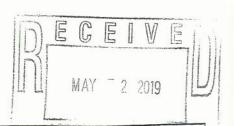
													Pi	rint Fo
K1137 PA	D		ICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE		Т][[CE		\mathbb{V}		
Date of Notification (1) 04.23.2019				of Building Fleck	Owner/0	Operato	r (2)			MAY -	- 2	2019	***************************************	U
Agencies Notified Type Notification	1		Street A	Address										
EPA Initial Amended Amendmen	t #			ate, Zip Co Caldwell		7006			ASS	LICE	NSIN	G RC	1.8	72.4
Emergency justification	(including	7		of Contact	1, 143 0	7000	-8		Telep	hone Nu	mber			
DCA Cancellation	n ·		A SALLEVILLE PARTY	C A40.000-200.20	001147									
Name of Facility Where Abatement is Takin	ng Place ((3)	FAC	ILITY INFO	ORMATI	ON	Тур	e of Facility	(4)					
Private House Street Address							H	School (K- Subchapte		than K-1	2)			
							×	Other (i.e. etc.)				dings	, hom	es,
City (5) West Caldwell							Squ 124	are Feet	# of F	loors	- 22	3ldg. <i>A</i> 930	-	
County (6) Essex			County (STATE	Code (7) USE ONLY)				rent Use (Pri sidence	or if being	demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCI	M No.				eatement Co)				
Street Address					THE STATE OF	Street	Addr							
City, State, Zip Code						City, S	State,	Zip Code d Park, N.						
Project Manager for Monitoring Firm		T	Telepho	one No.		Teleph	none l	No.	TL	icense N	lo.			
Start Date (10)	Schedu	led Cor	npletion	Date (11)				6330 SHA Monitor	0	1383				
05.03.2019 Occupancy Status During Abatement (Chec	05.06.							ntracting L	LC					
Facility Closed/Vacated During Entire			nent			Street 164		ess ine Ave U	nit C					
Abatement Performed Outside of Norr Other – Describe:	nal Facilit	y Hours	S		_			Zip Code d Park, N.	J 07424					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	M Gl	ull Containm ini-Enclosure lovebag Procon-Exempted	e cedure					
		Locat			3 174			on Exemple	a () and i	ion-i nac	1	Abate	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashest		scription		al (ACM)	Amo	unt	-	ı y		
TO BE ABATED In Facility	# C.	intena todial ((12)			thermal surfac	systems sing, VA	s insul T, or	lation,	(Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other m	niscellan	ieous))			oval	air	ulate	sure
Attic			Х	Ve	ermicu	lite Ins	sulati	on	500	SF	X			
ame of Registered Waste Hauler		1,000	JDEP W	1000 m	Cubic 'of Was			Name of	Registered	Landfill				
oes Contracting LLC		10000	038075		2				s Landfi	11				
ity, State /oodland Park, NJ					Dispos TBD	al Date		City, State Morrisv		gr.				
ompleted by ranislav Pavlov	Title proje	ct ma	nager		Si	gnature	-	K		Da 04	ite 1.23.2	019		

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	D.		Fo	APPE
	r	m	FO	1682

OK7351 PAI		NOTIF (P	CATIO	N OF ASB t to NJAC	ESTOS	ABATE	ME 0)	NT D		C					The second secon
Date of Notification (1) 4/29/19				of Building sk Resto			r (2)			MAY	- 2	201	10		\parallel
Agencies Notified Type Notification				Address ast Cler	nonte	Bridge	D.4							1	
EPA Initial Amended		-	City, Sta	ate, Zip Co	ode		Nu	<u> </u>	ASB	LICE			01.8	-4	- 1
DOL Amendment #				emede Nof Contact	4J 080)78		93.** 399	S S Andrews Aprilla	"L'ELF (puil de de de de la constitución de la con	Cherry	resource	letaribis .		
DOH justification) DCA Cancellation			Vince						100000	lephone 9-941					ts //
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFO	ORMAT	TION	T	pe of Facility	(4)						
Raritan Fire House								School (K-							
Street Address 16 Anderson Street							K	Subchapte Other (i.e.	er 8 (Oth private	er than I & comm	K-12) ercia	l build	dings,	home	es,
City (5)	-			+				etc.) uare Feet	# 0	f Floors		В	ldg. A	ge	
Raritan NJ 08869 County (6)			0	0-1-7				000	1				35+		
Somerset				Code (7) USE ONLY			Cı	rrent Use (Pr	rior if bei	ing dem	olishe	ed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASC	M No.		5.7		Abatement Co o Inc.	ontractor	(9)					
Street Address						Street		dress (329							
City, State, Zip Code	-						ENVITE:	, Zip Code							
Project Manager for Monitoring Firm			Talaaba	na Na				erlin NJ 08	091						
1 Toject Manager for Monitoring Fifth			Telepho	ine No.		Teleph 856-		3-9800		Licens 0072		•			
	Schedul 5/24/1		pletion	Date (11)		Name Sam		SHA Monitor							
Occupancy Status During Abatement (Check						Street		Iress						-	_
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	eriod of A	Abatem Hours	ent			City, S	tate	, Zip Code							
Scope of Work (Check All That Apply)	14-20-2-21-11												NE-SOME	-	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				_ X		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure	•				e	
	1 2	Locatio											Abate Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenan todial S (12)	y by ice/		tos Con therma surfa	escription taining M I systems icing, VA miscellan	fater s ins T, o	r	(8	mount specify or LF)		Remova	Repair	Encapsulate	Enclosure
0	Yes	No	N/A	_										6	
Storage and office areas 1 work area			Х	F	loor ti	le and r	mas	stic	100	00 SF	_	Х			
I WOIK area							-				-				
Name of Registered Waste Hauler		100000	IDEP W		Cubic of Wa	Yards		Name of	Registe	red Lan	dfill				
Two Brothers Con			'512	140.	TBD	SIG		G.R.O	.W.S.						
City, State Totowa NJ					Dispo 5/24/	sal Date 19		City, Star		1906	7				
Completed by Anthony T Perna	Title Pres	ident			5	Signature	0	2			Date	9/19)		

