08533</b>							
Project Manager for Monitoring Firm		Telephone No. <b>609-755-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>JANUARY 11, 2017</b>	Scheduled Completion Date (11) <b>JANUARY 12, 2017</b>	Name of OSHA Monitor <b>EPC TECHNOLOGIES, INC</b>							
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: <b>NORMAL HOURS - OUTSIDE UNDERGROUND WORK</b>		Street Address <b>P.O. BOX 337</b>							
		City, State, Zip Code <b>NEW EGYPT, NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥250 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 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
<b>OUTSIDE-SEWER PIPE</b>			<b>X</b>	<b>6" TRANSITE CEMENT PIPE</b>	<b>286 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>SAKOUTIS BROTHERS DISPOSAL INC.</b>		NJDEP Waste Hauler ID No. <b>21243</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>WASTE MANAGEMENT OF PA</b>					
City, State <b>COLTS NECK, NJ</b>		Disposal Date <b>01/12/17</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>STEVE SCHENKER</b>		Title <b>PRESIDENT</b>	Signature <i>Steve Schenker</i>			Date <b>01/04/17</b>			



Emergency

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



Date of Notification (1) 1/10/17		Name of Building Owner/Operator (2) Greater Egg Harbor Regional High School							
Agencies Notified	Type Notification	Street Address 1824 Dr. Dennis Foreman Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mays Landing NJ 08330							
		Name of Contact Thomas Grossi	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Oakcrest High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1824 Dr. Dennis Foreman Drive		Square Feet 10000+	# of Floors 1						
City (5) Mays Landing NJ 08330		Bldg. Age 35+							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address PO Box 167		Street Address PO Box 329							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/11/16	Scheduled Completion Date (11) 1/12/16	Name of OSHA Monitor Same							
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 <input type="checkbox"/> Other - Describe: After 3:30 Pm		Street Address							
		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 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
woodshop		X		12 Asbestos elbows	12 lf	X			
				Wet wrap & Cut					
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill ACUA					
City, State West Berlin NJ			Disposal Date TBD	City, State Egg Harbor Twp NJ 08234					
Completed by Anthony T Perna		Title President	Signature 			Date 1/10/17			

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

Check # 11446

Date of Notification (1) <b>January 10, 2017</b>		Name of Building Owner / Operator (2) <b>AtlantiCare Regional Medical Center</b>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   <b>JAN 13 2017</b>   <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
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 Amendment # _____ <input type="checkbox"/> Cancellation	<b>1925 Pacific Avenue</b>  City, State & Zip Code <b>Atlantic City, NJ 08401</b>		
		Name of Contact <b>William Malazita</b>		


**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>AtlantiCare Regional Medical Center</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, home, etc.)	
Street Address <b>1925 Pacific Avenue</b>		Square Feet	# of Floors
City (5) <b>Atlantic City, NJ</b>		Bldg. Age <b>118 Years</b>	
County (6) <b>Atlantic</b>		Current Use (Prior if being demolished) <b>Hospital</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting, Inc.</b>		ASCM No.	
Street Address <b>1600 Route 22 East, Ste 107</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Union, NJ 07083</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Scheduled Start Date (10) <b>January 20, 2017</b>	Scheduled Completion Date (11) <b>February 20, 2017</b>	Telephone Number <b>908-688-7800</b>	License Number <b>00817</b>
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 <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Telephone Number <b>609-296-6916</b>	
		Name of OSHA Monitor <b>Synatech, Inc.</b>	
		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input 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) <b>TO BE ABATED IN Facility (13)</b>	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>East Building, South Basement, HVAC Unit</b>			<b>X</b>	<b>Pipe Fittings / Insulation</b>	<b>35 LF</b>	<b>X</b>			

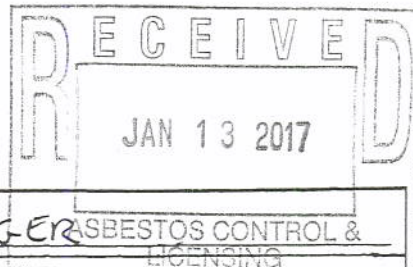
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>February 21, 2017</b>		City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 		Date <b>January 10, 2017</b>	

