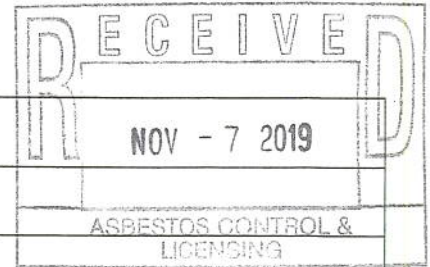
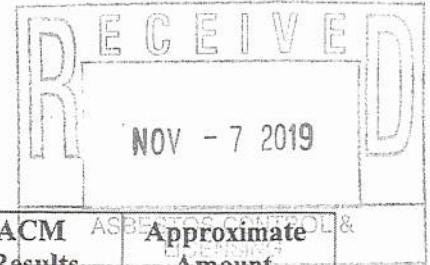


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/5/2019		Name of Building Owner/Operator (2) WP Secaucus Construction LLC		NOV - 7 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Passaic Ave, Ste 240 City, State, Zip Code Fairfield NJ 07004 Name of Contact Louis Molinaro Telephone Number 973-487-1805					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) N/A			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 1631 Paterson Plank Road, Building 1-4			Square Feet 4,900/ 5,300 / 2,500/ 3,000						
City (5) Secaucus			# of Floors 1/ 1/ 3/ 1		Bldg. Age 109 yrs.				
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) abandoned					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Checkmark Industrial					
Street Address		Street Address 54 Morgan Dr		City, State, Zip Code Sparta NJ 07871					
City, State, Zip Code		Telephone No. 973-570-2645		License No. 01334					
Start Date (10) 11/18/2019		Scheduled Completion Date (11) 12/31/2019		Name of OSHA Monitor Checkmark Industrial					
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 54 Morgan Dr City, State, Zip Code Sparta NJ 07871						
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
see attached survey		X		see attached	see attached				
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 100	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark NJ		Disposal Date		City, State Pen Argyl, PA					
Completed by Corey Stankovic		Title CEO		Signature <i>Corey Stankovic</i>			Date 11/5/2019		

# EXHIBIT H



## RESULTS: EMSL Analytical, Inc.: #031924429: Building 1

Sample #	Sample Location	ACM Material	ACM Results	Approximate Amount
33	Second Floor Apartment 2 Back Bedroom	Green tile	4%	100 SF
39	Roof	Flashing	5%	150 SF

## NOTE: BUILDING 2

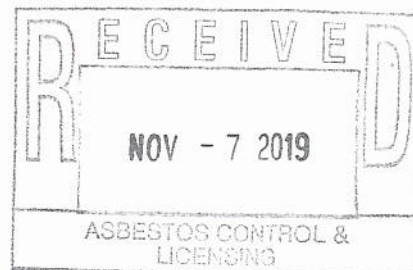
*Assumed approximately 1-yard white fire brick are positive for asbestos*

## RESULTS: EMSL Analytical, Inc.: #031924442: Building 3

Sample #	Sample Location	ACM Material	ACM Results	Approximate Amount
1	Basement	Air cell	30%	50 LF
2	Basement	Elbows	15%	4 elbows
6	Front Office	Plaster	2%	All plaster is considered positive for asbestos greater than 1% throughout the building, approx. 6,000 SF
7	Main Entrance	Plaster	2%	"
8	Office R	Plaster	2%	"
9	Office L	Plaster	2%	"
10	Bathroom	Plaster	3%	"
14	Office L w bathroom	Plaster	2%	"
15	Stair to basement	Plaster	5%	"
16	Office R	Red tile	8%	100 SF
17		Mastic & tile	1.8%	100 SF
18	Office L	Tile & mastic	2%	70 SF
20	Stairs	Plaster	2%	All plaster is considered positive for asbestos greater than 1% throughout the building, approx. 6,000 SF
25	Office R	Plaster	3%	"
29	Hallway	Plaster	5%	"
32	Kitchen	Window glaze	2.4%	All windows

*Samples 17, 19, 31, 32, 38, 42, 43, 49, and 59 were sent for TEM (Transmission Electron Microscopy).*

## EXHIBIT H



### RESULTS: EMSL Analytical, Inc.: #031924429: Building 3

Sample #	Sample Location	ACM Material	ACM Results	Approximate Amount
71	Roof	Core	3%	2,000 SF
72			2%	
73	Roof	Flashing	5%	300 SF
74			2%	
75	Chimney	Tar	8%	20 SF
39	Roof	Flashing	5%	150 SF