PAID

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



Date of Notification (1)	79-19		Nam	e of Buildin	ng Owner/Operator	2) S CON	STRUEST	PINC	. HO.	i. &	_
Agencies Notified	Type Notificatio	n	Stree	et Address		TT ST					
D. EPA D DEP DS DOL	Minitial Amended	#	City.	State, Zip		CITY	N. T 0	82	43		
Ø DOH □ DCA	Emergency (justification)	including	Name	e of Conta	ct		Telephone Numb			-	
DCA	Cancellation				PANIC FORMATION						=
Name of Facility Where	Abatement is Taki	ng Place (3)		OLD I I II I		Type of Facility					
R	ESIDEAL	E					8 (Other than K-12				
Street Address			Î			homes, etc			ings.		
·City (5)	TA ISL	5 CI1	4			Square Feet	# of Floors	٤	70		
County (6)		<u> </u>	Cou	nty Code (7) (STATE		rior if being demolis A CLA IU T	hed)			
CAPE		Oumer	ASCM	5		nent Contractor (9				=	=
Name of Monitoring Firm (8)	Hired by Building	OWITE				LIMCO	INC	_	_	_	_
Street Address	+				Street Address	S. SPK	PUCE AUG	-			_
City, State. Zip Code					City, State, Zip C		ADE N.J	- 0	80	52	>
		Tel	ephone	No.	Telephone No.		License No.	7	i		_
Project Manager for Mon	-				856-77 Name of OSHA I	9-0472	01-	5,1,	<u></u>	_	=
Start Date (10)		S-20	etion Da	ate (11)	Name of USPAT	N/	4				
S-10-19 Occupancy Status During	a Abatement (Che	eck only one)			Street Address	. 1					_
Facility Closed/Vacate Abatement Performed	w During Entire P	ettod or work	GII GII		City, State, Zip C	Code					
Other - Describe:	Outside of Home										=
Scope of Work (Check a	I that apply)				Full Cor	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf		☐ Renova ☑ Demoliti	tion on		Gloven	ad Procedure	on-Friable Procedu	re			
∑≥160 sf or ≥260 ff		Is Locati			No. 100 P.C.	chipico () and		A	bater		
		Normal Used Sole	y		Description of	f	Amount		$\overline{}$		
Location of Asbestos-Containing M	laterial (ACM)	Maintena Custodi	al	Asbes (i.e.,	tos Containing Mat thermal systems i surfacing, VAT	nsulation.	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT	ED	Staff? (12)			other miscellaned	ous)		oval	alr	sulate	sure
(13)		Yes No	N/A					1	\vdash	-	
SIDIN	C-		X		TRANSI	TE	3000 St	1		-	
SIDIN	0							+			
			-								
Name of Registered Was	te Hauter		NDEP !		Cubic Yards of Waste		istered Landfill				
Name of Registers 172			179	oy_	Disposal Date-	City. State	C.M.O.A.		-		
City, State		WI T	08	052		W001	OBINIE 1	<u>U.J</u>		_	_
Completed By	SHAWE	2			Signature -	lon	Dale .	-70	4-	19	_
WICHHOL K	LOMH _	SUV									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) CONTRACTING 10 Street Address Type Notification Agencies Notified Initial City, State, Zip Code Amended Amendment # DOL. GRELMFI Emergency (including Name of Contact DCA justification) Cancellation BRUCE FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 2000 OCTAN CITY County Code (7) (STATE Current Use (Prior if being demolished) County (6) MACANI USE ONLY) LAPF Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. KLEMCO (8) Street Address Street Address 369 City, State, Zip Code City, State, Zip Code SHADE MAPLE License No Telephone No Telephone No. Project Manager for Monitoring Firm 856-779-Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check only one) A Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ___≥3 sf or ≥3 lf ✓ ≥160 sf or ≥260 lf Glovebag Procedure Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Used Solely by Location of Asbestos Containing Material (ACM) Amount Maintenance/ Asbestos-Containing Material (ACM) Enclosure (Specify (i.e., thermal systems insulation, Removal Custodial TO BE ABATED SF or LF) surfacing, VAT, or Staff? other miscellaneous) IN Facility (12)(13)N/A No Yes X 2750 SF TRAN SIDING Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauter 10 No. CITMCC Disposal Date City, State MAPLE Signature Completed By UP.

