

Amendment #3 - extend end date
Scope Added - See page 2

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

Date of Notification (1) 6 / 13 / 16		Name of Building Owner/Operator (2) West New York Board of Education / Job #1606-2089 Chk. 4401						
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6028 Broadway						
		City, State, Zip Code West New York, NJ 07093						
		Name of Contact Dean Austin						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Memorial High School		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 5501 Park Avenue		Square Feet 420,936	# of Floors 3					
City (5) West New York		Bldg. Age TBD						
County (6) Hudson		Current Use (Prior if being demolished) Unoccupied - School						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 1253 North Church Street		Street Address 3859 Syon Boulevard						
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Hainesport, NJ 08036						
Project Manager for Monitoring Firm Jim Guillard		Telephone No. 609-702-0400	License No. 00862					
Start Date (10) 6 / 27 / 16		Name of OSHA Monitor EMSL Analytical, Inc.						
Scheduled Completion Date (11) 7 / 8 / 16		Street Address 200 U.S. Route 130 North						
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		City, State, Zip Code Cinnaminson, NJ 08077						
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) IN Facility (13) TO BE ABATED	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
SEE ATTACHED LIST OF ACM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED LIST OF ACM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Memorial HS Starts 6/27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**ADDITIONAL SCOPE ATTACHED	<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 Carnevale Disposal		NJDEP Waste Hauler ID No. 17297	Cubic Yards of Waste 40	Name of Registered Landfill GROWS Landfill				
City, State Hamilton, NJ		Disposal Date 7/24/16		City, State Morrisville, PA 19067		Date 6-30-16		
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature				



Date of Initial Notification: 6/13/16

Date of Amendment #3: 6/30/16

EXTEND END DATE AND ADD SCOPE ON (SHOWN BELOW)

NOTIFICATION PAGE 2 of 2

Project:
Memorial High School/Annex B
551 Park Avenue
West New York, NJ

SCOPE OF WORK

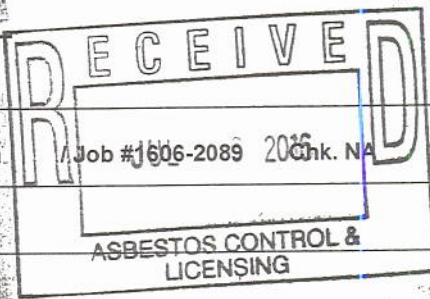
Memorial High School – Start date 6/27/16

- Removal and disposal of approximately 475 SF of transite lab table in classrooms #211, 212, 213, 216, 218 & 219.
- Removal and disposal of approximately 16 SF of transite fume hood in classroom #213.
- Removal and disposal of approximately 600 SF of floor tile and mastic in classroom #216.
- Removal and disposal of unknown quantity of chalkboards, bulletin boards and associated mastic in classrooms ##211, 212, 213, 216, 218 & 219.
- Removal and disposal of approximately 1,500 SF of floor tile and mastic in Room 215 & 216

Kimberly Trumbetti, Office Coordinator

Amendment #3 - Changed to full containment (clerical error from Amend #2)

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

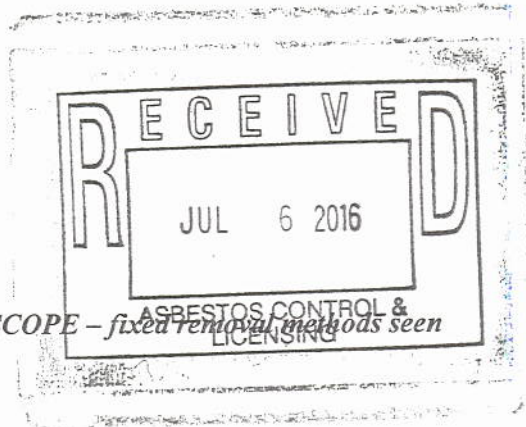


Date of Notification (1) <u>6</u> / <u>13</u> / <u>16</u>		Name of Building Owner/Operator (2) West New York Board of Education		Job # 1606-2089 2016 Chk. NA				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6028 Broadway		City, State, Zip Code West New York, NJ 07093				
		Name of Contact Dean Austin		Telephone Number 201-553-4000				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Annex B			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 and commercial buildings, homes, etc.)					
Street Address 5501 Park Avenue								
City (5) West New York			Square Feet 420,936	# of Floors 3	Bldg. Age TBD			
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Unoccupied - School				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCN No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.				
Street Address 1253 North Church Street		Street Address 3859 Sylon Boulevard						
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Hainesport, NJ 08036						
Project Manager for Monitoring Firm Jim Guillard		Telephone No. 856-840-8800		Telephone No. 609-702-0400	License No. 00862			
Start Date (10) <u>7</u> / <u>5</u> / <u>16</u>		Scheduled Completion Date (11) <u>7</u> / <u>22</u> / <u>16</u>		Name of OSHA Monitor EMSL Analytical, Inc.				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 200 U.S. Route 130 North					
			City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
SEE ATTACHED LIST OF ACM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED LIST OF ACM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Annex B starts on 7/5	<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 Carnevale Disposal		NJDEP Waste Hauler ID No. 17297		Cubic Yards of Waste 40	Name of Registered Landfill GROWS Landfill			
City, State Hamilton, NJ		Disposal Date 7/24/16		City, State Morrisville, PA 19067				
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 6-29-16		



Date of Initial Notification: 6/13/16

Date of Amendment #3 – 6/29/16 – NO CHANGE TO SCOPE – fixed removal methods seen on page 1



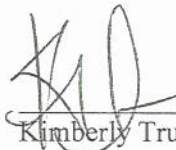
NOTIFICATION PAGE 2 of 2

Project:
Memorial High School/Annex B
551 Park Avenue
West New York, NJ

SCOPE OF WORK

Annex B – Start date 7/5/16

- Removal and disposal of approximately 2,280 SF of ceiling plaster skim coat in classrooms #308, 309 & 310.
- Removal and disposal of approximately 2,280 SF of various floor tiles in classrooms #308, 309 & 310.
- Removal and disposal of approximately 2,280 SF of ceiling plaster skim coat in library and adjacent rooms on 2nd floor.

