

CK# 4978

INV#17532 PAID

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

JAN 23 2020

Date of Notification (1) <b>1-11-20</b>		Name of Building Owner/Operator (2) <b>JOHNATHAN HANCOX EXCAVATING</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. BOX 198</b>						
		City, State, Zip Code <b>CAPE MAY COURT HOUSE</b>						
		Name of Contact <b>JOHN</b>	Telephone Number <b>609-780-3810</b>					
<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 [REDACTED]								
City (5) <b>AVALON</b>	Square Feet <b>1500</b>	# of Floors <b>2</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>	ASCM No.	Name of Abatement Contractor (9) <b>KLEWCO 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>401371</b>					
Start Date (10) <b>1-21-20</b>	Scheduled Completion Date (11) <b>1-31-20</b>	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"/> $\geq 3$ 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) 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
<b>SIDING</b>			<b>X</b>	<b>TRANSITE</b>	<b>1750 SF</b>	<b>X</b>		
Name of Registered Waste Hauler <b>KLEWCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>C.M.C.M.U.A</b>				
City, State <b>MAPLE SHADE N.J</b>		Disposal Date	City, State <b>WOODBINE</b>					
Completed By <b>MICHAEL KLEW</b>		Title <b>SUP.</b>	Signature <b>Michael Klew</b>			Date <b>1-11-20</b>		



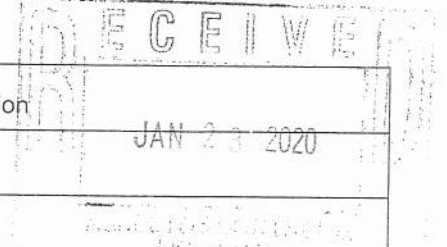
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
JAN 23 2020

Date of Notification (1) 12/26/2019		Name of Building Owner/Operator (2) Leisure Village Association						
Agencies Notified	Type Notification	Street Address 19 Buckingham 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 checked="" type="checkbox"/> Amended Amendment #01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 0870						
		Name of Contact Tom Claus	Telephone Number (732) 367-0630					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Dorchester Hall		Type of Facility (4)						
Street Address Dorchester Drive Leisure Village		<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) Lakewood, NJ 08701		Square Feet 20000	# of Floors 1					
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 60 +/-					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.					
Street Address PO Box 341		Street Address PO Box 322						
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501						
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688					
Start Date (10) 1/9/2020		Scheduled Completion Date (11) 1/31/2020	License No. 00493					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor MECS						
<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 PO Box 341						
		City, State, Zip Code Chesterfield, NJ 08515						
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 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
Billiards Room		X		VAT/Mastic	3350 sf	X		
Name of Registered Waste Hauler Stevens Environmental		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ			Disposal Date 1/31/2020	City, State Morrisville, PA				
Completed by Mahlon E. Stevens		Title Project Manager	Signature	Date 1/18/2020				

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

Check # 26045



Date of Notification (1) 12/26/2019		Name of Building Owner/Operator (2) Leisure Village Association							
Agencies Notified	Type Notification	Street Address 19 Buckingham Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Tom Claus	Telephone Number (732) 367-0630						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Dorchester Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Dorchester Drive Leisure Village		Square Feet 20000	# of Floors 1						
City (5) Lakewood, NJ 08701		Bldg. Age 60 +/-							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
Start Date (10) 1/9/2019		Scheduled Completion Date (11) 1/20/2020	License No. 00493						
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 MECS							
		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Billiards Room		X		VAT /Mastic	3350 sf	X			
Name of Registered Waste Hauler Stevens Environmental		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 1/20/2020		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 12/30/2019			