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Date of Notification (1) 04 /	29 /	19						ner/Operator (ard of Educa		N W	۸۷ -	- 2	201	n	The street of the state of the
Agencies Notified	Type Notifica	ation			Stree	t Address			1	1 11 1917	71		-/-//	y	-
⊠ EPA					80	1 Egg Ha	rbor	Road	Maria .	Introduction					-
□ DOLWD □ □ □ □ □ □ □ □ □	☐ Amended				City,	State, Zip (Code			ASDEC	1108	CU	V.H	Ji. ò	2
⊠ DOH	Amendm				3.365	ndenwold				and the second s	LICE	VSII	1G_	early .	
DCA (NJAC 5:23-8)	☐ Emergen justification		cluding	3		e of Contac	in the second			Telephone N	Jumbe	r			
(NJAC 3.23-0)	☐ Cancellat	65			0.000	thleen H				856-783-			02		
					_			RMATION		030-703-	0210	A 0 1	02		
Name of Facility Where A	batement is T	Taking	Place	(3)	Г	CILITTI	NFOR	RIVIATION	Type of Facility (4)					
Lindenwold Middle		aimig	1 1400	(0)					School (K-12						
Street Address									Subchapter 8	(Other than k	(-12)				
40 White Horse Ave	nuo								Other (i.e., pr	ivate and com	merci	al bu	ilding	IS,	
City (5)	iiue								homes, etc.)	4 - 5 51		DI	J~ ^	~~	
									Square Feet	# of Floors			dg. A	ge	
Lindenwold									20,000	2			30		
County (6)					Cou	inty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being den	nolishe	ed)			
Camden									School						
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCN	No.	Nai	me of Abateme	ent Contractor (9)						
Horizon Environme	ntal Group,	Inc.					S	Shade Enviro	onmental, LLC						
Street Address							Stre	eet Address	20						
PO Box 316							6	23 Cutler Av	venue						
City, State, Zip Code							City	y, State, Zip Co	ode						
Thorofare, NJ 08086	6		tii				N	/laple Shade	, NJ 08052						
Project Manager for Monit	toring Firm			Te	lephone	No.	Tel	ephone No.		License No).			S-14	
Steve Flanigan				8	356-84	8-0800	1000	56-755-0099)	00842					
Start Date (10)	8	Sched	uled C	omp	etion D	ate (11)	Nar	me of OSHA N	Monitor						
06/19/					.1_ /	19		MSL Analyt	ical, Inc.						
Occupancy Status During							1 200	eet Address							
☐ Abstament Reformed	병원 기계 시간하는 것이 있는 어느 가능한 것 같은					aasiba		00 Route 13					.0		
Abatement Performed Time of Abatement:								y, State, Zip Co							
27755			"-				C	innaminsor	ı, NJ 08077		_				
Scope of Work (Check all	that apply)							□ Eull Cont	tainment with Neg	ativa Propour					
			⊠ Re	nova	tion			☐ Mini-Enc		alive Fressure	20				
≥160 sf or ≥260 lf				molit				Glovebag	g Procedure						
						_			mpted (*) and Nor	n-Friable Proc	edure				
3				Loca	ation			2 0 0				Ab	atem	ent T	
Location of Asbestos-Containing N		n			lely by	Ashe	etne	Description of Containing Ma	SSE.	Amount		Re	Re	Ē	E
TO BE ABA		.,			ance/			rmal systems		(Specify		Remova	Repair	cap	clos
IN Facility	y		Cust	todia (12	Staff?	1		surfacing, VAT		SF or LF)		<u>a</u>		Encapsulate	Enclosure
(13)		Ì	Yes	No	1		oti	her miscellane	ous)					ate	
A102 & A103 Locker F	Poom Stora	000	<u>⊠</u>			_	د مان	nd Mastic		450 SF					П
A 102 & A 103 LOCKET I	COOM Stora	ige		-	+-	110011	iic a	iiu wastic		450 51	-				H
			Ц			-						Ц	Ц	П	Ш
Name of Registered Wast	e Hauler				NJDEP		1000	oic Yards of	Name of Regist	ered Landfill					
Freehold Cartage					Hauler 1593		Wa:	sie	Fairless La	ndfill					
City, State							Dis	posal Date	City, State						
Freehold, NJ							0	6/21/2019	Morrisville,	PA					
Completed By (Print or Ty	pe)	Title					1	Signature		***************************************	Date				
Christina Lynch		Vi	ce Pr	esid	ent of	Operatio	ns	Unite	D	>	4.	129	10	7	