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



CK # 4151

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

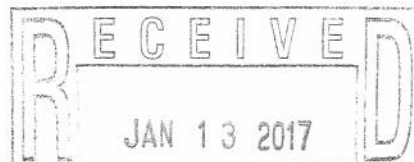


Date of Notification (1) <u>1-18-17</u>		Name of Building Owner/Operator (2) <u>MASSURIA BURGERS</u>		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address _____ City, State, Zip Code <u>OCEAN VIEW, N.J. 08230</u> Name of Contact <u>RICH</u>					
				Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address _____									
City (5) <u>SEA ISLE CITY</u>				Square Feet <u>2000</u>	# of Floors <u>2</u>				
				Bldg. Age <u>40+</u>					
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____		Name of Abatement Contractor (9) <u>Klemco Inc</u>					
Street Address _____				Street Address <u>369 S. SPRUCE AVE</u>					
City, State, Zip Code _____				City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>					
Project Manager for Monitoring Firm _____		Telephone No. _____		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>				
Start Date (10) <u>1-19-17</u>		Scheduled Completion Date (11) <u>1-26-17</u>		Name of OSHA Monitor _____					
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 _____					
				City, State, Zip Code _____					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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)  <u>SIDING</u>	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) <u>1500 sf</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
			<u>X</u>	<u>TRAW SITE</u>	<u>1500 sf</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste _____		Name of Registered Landfill <u>C.M.C. M.U.A</u>			
City, State <u>MAPLE SHADE N.J.</u>				Disposal Date _____		City, State <u>WOODBINE N.J.</u>			
Completed By <u>MICHAEL KLEMM</u>		Title <u>V/PR</u>		Signature <u>[Signature]</u>		Date <u>1-18-17</u>			



CK 4151

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

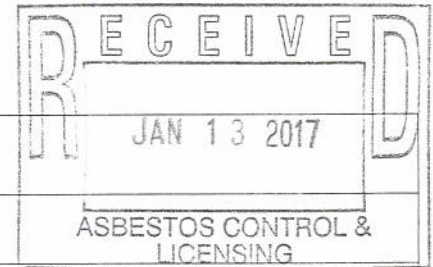


Date of Notification (1) <b>1-8-17</b>		Name of Building Owner/Operator (2) <b>HALLIDAY &amp; LONKARD</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>700 HAVEN AVE</b>	
		City, State, Zip Code <b>OCEAN CITY N.J. 08226</b>	
		Name of Contact <b>SAUE</b>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
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 _____			
City (5) <b>OCEAN CITY</b>	Square Feet <b>1000</b>	# of Floors <b>1</b>	Bldg. Age <b>50+</b>
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>KLEMCO INC.</b>	
Street Address _____		Street Address <b>369 S. SPRUCE AVE</b>	
City, State, Zip Code _____		City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>	
Project Manager for Monitoring Firm _____		Telephone No. <b>856-779-0472</b>	License No. <b>00444</b>
Start Date (10) <b>1-18-17</b>	Scheduled Completion Date (11) <b>1-25-17</b>	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
		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"/> 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) <b>TO BE ABATED</b> IN Facility (13) <b>SIDING</b>	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) <b>TRANSITE</b>
	<b>X</b>		
			Amount (Specify SF or LF) <b>1500 SF</b>
			Abatement Type Removal Repair Encapsulate Enclosure <b>X</b>
Name of Registered Waste Hauler <b>KLEMCO INC.</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>3</b>
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date _____	Name of Registered Landfill <b>C.M.C.M.U.A</b>
Completed By <b>MICHAEL KLEMM</b>		Title <b>SUP.</b>	Signature <i>[Signature]</i>
			Date <b>1-8-17</b>