Approved by: Tom Voorhees, No 006  
**PAID**

Inv# 17381

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

Chk # 3666

Date of Notification (1) <u>1</u> / <u>14</u> / <u>20</u>		Name of Building Owner/Operator (2) <b>St Francis Medical Center</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>601 Hamilton Ave</b>							
		City, State, Zip Code <b>Trenton NJ 08629</b>							
		Name of Contact <b>Rita Gelli</b>	Telephone Number <b>609-599-5000</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>St Francis 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 and commercial buildings, homes, etc.)							
Street Address <b>601 Hamilton Ave</b>									
City (5) <b>Trenton</b>		Square Feet <b>70,000</b>	# of Floors <b>3</b>						
		Bldg. Age <b>60+</b>							
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Hospital</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental Inc</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>617 Stokes Road</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Medford, NJ 08055</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Mark Rubinitz</b>		Telephone No. <b>888-715-2211</b>	License No. <b>00509</b>						
Start Date (10) <u>1</u> / <u>14</u> / <u>20</u>	Scheduled Completion Date (11) <u>1</u> / <u>14</u> / <u>20</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, 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 - Describe Time of Abatement: <u>AM-1:00PM-8:00PM</u> - <u>AM</u>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <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
Pharmacy - 1 <sup>st</sup> Floor A Bldg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	15 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 <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>1 Cu Yd</b>	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>					
City, State <b>BRISTOL, PA</b>		Disposal Date <b>1/14/20</b>		City, State <b>FAIRLESS HILLS, PA</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>1-14-20</b>			



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

Check#2600

Date of Notification (1) <b>01/13/2020</b>		Name of Building Owner / Operator (2) <b>Trenton State College Corporation</b>	
Agencies Notified	Type Notification	Street Address <b>P O Box 7718</b>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED  JAN 23 2020 </div>
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Ewing NJ 08628-0718</b>	
		Name of Contact <b>Scott Allen</b>	
		Telephone Number <b>609-771-3312</b>	

**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]			Square Feet <b>1,600</b>		
City (5) <b>Ewing</b>			County (6) <b>Mercer</b>		County Code (7)
			# of Floors <b>2</b>		Bldg. Age <b>50+</b>
			Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) <b>Alpha Environmental LLC</b>		
City, State & Zip Code			Street Address <b>PO Box 8297</b>		
Project Manager for Monitoring Firm			Telephone Number		License Number
Scheduled Start Date (10) <b>01/22/2020</b>			Scheduled Completion Date (11) <b>01/22/2020</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"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

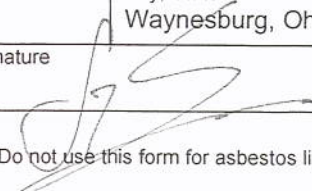
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation / Fittings</b>	<b>110 LF</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>01/13/2020</b>



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

check # 3687

Date of Notification (1) 01/14/2020		Name of Building Owner/Operator (2) CBRE		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JAN 23 2020 </div>					
Agencies Notified	Type Notification	Street Address 2 Tower Center Blvd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Brunswick, NJ 08816							
		Name of Contact Mr. Moshe Stern							
		Telephone Number (732) 509-2800							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Warehouse Building				Type of Facility (4)					
Street Address 561 Bay Avenue				<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) Elizabeth				Square Feet 200,000	# of Floors 1				
County (6) Union				County Code (7) (STATE USE ONLY) _____	Bldg. Age 65				
Name of Monitoring Firm Hired by Building Owner (8) Pennoni				Name of Abatement Contractor (9) Sky Contracting, LLC					
Street Address 515 Grove Street, Suite 1B				Street Address 1385 Valley Road, Suite K					
City, State, Zip Code Haddon Heights, NJ 08035				City, State, Zip Code Wayne, New Jersey 07470					
Project Manager for Monitoring Firm Mr. Alan Lloyd				Telephone No. (856) 656-2875	License No. 00874				
Start Date (10) 01/28/2020		Scheduled Completion Date (11) 02/28/2020		Name of OSHA Monitor Sky Contracting, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 1385 Valley Road, Suite K					
<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 Wayne, New Jersey 07470					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <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
Bay 3, Kitchen & Bathroom		x		Floor Tile & Mastic	500 SF	x			
Bay 3, Kitchen, Bottom		x		Floor Tile & Mastic	140 SF	x			
Bay 3, Back Office, Bottom		x		Floor Tile & Mastic	110 SF	x			
Troughout		x		Duct Seam Caulk	90 LF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware				Disposal Date TBD	City, State Waynesburg, Ohio				
Completed by Ljiljana Sekularac		Title Office Assistant		Signature 		Date 01/14/2020			