UK 3368 PATT		IFICATIO	State of Nev DN OF ASB nt to NJAC	STOS 3:60 ai	ABATE nd 12:120	0)	A production of the second con-		5 6	<u></u>	0	W	5	The same of the sa
Date of Notification (1) 5/6 /2019		Name	of Building (onal	Owner	Operator	(2)	and the state of t	4	MAI		4	2019		- Comment
Agencies Notified Type Notification			Address Box 300		2			A	SEESTS				 &	
EPA Initial Amended Amendment #			State, Zip Co	de					LJ(JEN	SIN	G	eren ann	- 2
DOL Amendment #_	alia a	1	r Creek, II		126									
DOH Emergency (inclu	aing		of Contact						ephone N					
DCA Cancellation	**************************************		red Maier		TION			20	1-206-1	248	1			
Name of Facility Where Abatement is Taking Pla	ice (3)		OILITT INT	ZIGINZ	ioit	Туре	of Facility (4)						
Former Wallgreens space				0			ichool (K-1		az than V	12\				
Street Address 17 Hampton House Road						図 C	ubchapter other (i.e. p				build	ings,	home	s,
City (5)						Square	tc.) e Feet	# of	Floors	_	BI	dg. A	ge	
Newton, NJ							000 SF	1			1)+		
County (6) Sussex			y Code (7) E USE ONLY)				nt Use (Prio mercial	or if bei	ng demoli	ishe	d)			
Name of Monitoring Firm Hired by Building Owne	er (8)	ASO	CM No.		Name	100000000	ement Cor	tractor	(9)					
THE VERTEX COMPANIES, INC					EA S	Service	es Corpo	ration						
Street Address 700 Turner Industrial Way, Suite 105						Addres								
City, State, Zip Code				<u> </u>	A 25	State, Zip	191/2023				11:0			
Aston, Pennsylvania 19014					- 60		g, NJ 070	93						
Project Manager for Monitoring Firm		Telep	none No.			hone No			License					
Start Date (10) Sch	eduled C	Completic	n Date (11)		27,200.00	295-1	A Monitor		01074					
	11/19	ompione			100000000000000000000000000000000000000	ne as a								
Occupancy Status During Abatement (Check On	ly One)				Street	Addres	S							
Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal F. Other – Describe: starting at 8 AM					City, S	State, Zip	o Code			a				
Scope of Work (Check All That Apply)														
23 sf or ≥3 lf	Reno	ovation			Þ	☑ Full	Containme	ent with	Negative	e Pre	essur	e		
≥160 sf or ≥260 lf		olition				Min	i-Enclosure	9						
\							-Exempted		d Non-Fri	able				
		cation nally									9		ment pe	
Location of Asbestos-Containing Material (ACM)	Used S	olely by nance/	Asbes		escriptior ntaining N		(ACM)	А	mount	Ī			ш	_
TO BE ABATED In Facility	Custodi	al Staff?	(i.e.		al system acing, VA		tion,		Specify F or LF)		Remova	Repair	ncap	Enclo
(13)	(1	2)			miscella						oval	air	Encapsulate	Enclosure
	Yes N	lo N/A		ecces in and	1972 or 100	200							Ф	
Retail area & Restrooms	>	(1 1000000000000000000000000000000000000		Mastic(CHRISTING	800 SF	-	Х			
Storage area	,	(Floor	Γile &	Mastic	(single	layer)	80	00 SF	_	Х			
										-				
Name of Pegistered Wests Hauter		NIDEE	Waste	Cub	ic Yards		Name of	Regista	ered Land	fill				
Name of Registered Waste Hauler Tri-State Transfer Assoc		Hauler	ID No.	of W	aste				erprises					
City, State		19551		TBI	osal Date		City, Stat		. p. 1000					
Bronx, NY				TBE			Wayne		, OH					
	Title				Signatur	e //	3/)		- 1	Date		240	**************************************	
Gina Betances	Office N	/lanage	r			K	Veca			4/2	6/20	119		

Print-Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

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	WAY		2	2019	- Annual Property and a second	U