**Building 3:** all roofing tar, sealants, flashing are considered positive for asbestos greater than 1%

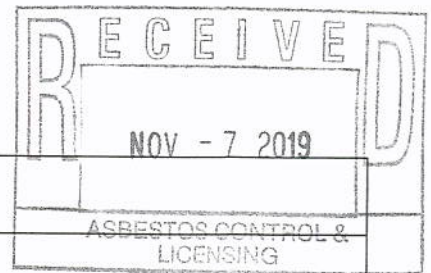
### RESULTS: EMSL Analytical, Inc.: #031924429: Building 4

Sample #	Sample Location	ACM Material	ACM Results	Approximate Amount
76	Back Building	Roof	5%	3,000 SF (under metal roof)

### NOTE

Asbestos pipe insulation is known to be present in this building. If any insulated pipes/ducts or mastic is found behind/above/below existing surfaces, they are assumed asbestos. If any untested flooring or mastic is found underneath existing flooring, it is assumed asbestos. If any fireproofing/insulation/waterproofing adhesive/cement is found behind/above/below existing surfaces, it is assumed asbestos

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



Date of Notification (1) <b>11 / 01 / 19</b>		Name of Building Owner/Operator (2) <b>Cottage Street Orbit Acquisitons, 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>7420 S. Karen's Road, Suite 101</b>							
		City, State, Zip Code <b>Tempe, AZ 85283</b>							
		Name of Contact <b>Stephen Earley</b>	Telephone Number <b>201-668-1798</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>31-39 Central Avenue</b>									
City (5) <b>Newark</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>Essex</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) <b>07 / 22 / 19</b>	Scheduled Completion Date (11) <b>01 / 31 / 20</b>	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	2,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Century Waste, LLC/Newark Carting</b>		NJDEP Waste Hauler ID No. <b>32797 / 0283</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Fairless Landfill / Grand Central Sanitary Landfill</b>					
City, State <b>Elizabeth, NJ / Newark, NJ / Garfield, NJ</b>			Disposal Date <b>TBD</b>	City, State <b>Morrisville, PA / Pen Argyl, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>			Date <b>11/1/19</b>		

INV-15828  
CH8088

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

RECEIVED	Print Form
	NOV - 7 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11-5-19		Name of Building Owner/Operator (2) Port Authority	
Agencies Notified	Type Notification	Street Address 9 Path Plaza	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 Jersey City, NJ 07306	
		Name of Contact	Telephone Number 800-234-7384

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Journal Square		Type of Facility (4)	
Street Address 9 Path Plaza		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City	Square Feet	# of Floors	Bldg. Age
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Store front	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address 1380 Mt Cobb Rd	
City, State, Zip Code		City, State, Zip Code Lancaster PA 17603	
Project Manager for Monitoring Firm		Telephone No. 570 383 4151	License No. 01216
Start Date (10) 11-14-19	Scheduled Completion Date (11) 11-21-19	Name of OSHA Monitor SCE Environmental	
Occupancy Status During Abatement (Check Only One)		Street Address 1380 Mt Cobb Rd	
<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 Lancaster PA 17603	

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 type="checkbox"/> Demolition	<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
Doorway			X	Caulking	22 LF	X			

Name of Registered Waste Hauler Cardella Waste		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 21 CY	Name of Registered Landfill Fairless (wm)	
City, State Newark NJ		Disposal Date	City, State Morgantown PA		
Completed by Mariah Wheeler	Title PM	Signature [Signature]	Date 11/5/19		

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

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ASBESTOS CONTROL & LICENSING

CH 4779  
Date of Notification (1)  
11/01/2019  
JNV-15824

Name of Building Owner/Operator (2)  
Denville Township Schools

Street Address  
1 St. Mary's Place

City, State, Zip Code  
Denville, NJ 07834

Name of Contact  
Mrs. Damaris Gurowsky

Telephone Number  
973-983-6530

Agencies Notified  
☒ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☒ DCA

Type Notification  
☒ Initial  
☐ Amended  
Amendment #  
☐ Emergency (including justification)  
☐ Cancellation

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
ValleyView Middle School

Street Address  
320 Diamond Spring Road

City (5)  
Denville

County (6)  
Morris

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)  
☒ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
50,000

# of Floors  
2

Bldg. Age  
50+

Current Use (Prior if being demolished)  
School

Name of Monitoring Firm Hired by Building Owner (8)  
DAI Environmental Services

ASCM No.  
012

Name of Abatement Contractor (9)  
Bako Construction & Restoration, Inc.

Street Address  
560 Sylvan Ave, Suite 3065

Street Address  
265A Route 46 Suite 3D

City, State, Zip Code  
Englewood Cliffs, NJ 07834

City, State, Zip Code  
Totowa, NJ 07512

Project Manager for Monitoring Firm  
Nadine Bello

Telephone No.  
973-981-4850

Telephone No.  
973-256-7010

License No.  
0666

Start Date (10)  
11/27/2019

Scheduled Completion Date (11)  
12/01/2019

Name of OSHA Monitor  
Bako Construction & Restoration, Inc.