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


RECEIVED

CK4007 INV#17535 PAID

Date of Notification (1) 01/16/2020		Name of Building Owner/Operator (2) Residence		JAN 23 2020					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Jersey City, NJ 07306 Name of Contact Jeanette Rotondo					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)					
Street Address				<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) Jersey City				Square Feet 1,455	# of Floors 3				
				Bldg. Age 119					
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.		Name of Abatement Contractor (9) Brinks Tank Services					
Street Address PO Box 354				Street Address 1256 Liberty Avenue					
City, State, Zip Code South Orange, NJ 07079				City, State, Zip Code Hillside, NJ 07205					
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666		Telephone No. 844-462-7465	License No. 01316				
Start Date (10) 01/31/2020		Scheduled Completion Date (11) 02/07/2020		Name of OSHA Monitor A. Seine Lighthouse Solutions					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 354					
<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 South Orange, NJ 07079					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) <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		X		Pipe Wrap	20 LF	X			
BASEMENT		X		Floor Tile	510 SF	X			
BASEMENT		X		Carpet	360 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill				
City, State East Orange, NJ				Disposal Date	City, State Penn Argyle, PA				
Completed by Alison Lamers		Title Office Manager		Signature		Date 01/16/2020			

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

CK #1334

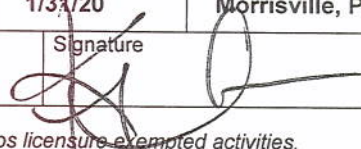
Date of Notification (1) 01 / 20 / 20		Name of Building Owner/Operator (2) Bank of America		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  JAN 23 2020 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 44 South Broadway							
		City, State, Zip Code White Plains, NY 10601							
		Name of Contact Dino Nappi		Telephone Number 516-972-8809					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bank of America				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 2359 US 9									
City (5) Old Bridge, NJ				Square Feet 5,000	# of Floors 1				
				Bldg. Age 45					
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS U.S Inc.		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 44 South Broadway		Street Address 47 Foster Road							
City, State, Zip Code White Plains, NY 10601		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Dino Nappi		Telephone No. 516-972-8809	Telephone No. 718-605-6256	License No. 00774					
Start Date (10) 02 / 03 / 20		Scheduled Completion Date (11) 03 / 31 / 20		Name of OSHA Monitor Testor Tech					
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: <u>AM-5:00PM/1:30 Monday thru Friday, Saturday PM- 1:00 pm to 9:30 pm. AM</u>			Street Address 10- 59 Jackson Avenue						
			City, State, Zip Code LIC NY 11101						
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 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 Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulking / Glazing	36 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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ		Disposal Date 02/28/2020		City, State Pen Argyl, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 01-20-2020			



In # 11538

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

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JAN 23 2020

Date of Notification (1) <u>1</u> / <u>21</u> / <u>20</u>		Name of Building Owner/Operator (2) <b>Marcus L. Ward Home</b>		Job #2001-2535 Chk. #2218					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4814 Outlook Drive, Suite 201</b>							
		City, State, Zip Code <b>Wall Township, NJ 07753</b>							
			Name of Contact <b>Heather Falkoff</b>		Telephone Number <b>732-430-3656</b>				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Winchester Gardens</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>333 Elmwood Avenue</b>									
City (5) <b>Maplewood</b>			Square Feet <b>473,763</b>	# of Floors <b>5</b>	Bldg. Age <b>89</b>				
County (6) <b>Essex</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Senior Housing/Assisted Living</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>400 Street Road</b>		Street Address <b>1835 Underwood Blvd. Suite 1</b>							
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Delran, NJ 08075</b>							
Project Manager for Monitoring Firm <b>Mike Panepresso</b>		Telephone No. <b>215-244-1300</b>		Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>				
Start Date (10) <u>1</u> / <u>30</u> / <u>20</u>		Scheduled Completion Date (11) <u>1</u> / <u>31</u> / <u>20</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 U.S. 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 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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Radiators	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM	9 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"/>
Name of Registered Waste Hauler <b>Asbestos and Mold Servies</b>		NJDEP Waste Hauler ID No. <b>0035680</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>Delran, NJ</b>		Disposal Date <b>1/31/20</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>1-21-20</b>			