 6-29-16
Kimberly Trumbetti, Office Coordinator

Amend #2 - Broke original notification
out int (2) separate notifications.
Annex B - SUB 8 Portion

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

RECEIVED	
Job #1606-2089	Chk. NA
JUL 6 2016	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) <u>6</u> / <u>13</u> / <u>16</u>		Name of Building Owner/Operator (2) West New York Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6028 Broadway	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code West New York, NJ 07093	
		Name of Contact Dean Austin	
		Telephone Number 201-553-4000	

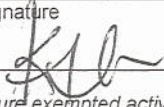
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Annex B		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 and commercial buildings, homes, etc.)	
Street Address 5501 Park Avenue			
City (5) West New York	Square Feet 420,936	# of Floors 3	Bldg. Age TBD
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Unoccupied - School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 1253 North Church Street		Street Address 3859 Sylon Boulevard	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Jim Guillard	Telephone No. 856-840-8800	Telephone No. 609-702-0400	License No. 00862
Start Date (10) <u>7</u> / <u>5</u> / <u>16</u>	Scheduled Completion Date (11) <u>7</u> / <u>22</u> / <u>16</u>	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <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
SEE ATTACHED LIST OF ACM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED LIST OF ACM		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Annex B starts on 7/5	<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"/>

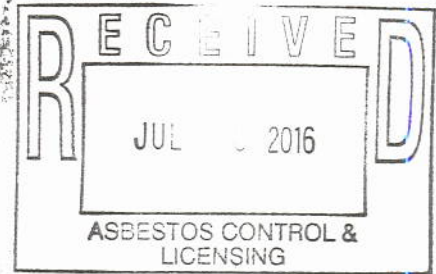
Name of Registered Waste Hauler Carnevale Disposal		NJDEP Waste Hauler ID No. 17297	Cubic Yards of Waste 40	Name of Registered Landfill GROWS Landfill	
City, State Hamilton, NJ		Disposal Date 7/24/16	City, State Morrisville, PA 19067		
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 	Date 6-28-16		



Date of Initial Notification: 6/13/16

Date of Amendment #2: 6/28/16

SEPARATE ORIGINAL NOTIFICATION INTO TWO (1 for Sub 8 & 1 for non-sub 8)




NOTIFICATION PAGE 2 of 2

Project:
Memorial High School/Annex B
551 Park Avenue
West New York, NJ

SCOPE OF WORK

Annex B – Start date 7/5/16

- Removal and disposal of approximately 2,280 SF of ceiling plaster skim coat in classrooms #308, 309 & 310.
- Removal and disposal of approximately 2,280 SF of various floor tiles in classrooms #308, 309 & 310.
- Removal and disposal of approximately 2,280 SF of ceiling plaster skim coat in library and adjacent rooms on 2nd floor.

 u-28-14
Kimberly Trumbetti, Office Coordinator

GL16-022

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

Page 1 of 1

Check # 2234

Date of Notification (1) 6-24-2016		Name of Building Owner/Operator (2) Morris Plains School District							
Agencies Notified	Type Notification	Street Address 500 Speedwell Avenue							
<input 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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morris Plains, NJ 07950							
		Name of Contact Mark Maire	Telephone Number 973-531-9586						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Morris Plains Borough 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 500 Speedwell Avenue		Square Feet 20,000 +	# of Floors 2						
City (5) Morris Plains		Bldg. Age 40+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) LANGAN		ASCM No. 00099	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 300 Kimball Drive		Street Address 140 Hamburg Tpke							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 01084						
Start Date (10) 6-27-2016	Scheduled Completion Date (11) 7-1-2016	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
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	Enclosure
Rooms 105		X		Tack Board Mastic	18 SF	X			
Exterior Door and Louver		X		Caulking	29 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 6-24-2016			

EDS16-155

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

check # 2235

Page 1 of 1

Date of Notification (1) 6-29-2016		Name of Building Owner/Operator (2) Caldwell- West Caldwell Board of Education							
Agencies Notified	Type Notification	Street Address 104 Gray Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code West Caldwell, NJ 07006-7696							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Frank Ennis	Telephone Number (973) 228-1724 2016						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Washington Elementary 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 201 Central Avenue		ASBESTOS CONTROL & LICENSING							
City (5) West Caldwell		Square Feet 5,000+	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 40+						
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057	Name of Abatement Contractor (9) GL Group, Inc						
Street Address PO Box 385		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 652-1833	Telephone No. 201-710-9725						
License No. 01084		Name of OSHA Monitor GL Group, Inc							
Start Date (10) 7-11-2016	Scheduled Completion Date (11) 8-19-2016	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Crawlspace A	X			Pipe Insulation	2,250 lf	X			
Crawlspace B	X			Pipe Insulation	750 lf	X			
Crawlspace C	X			Pipe Insulation	380 lf	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 6-29-2016			