Occupancy Status During Abatement (Check Only One)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other - Describe: Wed: 12:30pm-9pm, Fri, Sat, Sun: 8am-4:30pm

Street Address  
265A Route 46 Suite 3D

City, State, Zip Code  
Totowa, NJ 07512

Scope of Work (Check All That Apply)  
☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf  
☒ Renovation  
☐ Demolition  
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ 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
Boiler Room Stairwell		X		Asbestos Ceiling Tiles	180 SF	X			

Name of Registered Waste Hauler  
Bako Construction & Restoration, Inc.

NJDEP Waste Hauler ID No.  
20889

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Fairless Landfill/ Waste Management

City, State  
Totowa, NJ

Disposal Date  
TBD

City, State  
Morrisville, PA

Completed by  
Damir Valjevac

Title  
Project Manager

Signature  
*Damir Valjevac*

Date  
11/01/2019

Inv-15825

B &amp; G proj. #:

2019-252

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

Check # 9703

Date of Notification (1) 11/10/19		Name of Building Owner/Operator (2) William Fulford		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 7 2019 ENVIRONMENTAL CONTROL &amp; LICENSING </div>
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		
Street Address [REDACTED]		City, State, Zip Code Westfield, NJ 07090		
Name of Contact William Fulford		Telephone Number		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) William Fulford			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet   # of Floors   Bldg. Age		
City (5) Westfield, NJ 07090	County (6) Westfield	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/18/2019	Sched. Completion Date (11) 11/21/2019		Name of OSHA Monitor B & G Restoration, 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: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	285 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 11/21/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/01/2019

CK 2501

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/2/19		Name of Building Owner/Operator (2) Teresa Jolley		Street Address [REDACTED]		City, State, Zip Code Spotswood, NJ 08884		Name of Contact Teresa Jolley		Telephone Number	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" 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 #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		ASBESTOS CONTROL & LICENSING							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Residential Home						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]						Square Feet 3100			# of Floors 2		Bldg. Age 65+/-
City (5) Spotswood				County (6) Middlesex		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				ASCN 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) 11/4/19		Scheduled Completion Date (11) 11/9/19		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M						Street Address					
						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	
										Removal	Repair
Basement			X			VAT		1227 SF		X	
Name of Registered Waste Hauler All Stages Abatement				NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 8 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 11/2/19		

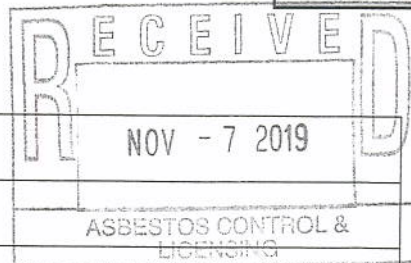
CK 2502

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

Print Form
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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/2/19 <b>INV-15735</b>		Name of Building Owner/Operator (2) Loretta Parciasepe	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" 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 #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Bergenfield, NJ 07621	
Name of Contact Loretta Parciasepe		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1800	
City (5) Bergenfield		# of Floors 2	
County (6) Bergen		Bldg. Age 65+/-	
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.	
Street Address		Name of Abatement Contractor (9) All Stages Abatement	
City, State, Zip Code		Street Address 280 N. Midland Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663	
Telephone No.		Telephone No. 201-600-3184	
Start Date (10) 11/7/19		License No. 01305	
Scheduled Completion Date (11) 11/10/19		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M.		Street Address	
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		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes    No    N/A	
Main Basement		VAT	
Laundry Room		VAT	
Amount (Specify SF or LF)		Abatement Type	
314 SF		Removal    Repair    Encapsulate    Enclosure	
288 SF			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	
City, State Saddle Brook, NJ		Cubic Yards of Waste 3 YD	
Completed by Richard Cristofol		Name of Registered Landfill Grand Central Sanitary Landfill	
Title President		Disposal Date TBD	
Signature 		City, State Pen Argyl, PA	
		Date 11/2/19	

