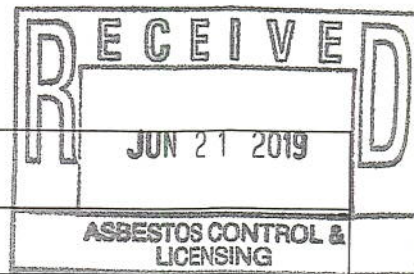


CH 1097  
IN-12148

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

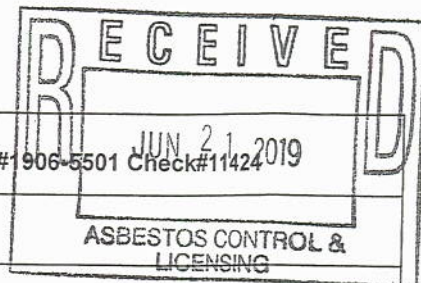


Date of Notification (1) <div style="text-align: center;">06 / 19 / 19</div>		Name of Building Owner/Operator (2) <b>Chateau Grand Realty, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input 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>670 Cranbury Road</b> City, State, Zip Code <b>East Brunswick, NJ 08816</b>							
		Name of Contact <b>Jessica DeGraff</b>	Telephone Number <b>201-317-0298</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</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 [REDACTED]		Square Feet      # of Floors      Bldg. Age							
City (5) <b>East Brunswick</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>Mark Jovic Consulting LLC</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>87 Main Street, Suite A</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Mark Jovic</b>	Telephone No. <b>973-650-0932</b>	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>						
Start Date (10) <div style="text-align: center;">06 / 28 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">07 / 26 / 19</div>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</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>27 Outwater Lane</b> City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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>2nd Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT under carpet</b>	<b>400 SF</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>Century Waste, LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>GROWS North Landfill / Fairless Landfill</b>					
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>	Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>			Date <b>6/19/19</b>			



Inv # 12155  
OK 11424 PAID

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

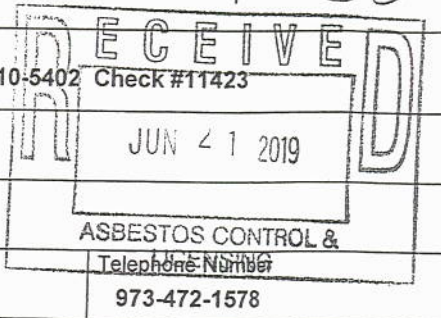


Date of Notification (1) 6 / 19 / 19		Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job # 1906-5501							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 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 One Robert Wood Johnson Place City, State, Zip Code New Brunswick, NJ 08901							
		Name of Contact Kristen Bell	Telephone Number 732-937-8701						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital		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 One Robert Wood Johnson Place									
City (5) New Brunswick		Square Feet	# of Floors Bldg. Age						
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	License No. 00529						
Start Date (10) 6 / 28 / 19	Scheduled Completion Date (11) 7 / 1 / 19	Name of OSHA Monitor EMSL Analytical							
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/5PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
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
2 <sup>nd</sup> Floor Hallway Tower 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	100 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/1/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 6-19-19			



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

Inv# 12135



Date of Notification (1) 6 / 18 / 19		Name of Building Owner/Operator (2) Cresskill School District/ Job #1810-5402 Check #11423							
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 #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Lincoln Drive							
		City, State, Zip Code Cresskill, NJ							
		Name of Contact Frank Bennett	Telephone Number 973-472-1578						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bryan ES		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 51 Brookside Avenue									
City (5) Cresskill, NJ		Square Feet	# of Floors						
County (6) Bergen		County Code (7)(STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 1248 Wrights Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Matt		Telephone No. 610-996-3515	Telephone No. 609-265-2107						
Start Date (10) 6 / 24 / 19		Scheduled Completion Date (11) 7 / 5 / 19	License No. 00529						
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/_____PM-_____AM		Name of OSHA Monitor EMSL Analytical							
		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
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) 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
Expanded Kindergarten Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Triple Layer Floor tile & Mastic	1,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Hall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Floor tile & Mastic	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Floor tile & Mastic	200 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ				Disposal Date 7/5/19	City, State Tullytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 6-18-19			