CK 3655

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

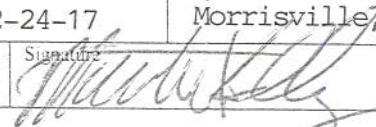


Date of Notification (1) 1 / 10 / 17		Name of Building Owner/Operator (2) General Growth Properties		JAN 13 2017						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>110 N. Whacker Drive</b> City, State, Zip Code <b>Chicago, IL 60606</b> Name of Contact <b>Kelly Webb</b>						
				Telephone Number ASBESTOS CONTROL & LICENSING						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Woodbridge Center Mall</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>250 Woodbridge Center Drive</b>										
City (5) <b>Woodbridge, NJ 07095</b>				Square Feet <b>1,633,000</b>	# of Floors <b>2</b>					
				Bldg. Age <b>45</b>						
County (6) <b>Middlesex</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Commercial</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>3370 Progress Drive, Suite J</b>				Street Address <b>623 Cutler Avenue</b>						
City, State, Zip Code <b>Bensalem, PA 19020</b>				City, State, Zip Code <b>Maple Shade, NJ 08052</b>						
Project Manager for Monitoring Firm <b>Michael Panepresso</b>		Telephone No. <b>215-244-1300</b>		Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>					
Start Date (10) 1 / 19 / 17		Scheduled Completion Date (11) 1 / 25 / 17		Name of OSHA Monitor <b>Criterion Laboratories, Inc.</b>						
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 Time of Abatement: _____AM-_____PM/ <b>10:00PM-7:00AM</b>				Street Address <b>3370 Progress Drive, Suite J</b>						
				City, State, Zip Code <b>Bensalem, PA 19020</b>						
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 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
Tenant Space 2675		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yellow Glue a/w White Floor Tile	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Space 2675		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Black Tar a/w Fiberglass Fittings	6 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"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Freehold, NJ</b>				Disposal Date <b>1/25/2017</b>	City, State <b>Newburg, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 			Date <b>1/10/17</b>			



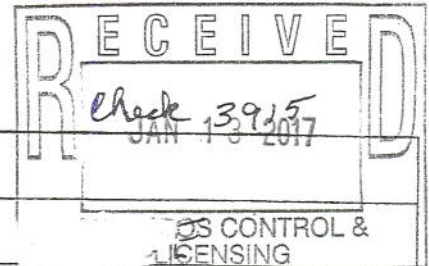
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*Check # 13487*

Date of Notification (1) <b>1-10-17</b>		Name of Building Owner/Operator (2) <b>Open Bible Baptist Church</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  <b>JAN 13 2017</b> </div>					
Agencies Notified	Type Notification	Street Address <b>1073 New Brooklyn Road</b>							
<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 <b>Williamstown, NJ 08094</b>							
		Name of Contact <b>Steven Beppel</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Open Bible Baptist Church</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>1073 New Brooklyn Road</b>									
City (5) <b>Williamstown</b>				Square Feet <b>40,000</b>	# of Floors <b>1</b>				
County (6) <b>Gloucester</b>				County Code (7) (STATE USE ONLY) _____	Bldg. Age <b>50yrs.</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental, Inc.</b>			ASCM No. _____	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>					
Street Address <b>411 Southgate Court, Suite E</b>				Street Address <b>923 Haws Avenue</b>					
City, State, Zip Code <b>Mickleton, NJ 08056</b>				City, State, Zip Code <b>Norristown, PA 19401</b>					
Project Manager for Monitoring Firm <b>Jack Carney</b>			Telephone No. <b>856-224-0080</b>	Telephone No. <b>610-239-9920</b>	License No. <b>00398</b>				
Start Date (10) <b>1-24-17</b>		Scheduled Completion Date (11) <b>2-24-17</b>		Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address <b>923 Haws Avenue</b>					
				City, State, Zip Code <b>Norristown, PA 19401</b>					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) <b>TO BE ABATED</b>	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
<b>Basement</b>		<b>X</b>		<b>VAT &amp; mastic</b>	<b>300 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS</b>				
City, State <b>Voorhees, NJ</b>				Disposal Date <b>2-24-17</b>	City, State <b>Morrisville, PA</b>				
Completed by <b>Matthew Kelly</b>		Title <b>Secretary</b>		Signature 		Date <b>1-10-17</b>			