~~ II) 1 1 1 1 1 1 1 1 1	CULL	E.	(0)	- 111				_	
4/26/2019					uilding blic Sch	Owner/Operator (2 nool	2)					MA	Y	2 20	19
Agencies Notified	Type Notificati	ion		t Addr		li Avenue Room 2	00			i	1.	ASBES	ros c	ONT	ani a
Ø EPA	☑ Initial ☐ Amended				Zip Co		09			- A		L.	JCEN:	SING	Welliam Dr. Land
□ DEP	Amendment#:		Newa	ark, N.	07108				m						
DOOL	☐ Emergency (including				ontact: nin Olag	radevo			Telephone 973-733-72		r:				
DOH □ DCA	justification) ☐ Cancellation			zengun	mi Oiug	gaacyo		20	713 133 11	200					
						FACILITY INFO	ORM	ATION							
Name of F	Facility: Newark	C Vocatio	nal Hig	h Sch	ool			of Facility							
301 West	Kenny Street							hool (K-12) behanter 8 (Other than K-	12)					
City/ (5)		County (6	5):		Coun	ty Code (7):	15 260 ADM 516		vate & comme		ldings	s, homes,	etc.)		
Newark		Essex			07107		Squ	are Feet:		#	of F	loors:			
							Blds	g. Age							
							Cur	rent Use: S					22		1
Name of N WHITMA	Monitoring Firm	Hired by	Build	ing Ov	vner:	ASCM No.: 00110	Nan	ne of Abate	ment Contra	ctor (9)	:				
						00110			pment, Inc						
Street Add							Stre	et Address:							
1 / Fleasa	ant Hill Road						358	Broad	wav						
City, State	e, Zip Code:						_	, State, Zip	V						
Cranbury	, NJ 08512						Nev	vark, NJ	07104						
Project Ma	anager for Mon	itoring Fi	rm:			Telephone No.:		phone No.:		Licens	e No	.:			
Kevin Lo	vely	2020				732-644-5418	(973	350-0101	L	01215	ii.				
Start Date 5/06/19	(10):	Sche 6/31		Compl	etion D	ate (11):	5000000	ne of OSHA ro Analytic	A Monitor: al Laborator	ies					
Occupancy	Status During Ab	atement (C	Check or	nly one)			et Address:							
	Closed/vacated Du								Street, Suite	203					
Describe:	nt Performed Outs	side of Nor	mai Fac	ility H	ours			State, Zip York, Ne	Code: w York, 100	18					
☐ Other Describe:															
Scope of W	ork (Check all tha	at apply):							□ Full Co	ntainme	ent w	ith Nega	tive P	ressure	
$\square \ge 3$ sf or	$t \ge 3$ If or ≥ 260 If				Renova Demoli				☐ Mini-E ☐ Gloveb	nclosur	e	250		cobare	
D≥ 100 31	01 ≥ 200 H					tion			□ Non-Ex	empted ((*) an	d Non-Fi			
	Location of			Locat ormal		De	escrip	tion of						temer ype	It
	s-Containing Ma	aterial	Used	Sole	ly by	Asbestos Cont (i.e., therma	tainin	Material Material	(ACM)				1	T	
TO	(ACM) D BE ABATED			ntena istodi		surfa	icing,	VAT, or			ount	Rer	Re	Encapsulat	Enclosure
10	IN Facility			Staff?		other	misce	llaneous)			ecify		Repair	nsq	losu
	(13)		Yes	(12) No	N/A					SF o	r LF) 2		lat	lre
	04, UNN 60		. 55												
	GUIDANCE SUI ENDANCE U												+		
	L OFFICE UN 65,			X		FLOOR TILE AN	D MA	STIC		7,80	0 SF	* *			*
PRESIDEN	NT OFFICE U	UN 59,													
	ICE UN 53, TEA IAIN OFFICE	ACHER													
Name of R	Registered Waste	e Hauler:				P Waste Hauler	· ID	Cubic Ya	\$25542.55 DE			egistered			
	arting, Inc.				No.: 0)4509		of Waste				al Sanita	ry Lan	dfill	
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Completed					Title:		Signą	ture:		D	ate:				
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Project Manager for Monitoring Firm			elephor			elepho	ne No.	Cil	icense No		,		
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Facility Closed/Vacated During Entire F	Period of A	batem	ent			- 1 .	ite, Zip Code	X 1	/.				
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Scope of Work (Check All That Apply)	/					16 J		0.722.0					
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TO BE ABATED In Facility	Cust	odial S	Staff?		surfacir	ng, VAT	, ог		or LF)	Removal	Repair	aps	Enclosure
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Name of Registered Waste Hauler			JDEP V		Cubic Y		Name of	Register	ed Landfill				
- 0		1000	lauler ID	No.	of Wast	е	WE	TIER	12-1	1/2			
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City State					Disposa	L /C				1	20		
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Date of Notification (1)				Building Owner/Op			ШЦ	MAY	- 2	2019		
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Agencies Notified Type Notification			Street Add	교사 그 (교리)	-1		L	A OR DOTAN	300			Christian
☐ EPA ☐ Initial		1 2		uth Broad Stre	eet		- /	ASSESTOS LICE	: CC :NSIN	Maria VG	الد الله	
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DOL Amendment Emergency			Vame of (Tolo	phone Num	her			
DOH justification)		10000	Name of C				9 600	8-352 - 435				
DCA Cancellation				ITY INFORMATION)N							
Name of Facility Where Abatement is Takin	g Place (3)		PACIL	III INFORMATIO	JIN	Type of Facility (4	1)					
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Elizabeth						80,000	3		_)+		
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Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		of Abatement Con		1.00				
N/A					il alternation	Services Corpo	ration					
Street Address						t Address -69th Street						
City, State, Zip Code						State, Zip Code tenberg, NJ 070	าดจ					
		- 13	T 1 . h	- N-		hone No.	330	License No	`		_	
Project Manager for Monitoring Firm			Telephon	ie ivo.		-295-1700		01074				
Start Date (10)	Schedule	ed Con	npletion D	Date (11)	Name	of OSHA Monitor						
4/27/19	4/29/19	9		0.000	San	ne as above						
Occupancy Status During Abatement (Che	ck Only On	e)			Stree	t Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: starting at 9 AM	Period of A mal Facility	Abatem	nent		City,	State, Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure)	
	1 1	Locat								Abate Ty		Š
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole iintena todial ((12)	ely by ince/ Staff?	Asbestos Con (i.e. therma surfa	syster cing, V	Material (ACM) ns insulation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								Ф	
Classroom 206		х		Pipe	Insul	lation		3 LF	х			
Classroom 208		х		Pipe	Insu	lation		4 LF	х			
Basement		×		Pipe	Insu	lation		2 LF		х		

Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste Minerva Enterprises Inc Tri-State Transfer Assoc 19551 **TBD** Disposal Date City, State City, State TBD Waynesburg, OH Bronx, NY Date Signature Completed by 4/26/2019 Office Manager Gina Betances