RECEIVED  
JUN 21 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/13/2019		Name of Building Owner/Operator (2) Victoria De Meo		JUN 21 2019						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		ASBESTOS CONTROL & LICENSING						
Street Address [REDACTED]		City, State, Zip Code Highland Lakes NJ 07422		Name of Contact Victoria De Meo						
				Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]			Square Feet							
City (5) Little Ferry NJ 07643			# of Floors		Bldg. Age					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No. 00120		Name of Abatement Contractor (9) All Clean Environmental LLC.						
Street Address 280 Huyler Street		Street Address P.O. Box 1627								
City, State, Zip Code South Hackensack NJ 07606		City, State, Zip Code South Hackensack NJ 07606								
Project Manager for Monitoring Firm Geyser Fajardo		Telephone No. (201) 489- 9700		License No. 01243						
Start Date (10) 07/12/2019		Scheduled Completion Date (11) 07/19/2019		Name of OSHA Monitor Niche Analysis						
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:			Street Address 399 Knolwood Ave							
			City, State, Zip Code White Plains NY 10603							
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 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				
						Removal	Repair	Encapsulate	Enclosure	
Basement		Yes	No	N/A	Pipe Insulation	65LF	X			
Name of Registered Waste Hauler Tri-State		NJDEP Waste Hauler ID No. SW1896		Cubic Yards of Waste		Name of Registered Landfill Minerva Enterprises				
City, State Bronx NY				Disposal Date		City, State Waynesburg, Ohio				
Completed by Daralys Mora				Title Office Manager		Signature 			Date 06/13/2019	

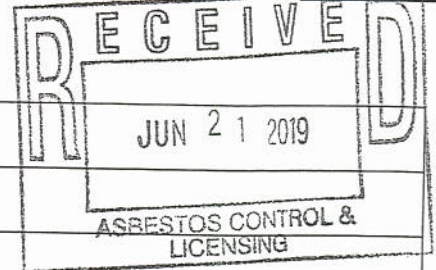


Inv # 12108

CK 2172 PAID

Print Form

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

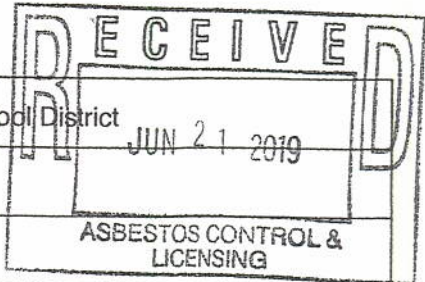


Date of Notification (1) 6/19/19		Name of Building Owner/Operator (2) Anita Flaim							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Dumont, NJ 07628							
		Name of Contact Irene Valivea	Telephone Number 1						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Dumont	Square Feet 2225	# of Floors 2	Bldg. Age 65 +/-						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager	ASCM No.	Name of Abatement Contractor (9) All Stages Abatement							
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 6/21/19	Scheduled Completion Date (11) 6/24/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	544 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 6/19/19			



Inv# 12156  
OK410560 PAID

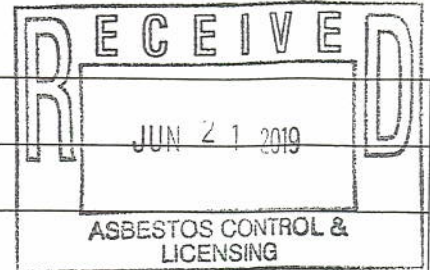
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/17/2019		Name of Building Owner/Operator (2) Ramapo Indian Hills Regional High School District							
Agencies Notified	Type Notification	Street Address 131 Yawpo Ave.							
<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 Oakland, NJ 07436							
		Name of Contact Peter Keaney	Telephone Number 201-416-8100 x3816						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Indian Hills High School		Type of Facility (4)							
Street Address 97 Yawpo Ave.		<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.)							
City (5) Oakland	Square Feet 100,000	# of Floors 2	Bldg. Age 50+						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 0079	Name of Abatement Contractor (9) Bako Construction & Restoration, inc.						
Street Address 20-21 Wagaraw Road Bldg.35E		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145	Telephone No. 973-256-7010						
Start Date (10) 06/28/2019		Scheduled Completion Date (11) 06/30/2019	Name of OSHA Monitor Bako Construction & Restoration, inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 265A Route 46 Suite 3D							
<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 Totowa, NJ 07512							
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"/> WRAP & CUT METHOD <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			WRAP & CUT Removal	Repair	Encapsulate	Enclosure
Batrooms 802W & 802F		X		wrap & cut of pipe insulation	<20 SF	X			
Name of Registered Waste Hauler Bako Construction & Restoration, inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Hills/Waste Management					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 06/17/2019			



