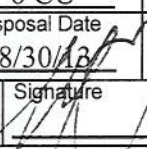
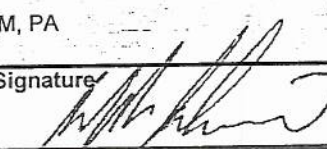


CK# 25223

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

Date of Notification (1) <u>7/1/13</u>		Name of Building Owner/Operator (2) <u>Harle Builders</u>	
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 <u>94 Panorama Street</u>	
		City, State, Zip Code <u>Love Ladies, NJ 08008</u>	
		Name of Contact <u>Russ Harle</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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 <u>1400 West Ave</u>		Square Feet <u>2200</u>	# of Floors <u>3</u>
City (5) <u>Beach Haven, NJ</u>		Bldg. Age <u>50</u>	
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>residence</u>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address		Street Address <u>PO Box 322</u>	
City, State, Zip Code		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>8/1/13</u>	Scheduled Completion Date (11) <u>8/30/13</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 AM-3:30 PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input 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)
	Yes	No	
<u>Exterior</u>		<input checked="" type="checkbox"/>	<u>transite siding</u>
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>6 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/30/13</u>	Name of Registered Landfill <u>GROWS Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>7/1/13</u>

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

Date of Notification (1) 06 / 24 / 13		Name of Building Owner / Operator (2) Macy's Inc							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Street Address 1120 Avenue of the Americas City, State, Zip Code New York, NY 10036 Name of Contact Daniela Sango					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Macy's			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.)						
Street Address 1400 Willowbrook Mall			Square Feet 30,000						
City (5) Wayne		County (6) Passiac		County Code (7) 7470					
Building Age 25 +			# Of Floors 2						
Current Use (Prior if being demolished) Retail			Name of Monitoring Firm (8) Pennoni Associate Inc.						
Street Address 515 Grove Street			Name of Abatement Contractor (9) LVI Demolition Services Inc.						
City, State, Zip Code Haddon Heights, New Jersey			Street Address 32 Williams Parkway						
Project Mngr. For Monitoring Firm UDAY SINGH			City, State, Zip Code East Hanover, NJ 07936						
Telephone Number 973-509-3320		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: _____ <input checked="" type="checkbox"/> Other - Describe: MON-FRI 10:00 pm to 6:00 am			Name of OSHA Monitor LVI Demolition Services Inc.						
Street Address 32 Williams Parkway			City, State, Zip Code East Hanover, NJ 07936						
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">R E M O V A L</td> <td style="text-align: center;">R E P A I R</td> <td style="text-align: center;">E N C A P S U L</td> <td style="text-align: center;">E N C L O S U R</td> </tr> </table>		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
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						
YES NO N/A									
Escalators	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Tar Coating	300 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill IESI						
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHAM, PA						
Completed by (Print or Type) Ralph Barnhardt		Title Operations Manager		Signature 	Date 06/24/13				

D&S Proj. #: 2013

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

APPROVED
NJ Dept. of Health & Senior Services
[Signature]
Date: 6/27/13 Time: 10:10 AM

Date of Notification (1) 06/12/13		Name of Building Owner/Operator (2) JOHN CAPUTO	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 44 OLD COLONY ROAD	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code BERNARDSVILLE, NJ 07924	
		Name of Contact JOHN CAPUTO	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOHN CAPUTO			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 44 OLD COLONY ROAD			Square Feet # of Floors Bldg. Age		
City (5) BERNARDSVILLE	County (6) SOMERSET	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 06/27/13		Sched. Completion Date (11) 07/08/13	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement crawl space		<input checked="" type="checkbox"/>		PIPE INSULATION	6 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 07/01/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 06/27/13

ASB-41

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

D&S Proj. #: 2013

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

Date of Notification (1) 0 6 / 1 2 / 1 3		Name of Building Owner/Operator (2) JOHN CAPUTO	
Agencies Notified	Type Notification	Street Address 44 OLD COLONY ROAD	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code BERNARDSVILLE, NJ 07924	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact JOHN CAPUTO	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOHN CAPUTO			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 44 OLD COLONY ROAD					
City (5) BERNARDSVILLE	County (6) SOMERSET	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 06/27/13	Sched. Completion Date (11) 07/08/13		Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<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									
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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement crawl space		<input checked="" type="checkbox"/>		PIPE INSULATION	6 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 07/01/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature _____	
				Date 06/27/13	

B & G proj. #: 2013-119

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

Check # 5982

Date of Notification (1) <u>10/16/12 17/11/13</u>		Name of Building Owner/Operator (2) <u>Springfield Board of Education</u>	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>139 Mountain Avenue</u>	
		City, State, Zip Code <u>Springfield, NJ 07081</u>	
		Name of Contact <u>Matthew Clarke</u>	Telephone Number <u> </u>

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Walton School</u>			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>601 Mountain Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Springfield, NJ 07081</u>	County (6) <u>Union</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>School</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>EnviroVision</u>		ASCM No. <u>0079</u>	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u>20-21 Wagaraw Road, Building 35E</u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u>Fair Lawn, NJ 07410</u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u>Willie Morales</u>		Phone Number <u>973-636-9145</u>	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>07/22/2013</u>		Sched. Completion Date (11) <u>07/26/2013</u>	Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
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 <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
all-purpose room			<input checked="" type="checkbox"/>	asbestos containing flooring	150 sf	<input checked="" type="checkbox"/>			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>3 yards</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>07/22-26/2013</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>06/27/2013</u>

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

B & G proj. #: 2013-121

Check # 5983

Date of Notification (1) <u>10/16/12 17/11/13</u>		Name of Building Owner/Operator (2) Town of Dover	
Agencies Notified	Type Notification	Street Address 37 North Sussex Street	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Dover, NJ 07801	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Michael Hantson	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Town of Dover Municipal Building			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 7 North Sussex Street			Square Feet # of Floors Bldg. Age		
City (5) Dover	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Municipal Building		
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision		ASCM No. 0079	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-21 Wagaraw Road, Building 35E		Street Address 105 Ryerson Road			
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Willie Morales		Phone Number 973-636-9145	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 07/12/2013		Sched. Completion Date (11) 07/21/2013		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: Occupied		Street Address 105 Ryerson Road			
		City, State, Zip Code LincolnPark, NJ 07035			

Scope of Work (check all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Mechanical Rm/Boiler Rm.	<input checked="" type="checkbox"/>			pipe insulation	325 lf	<input checked="" type="checkbox"/>			
Mechanical Rm/Boiler Rm.	<input checked="" type="checkbox"/>			water tank insulation	225 sqft	<input checked="" type="checkbox"/>			
Bar room, storage rm.	<input checked="" type="checkbox"/>			elbows, joints, & pipe ends	60-70 pcs.		<input checked="" type="checkbox"/>		
room across vault, hallway	<input checked="" type="checkbox"/>								

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 8 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 7/15/13-7/22/13	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/27/2013