Basement

15107C	PAI	D	OTI					TOS ABAT :60 and 5:16		n	E (E		\mathbb{V}		
Date of Notification (1)					Name	of Building	Ow	ner/Operator (2	2)	5	1				11	1111
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Agencies Notified	Type Notifica	ation			Street	Address			1						No. of Concession, Name of Street, or other Persons, Name of Street, or ot	
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(NJAC 5:23-8)	justification	on)	umg	Ì	Name	of Contact				T	Telephon	e Numi	per			
8 8	☐ Cancellat	ion			Gar	y Russo					609-77	77-324	3			
					FAG	CILITY IN	FOF	RMATION								
Name of Facility Where A	Abatement is T	aking P	lace	(3)					Type of Facilit	y (4)					
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Street Address								-	☐ Subchapte ☐ Other (i.e.,					ildina	S.	
935 Lakewood Roa	d								homes, etc	c.)					T.S.	
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USA Environmenta	l Manageme	ent, Inc					S	hade Enviro	onmental, LL	С						
Street Address							Stre	eet Address								
344 West State Stre	et						6	23 Cutler Av	enue/							
City, State, Zip Code							City	, State, Zip Co	ode				-			
Trenton, NJ 08618							N	laple Shade	NJ 08052							
Project Manager for Moni	toring Firm			Tele	phone	No.	Tele	ephone No.			License	No.			- 27	77
John Duggan				60	9-656	-8101	8	56-755-0099			0084	2				
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Freehold, NJ							0	5/20/2019	Morrisvil	le, F	PA					
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Bergen County Department of Public Works 4/26/19 Type Notification Street Address Agencies Notified 1 Bergen County Plaza **EPA** Initial City, State, Zip Code X DEP Amended Hackensack, NJ, 07601 Amendment # X DOL Telephone Number Emergency (including Name of Contact 201-336-6804 Scott Luna X DOH justification) DCA Cancelation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Bergen County Justice Center Courthouse School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & Commercial buildings, homes, etc.) X 10 Main St. # of Floors Bldg. Age City (5) Square Feet 1957 Hackensack 342.797 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Courthouse Bergen Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Omega Environmental Services, Inc Unicorn Contracting Corp. 00120 Street Address Street Address 32 Willow Way 280 Huyler Street City, State, Zip Code City, State, Zip Code Woodland Park, NJ 07424 South Hackensack, NJ, 07606 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01331 973-333-9176 201-489-8700 Richard Kuiters Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Envirovision Consultants, Inc. 5/13/19 04/29/19 Occupancy Status During Abatement (Check Only One) Street Address 20-21 Wagaraw Rd., Bldg. 35-E Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours X Fair Lawn, NJ 07410 07:00AM - 03:30PM Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation X X ≥3 sf or ≥3 lf X Mini-Enclosure Demolition ≥160 If or ≥260 If П Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) (Specity Maintenance/ (i.e. thermal systems insulation, TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or In Facility (12)other miscellaneous) (13)No N/A Yes 30 LF X TSI (Wrap & Cut) X Room 219 X 30 LF TSI (Wrap & Cut) X Room 320 30 LF X TSI (Wrap & Cut) X Room 321 Name of Regustered Landfill Cubic Yards of Waste NJDEP Waste Hauler ID No. Name of Registered Waste Hauler Fairless Hills Landfill 2+ CU YD 0035844 Unicorn Contracting Corp. Disposal Date City, State City, State Morrisville, PA TBD Woodland Park, New Jersey Signature Date Completed by 4/26/19 General Manager