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



Inv # 12133  
 CK 017096 PAID

Date of Notification (1) 06-14-19		Name of Building Owner/Operator (2) PSEG	
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield NJ	
		Name of Contact Steve Pentek	Telephone Number 732-540-4838

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG New Milford substation		Type of Facility (4)	
Street Address 132 Henley Ave.		<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) New Milford NJ		Square Feet N/A	# of Floors N/A
County (6) Bergen		Bldg. Age N/A	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services Inc.
Street Address N/A		Street Address 17 Old Dock Rd.	
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980	
Project Manager for Monitoring Firm N/A		Telephone No. 631-924-8111	License No. 01136
Start Date (10) 06-24-19	Scheduled Completion Date (11) 07-24-19	Name of OSHA Monitor WRS Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Rd	
<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>Normal Hours</u>		City, State, Zip Code Yaphank, NY 11980	

## Scope of Work (Check All That Apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input checked="" 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
Switching yard			x	Transite pipe	25 lf	x			

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Raymond Tutiven		Title Supervisor	Signature <i>Raymond Tutiven</i>		Date 06-14-19



From:

06/19/2019 12:55

RECEIVED  
#369 P.002/004

JUN 21 2019

DOL - 10 DAY

ASBESTOS CONTROL &  
LICENSING

Inv# 12107

OK 354 PAID

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

WAIVER APPROVED

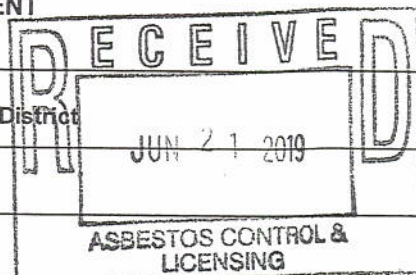
Date of Notification (1) 06 / 18 / 19		Name of Building Owner/Operator (2) Pascack Valley Regional School District	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 28 West Grand Avenue City, State, Zip Code Montvale, NJ 07648 Name of Contact Robert Donahue Telephone Number 201-261-1234	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Pascack Valley High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 200 Fairmont Ave		Square Feet 2900	# of Floors 1
City (6) Hilldale		Bldg. Age	
County (8) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services, Inc	ASCM No. 00117	Name of Abatement Contractor (9) BAI Environmental Services, LLC	
Street Address PO box 366	City, State, Zip Code Berlin	Street Address 277 Fairfield Road, Suite 102 City, State, Zip Code Fairfield, NJ 07004	
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 858-452-1311	Telephone No. (973) 852-3444	License No. 01349
Start Date (10) 06 / 20 / 19	Scheduled Completion Date (11) 06 / 30 / 19	Name of OSHA Monitor BAI Environmental Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 277 Fairfield Road, Suite 102 City, State, Zip Code Fairfield, NJ 07004	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 9$ 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-Frable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED 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)
Music Rooms	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Floor Tile/Mastic	2800 SF
	<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 Service Transport Group, Inc	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Landfill
City, State Yardley, PA	Disposal Date Various	City, State Waynesburgh, OH	
Completed By (Print or Type) Mary Petrovski	Title President	Signature <i>Mary Petrovski</i>	Date 6/19/2019

ASB-41  
MAY 11

\* 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)