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



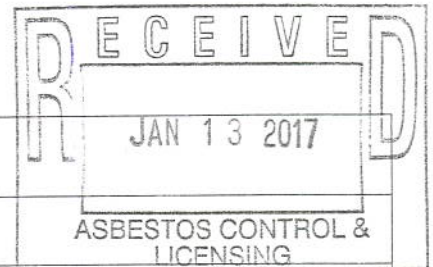
Date of Notification (1) <b>1-9-2017</b>		Name of Building Owner/Operator (2) <b>M. TOMASULO</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>EAST ORANGE, NJ 07017</b>	
		Name of Contact <b>M. TOMASULO</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>M. TOMASULO</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			
City (5) <b>EAST ORANGE</b>		Square Feet <b>2400</b>	# of Floors <b>3</b>
County (6) <b>ESSEX</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>116 YRS</b>
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) <b>RESIDENCE</b>	
Street Address		Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
City, State, Zip Code		Street Address <b>450 South River St</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Telephone No.		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>1-19-2017</b>	Scheduled Completion Date (11) <b>1-19-2017</b>		
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: <b>8AM - 5 PM</b>		Name of OSHA Monitor <b>Omega Environmental</b>	
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <b>280 Huyler St</b>	
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>BASEMENT</b>	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) <b>THERMAL INSULATION</b>		
	Amount (Specify SF or LF) <b>65 LF</b>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3/4 YD</b>
City, State <b>Hackensack, N.J. 07601</b>		Name of Registered Landfill <b>Minerva Enterprises, LLC</b>	
Completed by <b>R. VELDRAAN</b>		Disposal Date <b>1-19-17</b>	
Title <b>Estimator</b>	Signature <i>R. Veldraan</i>		City, State <b>Waynesburg, Oh, 44688</b>
		Date <b>1-9-17</b>	

ASB-41

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



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

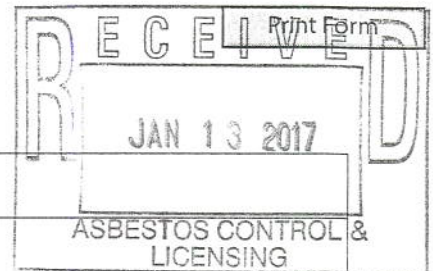


Date of Notification (1) <u>1</u> / <u>10</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Transfiguration of the Lord Parish</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>23 South Fifth Avenue</b> City, State, Zip Code <b>Highland Park, NJ 08904</b>							
		Name of Contact <b>Father Abraham Lotha</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Guardian Angels Church</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>23 South Fifth Avenue</b>									
City (5) <b>Highland Park</b>	Square Feet <b>10,000</b>	# of Floors <b>2</b>	Bldg. Age <b>80</b>						
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Church</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
Street Address <b>1253 N. Church Street</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Mike Stocku</b>	Telephone No. <b>609-304-3969</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>						
Start Date (10) <u>1</u> / <u>23</u> / <u>17</u>	Scheduled Completion Date (11) <u>2</u> / <u>3</u> / <u>17</u>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching Insulation	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	50 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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>2/3/2017</b>		City, State <b>Newburg, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>	Title <b>Vice President of Operations</b>			Signature 			Date <b>1/10/17</b>		



CK 5217

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

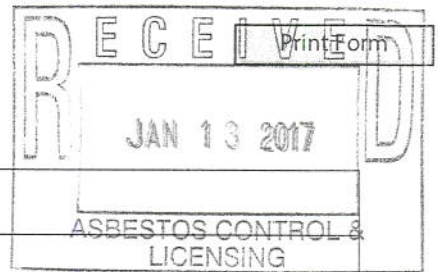


Date of Notification (1) – 1/9/17		Name of Building Owner/Operator (2) Kali Romanow							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brick, NJ							
		Name of Contact Ray Brennan	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED] Brick		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]									
City (5) Brick		Square Feet	# of Floors						
		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 1/12/17	Scheduled Completion Date (11) 1/16/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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	Enclosure
INTERIOR				Drywall	150SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 1/16/17	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 1/9/17			



CK 5219

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

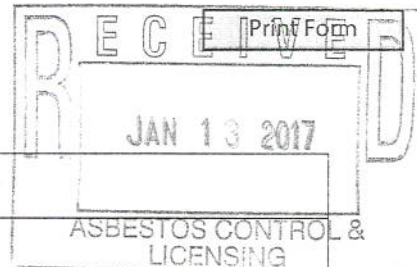


Date of Notification (1) 1/9/17		Name of Building Owner/Operator (2) RAMIL ABREU		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
City, State, Zip Code NORTH BRUNSWICK, NJ		Name of Contact RAMIL		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3)			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			Square Feet		
City (5) NORTH BRUNSWICK			# of Floors		
County (6) MIDDLESEX			Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) home		
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS		
Street Address			Street Address 6 WHITE DOVE COURT		
City, State, Zip Code			City, State, Zip Code LAKEWOOD, NJ 08701		
Project Manager for Monitoring Firm			Telephone No. 732-668-9078		
Start Date (10) 1/19/17			License No. 1200		
Scheduled Completion Date (11) 1/23/17			Name of OSHA Monitor AAA LEAD PROFESSIONALS		
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:			Street Address 6 WHITE DOVE COURT		
			City, State, Zip Code LAKEWOOD, NJ 08701		
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)
	Yes	No	N/A		
INTERIOR				Cement board	150SF
INTERIOR				Duct wrap	10LF
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 5	
City, State NEWARK, NJ		Disposal Date 1/23/17		Name of Registered Landfill IESI	
City, State BETHLEHEM PA		Signature		Date 1/9/17	
Completed by JOSEPH PERLSTEIN		Title OWNER			