Dimo Golcev

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 29 / Township of Clinton / Job #1904-2436 | Chk. #5343 Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA ☑ Initial 1225 route 31 South, Suite 411 LICENSING **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Lebanon, NJ 08833 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Robert Martucci 908-735-9500 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Windy Acres School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 234 East Main Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Lebanon 2.000 44 years County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hunterdon Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Finog Environmental Asbestos and Mold Services, Corp. Street Address Street Address 617 Stokes Road 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Medford, NJ 08055 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rebecca Rubnitz 888-715-2211 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5 / 8 / 19 __5__ / __15__ / __19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Enclosure Full Senteinment with Negative Pressure ☐ >3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☑ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Removal Encapsulate Asbestos Containing Material (ACM) Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Bathroom X Pipe Wrap 70 LF X Bathroom X Floor Tile 150 SF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Waste Management Hauler ID No. Waste **Grand Central** 17273 5 City, State Disposal Date City, State Lafayette, NJ Penn Argyle, PA Completed By (Print or Type) Title Signature Date Kaysi Gruner Office Assistant ASB-41 **MAY 11** * Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) May 1, 2019		Name of Building Owner/Operator (2) New Jersey Turnpike Authority										-				
Agencies Notified	Type Notification			Street Address GSP Interchange 145 East Passaic Ave Bridge LICENSING												
EPA DEP DOL	Initial Amended Amendmen	t # 1		City, St	City, State, Zip Code Nutley, NJ 07110											
□ DOH	Emergency justification)	(including	,	Name o	of Contact		Telephone Number									
DCA	Cancellation			Dan Wenger 7327505300 FACILITY INFORMATION												
Name of Facility Where A	Abatement is Takir	ng Place (3) Oridae	Type of Facility (4)												
Street Address				School (K-12) Subchapter 8 (Other than K-12)												
GSP Interchange 1	45 East Passa	Bridge	9			×	Other (i.e. private & commercial buildings, hor etc.)					, hom	es,			
City (5) Nutley							Squ N/A	uare Feet A	re Feet # of Floors Bldg. Age							
County (6) Essex					Code (7) USE ONLY)		Current Use (Prior if being demolished) Bridge Utilities									
Name of Monitoring Firm N/A	Hired by Building)	ASCI	M No.		Name of Abatement Contractor (9) George Harms Construction Co., Inc.										
Street Address					Street Address 62 Yellowbrook Road										-	
City, State, Zip Code					City, State, Zip Code									4-7-		
Project Manager for Moni	toring Firm		Telepho	one No	-	Howell, NJ 07731 Telephone No. License No.										
					732-751-2089 01055											
Start Date (10) April 15, 2019		Schedul May 3		mpletion Date (11) Name of OSHA Monitor												
Occupancy Status During		876	50			Street	Addr	ess								
Facility Closed/Vaca Abatement Performe Other – Describe: B	ed Outside of Norn	nal Facility	/ Hours	City State Zin Code												
Scope of Work (Check All	That Apply)														-	
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			Renova Demolit	ition Mini-Enclosure Glovebag Procedure												
		la la	Locati			×	Non-Exempted (*) and Non-Fria					ble Procedure Abatement				
Location	Normal ed Sole	ly			scription of					Туре						
Asbestos-Containing I TO BE ABA In Facilit (13)	intenar todial S (12)	nce/	(i.e. therm	ntaining Material (ACM) all systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		to	Remova	Repair	Encapsulate	Enclosure			
W7		Yes	No	N/A	00101	mocellar	niscellarieous)					val	Ť	ulate	ure	
Underbridge Tra	idge Transite Duct				Trans	ite Duct	Bar	Bank		175 LF		Х				
		x														
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Name of Registered Wast	e Hauler		100000	JDEP W		c Yards		Name of Re	gister	ed Lan	dfill				_	
George Harms Const	ruction Co., Inc	C.		auler ID 5885	No. of W			Waste Ma								
City, State Howell, NJ					Disp. TBD	osal Date	,	City, State	, PA							
Completed by Sam Hahn	ct En	Engineer Signature Date. 7						13017								
				J J.		4 100	0050	1.4//			1	1/	60	4 8		

NOCK			NOT		ATIO		BE	STOS ABAT 8:60 and 5:10	2 1 1 1	EGI		Ŋ	7 [The state of the s	
Date of Notification (1) 4 /	50000000000000000000000000000000000000							wner/Operator (e at Gloucest	#1904-5466 Check					IJ		
Agencies Notified ☑ EPA ☑ DOLWD ☑ DHSS	1		Stree 14 City,	treet Address 1400 Tanyard Road ASSESTES CONTROL LICENSING ity, State, Zip Code Sewell, NJ 08080												
DCA	5:23-8) Emergency (including justification)							80		Telephone N	lumhei					
(NJAC 5:23-8)			e of Contac ke Rumpi				609-209-3									
		Cherrent.					•	RMATION								
Name of Facility Where A	Abatement is	Takin	g Place	(3)					Type of Facility	(4)						
Rowan College Roo Street Address							(K-12) pter 8 (Other than K-12) e., private and commercial buildings,									
1400 Tanyard Road								homes, etc.)		vate and commercial bulletings						
City (5) Sewell, NJ									Square Feet	uare Feet # of Floors			Bldg. Age			
County (6)				Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Use (Prior if being demolished)								
Gloucester									College							
Name of Monitoring Firm	ding (Owner	(8)	ASCM	No.			ent Contractor (9)								
Pennoni Associates Street Address							AbateTech, In	ic.								
515 Grove Street, S							30 Maple Ave	PO Box 25								
City, State, Zip Code						_	ty, State, Zip Co				-					
Haddon Heights, N.	J 08035						1 2	Lumberton, N								
Project Manager for Monit	Tele	phone	No.	_	elephone No.		License No.									
Alan Lloyd 85						-0505	1	609-265-2107		00529						
Start Date (10)	18	Sched	luled-6	omple	tion Da	ite (11)	Na	ame of OSHA Me	onitor							
4 / 24 / 19 5 / 3						19	آر	EMSL Analyti	cal							
Occupancy Status During	Sti	reet Address														
☐ Facility Closed/Vacate							200 Route 130									
Abatement Performed Time of Abatement:					ty, State, Zip Co Cinnaminson,		O									
Scope of Work (Check all	that apply)							□ Eull Contr	sinment with Noo	ativo Prossuro				70		
☐ Full Containment with Negative Pressure ☐ ≥3 sf or ≥3 lf ☐ Mini-Enclosure ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Proce											ıre					
			6.5	Locat				POSITION AND THE PARTY				Aba	teme	nt T	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Normal Used Sole Maintenar Custodial S (12)							., the	Description of Containing Mat- ermal systems in surfacing, VAT, ther miscellaneo	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
Instructional Center R	Yes	No	N/A	Spline 8	8 C	eiling Plaster		1,292 SF			П					
moductional center is				1	Opinie c		ening i laster		1,202 01		X		_			
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AbateTech Inc.						DEP Waste Cubic Yards of Vame of Registered Landfill Uler ID No. Waste Fairless Landfill Fairless Landfill										
City, State							Dis	posal Date	City, State							
Lumberton, NJ / 5/3/19 / Morrisville, P									, PA							
Completed By (Print or Ty		Title		g-2/27 con . r o		140,004,1400-200	*****	Signature			Date 4-79-19					
Gwendolyn Trumbet	tti	0	perati	ons (Coord	inator		I (N	KM		<u> - </u>	1	4-	- 1	67	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 29 PSE&G / Job #1904-5470 Check #11246MAY Agencies Notified Type Notification Street Address **⊠** EPA 4000 Hadley Road **⊠** DOLWD ☐ Amended City, State, Zip Code LICENSING **⊠** DHSS Amendment # South Plainfield, NJ ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Harry Tucker 609-337-0361 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Hunters GlenSubstation ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 68 Dey Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Plainsboro, NJ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Substation Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 609-704-8850 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5 / 13 / 19 5 / 24 / 19 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ >3 sf or >3 If ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Removal Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Throughout X Sheetrock 6.000 SF X П П Tub/Shower Area X Wall Mastic 200 LF X Bethroom #2 \boxtimes Window Caulk 7 SF X Bathroom Walls #2 & #3 П \boxtimes Wall Mastic 52 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Environmental Transport Group, INC. Grows-Fairless Landfille 000692061 40 City, State Disposal Date City, State Flanders, NJ 5/24/19 Morrisville, PA 19067 Completed By (Print or Type) Signature Date Gwendolyn Trumbetti Operations Coordinator 4-29-19