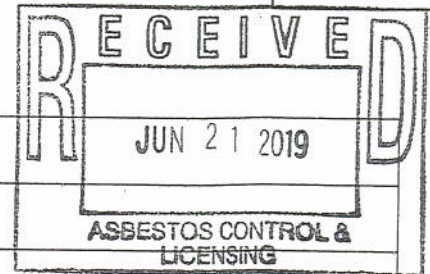


Date of Notification (1) <b>06 / 19 / 19</b>		Name of Building Owner/Operator (2) <b>Pascack Valley Regional School District</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 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>28 West Grand Avenue</b> City, State, Zip Code <b>Montvale, NJ 07645</b> Name of Contact <b>Robert Donahue</b>							
		Telephone Number <b>(201) 358-7004 Ext 21007</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Pascack Valley High School</b>		Type of Facility (4) <input 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 <b>200 Peirmont Ave</b>									
City (5) <b>Hillsdale</b>		Square Feet <b>2900</b>	# of Floors <b>1</b>						
County (6) <b>Bergen</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safey Services, Inc</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>SAI Environmental Services, LLC</b>						
Street Address <b>PO box 365</b>		Street Address <b>277 Fairfield Road, Suite 102</b>							
City, State, Zip Code <b>Berlin</b>		City, State, Zip Code <b>Fairfield, NJ 07004</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>	Telephone No. <b>(973) 852-3444</b>						
		License No. <b>01349</b>							
Start Date (10) <b>05 / 20 / 19</b>	Scheduled Completion Date (11) <b>06 / 30 / 19</b>	Name of OSHA Monitor <b>SAI Environmental Services, LLC</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>277 Fairfield Road, Suite 102</b>							
		City, State, Zip Code <b>Fairfield, NJ 07004</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 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
Music Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile/Mastic	2900 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 <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>Yardley, PA</b>		Disposal Date <b>Various</b>		City, State <b>Waynesburgh, OH</b>					
Completed By (Print or Type) <b>Mary Petrovski</b>	Title <b>President</b>		Signature 			Date <b>6/19/2019</b>			



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

NOCK



Date of Notification (1) 6-13-2018		Name of Building Owner/Operator (2) 351 Marin, LLC							
Agencies Notified	Type Notification	Street Address 515 Marin Blvd.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Jersey City, NJ 07302							
		Name of Contact Gerald Eglentowicz	Telephone Number 732-991-1173						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 351 Marin Boulevard		Square Feet 30927	# of Floors 1						
City (5) Jersey City, NJ 07302		Bldg. Age 66+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 7-1-2019	Scheduled Completion Date (11) 7-8-2019	Name of OSHA Monitor Green Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 235 Virginia Avenue							
		City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roofing Material	7050 SF	X			
Roof		X		Transite/ Roof	3 LF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ		Disposal Date 7-8-2019		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>			Date 6-13-2019			



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

Inv# 11846

**PAID**

CHECK# 2217

Date of Notification (1) <b>6/13/19</b>		Name of Building Owner / Operator (2) <b>Ocean County Mall</b>	
Agencies Notified	Type Notification	Street Address <b>1201 Hooper Ave</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Toms River, NJ 08753</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Bill Tomasello</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>JUN 21 2019</b>  ASBESTOS CONTROL &amp; LICENSING </div>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

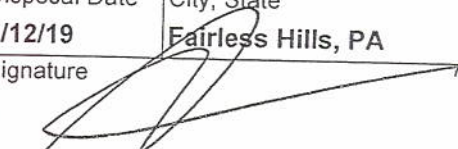
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Mall - outside</b>			Type of Facility (4) <input type="checkbox"/> School (K-12)		
Street Address <b>1201 Hooper Ave</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) <b>Toms River</b>			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) <b>Ocean</b>	County Code (7) <b>NA</b>	Square Feet <b>NA</b>	# of Floors <b>NA</b>	Bldg. Age <b>NA</b>	
Current Use (Prior if being demolished) <b>Vacant/None</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Atlas Environmental</b>			Name of Abatement Contractor (9) <b>Enterprise Network Resolutions Contracting, LLC</b>		
Street Address <b>PO Box 11645</b>			Street Address <b>874 Piney Hollow Road, PO Box 70</b>		
City, State & Zip Code <b>Philadelphia, PA</b>			City, State & Zip Code <b>Winslow, NJ 08095</b>		
Project Manager for Monitoring Firm <b>Jason Dua</b>		Telephone Number <b>267-784-4693</b>	Telephone Number <b>609-567-0600</b>	License Number <b>01263</b>	
Scheduled Start Date (10) <b>6/24/19</b>	Scheduled Completion Date (11) <b>7/12/19</b>		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			Street Address <b>200 Route 130 North</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe:			City, State & Zip Code <b>Cinnaminson NJ 08077</b>		
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		See attached <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
Underground ( parking lot area)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe	650 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"/>
	<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>Bull Waste &amp; Recycling, Inc.</b>		NJDEP Waste Hauler ID No. <b>21435</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Waste Management</b>	
City, State <b>Berlin, NJ</b>		Disposal Date <b>7/12/19</b>	City, State <b>Fairless Hills, PA</b>		
Completed By (Print or Type) <b>Theodore S. Budzynski</b>		Title <b>President</b>	Signature 		Date <b>6/13/19</b>