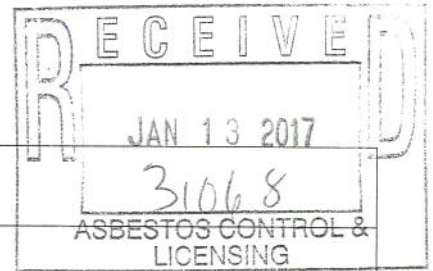
CK 5219

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



Date of Notification (1) 1/9/17		Name of Building Owner/Operator (2) ZAPCO REALTY							
Agencies Notified	Type Notification	Street Address 40 Kew Gardens Dr							
<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 Lakewood, NJ 08701							
		Name of Contact MEIR	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED] NEPTUNE		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	# of Floors						
City (5) NEPTUNE		Bldg. Age							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 1/19/17	Scheduled Completion Date (11) 1/23/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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 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				Siding	2000SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 1/23/17	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 1/9/17			

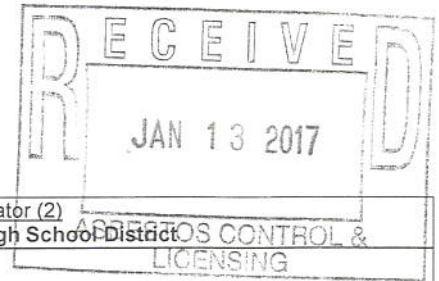
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>01 / 09 / 17</b>		Name of Building Owner/Operator (2) <b>EHM Builders</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>25 A Crocus Lane</b>							
		City, State, Zip Code <b>Whiting, NJ 08759</b>							
		Name of Contact <b>Sam Reynolds</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>4581 Route 27</b>									
City (5) <b>Kingston</b>		Square Feet <b>2000 sf</b>	# of Floors <b>2</b>						
County (6) <b>Somerset</b>		County Code (7)(STATE USE ONLY)	Bldg. Age <b>80</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>	Telephone No. <b>732-349-9932</b>	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>01 / 10 / 17</b>	Scheduled Completion Date (11) <b>01 / 11 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. 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 Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
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 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) <b>TO BE ABATED IN Facility (13)</b>	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
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>abestos pipe insulation</b>	<b>115 lf</b>	<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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>01/12/17</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>1/9/17</b>			



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



Date of Notification (1) 1/9/17 <i>ck # 26645</i>		Name of Building Owner/Operator (2) Delaware Valley Regional High School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 19 Senator Stout Road		City, State, Zip Code Frenchtown, NJ 08825	
Name of Contact Mrs. Daria Wasserbach		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Delaware Valley Regional High 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.) Sq. Feet: # of Floors: Bldg. Age: 1960's Current Use (prior if being demolished): High School	
Street Address 19 Senator Stout Road			
City (5) Frenchtown	County (6) Hunterdon	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	
Street Address		Name of Contractor (9) Panoramic Window & Door Systems Inc.	
City, State, Zip Code		Street Address 712 Sergeantsville Road	
Project Manager for Monitoring Firm		City, State, Zip Code Stockton, NJ 08559	
Telephone Number		Telephone Number P (732)926-0900	License Number 01237
Scheduled Start Date (10) 01/13/17		Scheduled Completion Date (11) 01/15/17	
Name of OSHA Monitor IAQ GURU 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 - Describe  <input type="checkbox"/> Other - Describe:		Street Address 87 Main Street	
		City, State, Zip Code Lincoln Park, NJ 07035	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF) 410 LF
Abatement Type Remove Repair Encap Enclose			
Exterior of Building In gym corridor NW Corner		Window Glaze & Caulk	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Landfill
Disposal Date		City, State Easton, PA	
Completed by (Print or Type) Mark M Jovic	Title Project Manager	Signature <i>[Signature]</i>	Date 1/9/17