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:60 and 5:46)

CLIBUXE	AMD	À		(1	Pursu	ant to NJ	AC 8:60 and 5:	16)			Π.Π	[m	- 1 1 -		
Date of Notification (1)				Nai	me of Buildi	ng Owner/Operator	(2)	TE G	E 1	\mathbb{V}	1	+17			
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Agencies Notified	Type Noti	fication			Stre	eet Address		- 11	III MAY	- 2	2010	1	11		
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☑ DHSS	☐ Amend	dea dment#			City	, State, Zip	Code						1		
□ DCA	☐ Emerg	The state of the s	luding		N	ew Bruns	wick, NJ 08901	ASSESTOS CONTROL &							
(NJAC 5:23-8)	justifica	ation)		3	Nan	ne of Conta	ct	Telephone-Number							
	☐ Cancel	llation			G	ene Stilso	on	908-331-5858							
None of Facility 188					F	ACILITY II	NFORMATION								
Name of Facility Where A	batement is	s Taking	Place	(3)				Type of Facility	(4)						
Robert Wood Johns Street Address	on Hospi	ital						School (K-12		(40)					
One Robert Wood J	obnosu 5	N						Other (i.e., p	o (Other than reprivate and com	(-12) mercial l	buildin	as.			
City (5)	OHIISOH P	race						homes, etc.))						
New Brunswick								Square Feet # of Floors Bldg							
County (6)					100	10h : 0 - d - 7	7/07475 //05 04/14								
Middlesex					000	unity Code (/	7)(STATE USE ONLY)	,							
Name of Monitoring Firm H	lired by Bu	ilding Ov	mer (8)	ASCN	A No.	Name of Abetam	Hospital							
Omega Environment		numg Ov	riici (,	AGCIN	n NO.	Name of Abateme								
Street Address							Street Address								
280 Huylar Street							30 Maple Ave	PO Boy 25							
City, State, Zip Code							City, State, Zip Co	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T							
South Hackensack, N	NJ 07606						Lumberton, N								
Project Manager for Monito	ring Firm			Tele	phone	No.	Telephone No.	License No.							
Geiser Fajardo			20	01-489	9-8700	609-265-2107		00529							
Start Date (10)		Schedule	ed Co	mple	tion D	ate (11)	Name of OSHA M	onitor					\neg		
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Abatement Performed O Time of Abatement:	lormal Fa	cility	Hour	s - Des	scribe	City, State, Zip Co	de					-			
			I IVI-		_^!VI		Cinnaminson,	NJ 08077							
Scope of Work (Check all th	at apply)						M = " 0 ·		0. 822						
≥3 sf or ≥3 lf		\boxtimes	Ren	ovati	on			ainment with Nega	ative Pressure						
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Location of			No	rmal	lly		Description of				ateme				
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TO BE ABATED Maintenand IN Facility Custodial Sta						(i.e.,	thermal systems in surfacing, VAT, of		(Specify	Nov	a:	aps	losu		
(13)				(12)	_	1	other miscellaneo	or SF or LF)				Encapsulate	Ге		
_		Y	es	No	N/A						(b)				
Operating Area S-167				X		Vinyl Sh	eet Goods		50 SF						
								6		П	$\overline{\Box}$	$\overline{\Box}$			
													$\overline{\Box}$		
Name of Registered Waste H			N.	JDEP V	EP Waste Cubic Yards of Name of Registered Landfill										
AbateTech, Inc. Haul						iler ID No. Waste Fairless Landfill									
City, State							12 Disposal Date	City, State							
Lumberton, NJ							5/12/19	Morrisville,	PA						
Completed By (Print or Type))	Title					Signature	1/	11	Date		05 14	$\overline{}$		
Gwendolyn Trumbetti Operations Co						nator	Mar	1		4-3	30 -	-10	7		
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* Do not use this form for asbestos licensure exempted activities.