State of New Jersey - Notification of Asbestos Abatement

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

PAID

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Date of Notification (1) <b>January 16, 2020</b>		Name of Building Owner/Operator (2) <b>CSX</b>		JAN 23 2020	
Agencies Notified  X EPA DCA X DOL X DEP X DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>1 Bell Crossing Road</b> City, State, Zip Code <b>Selkirk, NY 12158</b> Name of Contact William Parry Telephone Number 518.767.6049	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Rail Car # CKIX 5001</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.) Train Car Sq. Feet: <b>Unknown</b> # of Floors: <b>Bldg. Age: 60 years</b>		
Street Address <b>CSX Train Yard at 611 Delancy Street</b>			Current Use (prior if being demolished):		
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>AECOM</b>		ASCM No.	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>30 Knightsbridge Road, Suite 520</b>			Street Address <b>511 MAIN STREET</b>		
City, State, Zip Code <b>Piscataway, NJ 08854</b>			City, State, Zip Code <b>Butler, NJ 07405</b>		
Project Manager for Monitoring Firm <b>Walter Klock</b>		Telephone Number <b>716.923.1272</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>	
Scheduled Start Date (10) <b>January 27, 2020</b>		Scheduled Completion Date (11) <b>January 29, 2020</b>		Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Vacant Rail Car</b>			Street Address <b>1056 Stelton Road</b> City, State, Zip Code <b>Piscataway, NJ 08854</b>		
Source of Work (Check all that apply)  <div style="display: flex; justify-content: space-between;"> <div> <p><input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf</p> <p><input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math></p> </div> <div> <p>Renovation</p> <p>Demolition</p> </div> <div> <p>Full Containment with Negative Pressure</p> <p>Mini-Enclosure</p> <p>Glovebag Procedure</p> <p><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</p> </div> </div>					
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Train Car # CKIX 5001</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Caulking</b>	Amount (Specify SF or LF) <b>60 lf</b>	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>1</b>	Name of Registered Landfill <b>Fairless Landfill</b> <b>Grand Central Landfill</b>		
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJ DEP # 12561 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date <b>January 29, 2020</b>	City, State FL-1000 New Ford Rd. Morrisville, PA 19067 Permit No.18072 GCL-1963 Pen Argyle Rd Pen Argyle, PA 18072 Permit No. 100265		
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>January 16, 2020</b>		

GAC # 2020-695



CK 2601

Inv# 17536

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

**Check #2601**

**PAID**

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JAN 23 2020

Date of Notification (1) <b>01/14/2020</b>		Name of Building Owner / Operator (2) <b>Schneider Electric</b>	
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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>70 Mechanic Street</b>	
		City, State & Zip Code <b>Foxboro MA 02035</b>	
		Name of Contact <b>Paul Ahearn</b>	Telephone Number <b>508 549 4949</b>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Bldg</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>90 US 130 South</b>		Square Feet <b>5040</b>	# of Floors <b>1</b>
City (5) <b>Bordentown</b>	County (6) <b>Burlington</b>	Bldg. Age <b>+50</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Vacant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ASCM No.</b>		Name of Abatement Contractor (9) <b>Alpha Environmental LLC</b>	
Street Address		Street Address <b>P O Box 8297</b>	
City, State & Zip Code		City, State & Zip Code <b>Trenton, NJ 08650</b>	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number <b>609-847-2956</b>	License Number <b>01222</b>
Scheduled Start Date (10) <b>01/27/2020</b>	Scheduled Completion Date (11) <b>01/28/2020</b>	Name of OSHA Monitor <b>Briggs Associates</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>3 Crosswicks Street</b>	
		City, State & Zip Code <b>Bordentown NJ 08505</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" 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) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Roof</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roofing</b>	<b>5040sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Woolston</b>	NJDEP Waste Hauler ID No. <b>07516</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Bordentown, 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>01/14/2020</b>