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



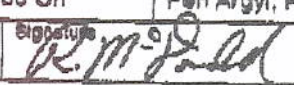
Date of Notification (1) 11/1/2019 <i>JNV-15822</i>		Name of Building Owner/Operator (2) Burlington Publisher							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address PO.Box 368		City, State, Zip Code Langhorne, PA 19047							
Name of Contact Donna Voorhees		Telephone Number 215-622-1014							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Burlington County Times Building		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 4284 US-130		Square Feet 41,000							
City (5) Willingboro		# of Floors 1							
County (6) Burlington County		Bldg. Age 60+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Office							
Name of Monitoring Firm Hired by Building Owner (8) EAGLE IHA Inc		ASCM No. _____							
Street Address 359 Dresher Road		Name of Abatement Contractor (9) Elcon Environmental Inc							
City, State, Zip Code Horsham, PA		Street Address 150 Glenwood Dr							
Project Manager for Monitoring Firm Mark Hays		City, State, Zip Code Washington Crossing PA 18977							
Telephone No. 215-672-6088		Telephone No. 215-313-7427							
License No. 01225		Name of OSHA Monitor same							
Start Date (10) 11/18/19		Scheduled Completion Date (11) 12/20/19							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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
Attached									
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprises			
City, State Wayneburg, OH		Disposal Date TBD		City, State Wayneburg, OH					
Completed by Andre Gosek		Title Pr. manager		Signature 		Date 11/1/2019			

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INV-15672  
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

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PAGE 2/3  
DOL-10 DAY-73019  
2019  
ASBESTOS CONTROL & LICENSING  
OCT 23 2019  
WAIVER APPROVED

Date of Notification (1) 10/30/19		Name of Building Owner/Operator (2) Judy Scott		<p>ASBESTOS CONTROL &amp; LICENSING</p> <p>WAIVER APPROVED</p>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Ridgewood, NJ 07450 Name of Contact Judy Scott Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 2500 # of Floors 2 Bldg. Age 25		
City (6) Ridgewood		County (6) Bergen		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Res	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 165 Vreeland Ave			
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-6841 License No. 00156	
Start Date (10) 10/30/19		Scheduled Completion Date (11) 11/07/19		Name of OSHA Monitor Omega Environmental Services, Inc	
Occupancy Status During Abatement (Check Only One)				Street Address 280 Huyler Street	
<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 Hackensack, NJ 07606	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 180 sf or ≥ 250 ft		<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 type="checkbox"/> Non-Exempted (*) and Non-Frangible 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)
	Yes	No	N/A		
Basement			X	Pipe	140 LF
Name of Registered Waste Hauler Newark Carling Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 1	
City, State Newark, NJ 07105		Disposal Date 10/30 On		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date 10/30 On		City, State Pen Argyl, PA 08702	
Completed by Randall McDonald		Title President		Signature  Date 10/30/19	

CK14936

INV-15821

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

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Date of Notification (1) <u>11-1-19</u>		Name of Building Owner/Operator (2) <u>GARDEN STATE DREDGING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>8 CLERMONT DR.</u>	
		City, State, Zip Code <u>CLERMONT N.J. 08210</u>	
		Name of Contact <u>JIM</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>[REDACTED]</u>			
City (5) <u>N. WILLOWOOD</u>	County (6) <u>CAVE MAY</u>	County Code (7) (STATE USE ONLY)	Square Feet <u>1500</u>
			# of Floors <u>2</u>
			Bldg. Age <u>50+</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <u>856-779-0472</u>
			License No. <u>01371</u>
Start Date <u>11-1-19</u>	Scheduled Completion Date (11) <u>11-21-19</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		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 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	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) <u>3250<sup>sq</sup></u>
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>X</u>
Name of Registered Waste Hauler <u>KLEMMCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3 yds</u>	Name of Registered Landfill <u>C.M.C.M.V.A</u>
City, State <u>MAPLE SHADE N.J.</u>	Disposal Date	City, State <u>WOODBINE N.J.</u>	
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUPERVISOR</u>	Signature <u>[Signature]</u>	Date <u>11-1-19</u>

CK 4936

INV-15800

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

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Date of Notification (1) <u>11-1-19</u>		Name of Building Owner/Operator (2) <u>RICH MASSURA</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <u>513 SEA ISLE CITY BLVD. SUITE D</u>		City, State, Zip Code <u>OCEAN VIEW, N.J. 08230</u>							
Name of Contact <u>RICH</u>		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>2000</u>							
City (5) <u>SEA ISLE CITY</u>		# of Floors <u>2</u>							
County (6) <u>CAPE MAY</u>		Bldg. Age <u>40+</u>							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____							
Street Address _____		Name of Abatement Contractor (9) <u>Klemco Inc</u>							
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE</u>							
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Telephone No. _____		Telephone No. <u>856-779-0472</u>							
Start Date (10) <u>11-1-19</u>		License No. <u>01371</u>							
Scheduled Completion Date (11) <u>11-21-19</u>		Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code _____							
Full Containment with Negative Pressure Mini-Enclosure 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) <u>2000 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRAN SITE</u>	<u>X</u>				
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste _____		Name of Registered Landfill <u>C. M. C. M. U. A</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____		City, State <u>WOOD BINE N.J.</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>V/Pr</u>		Signature <u>[Signature]</u>		Date <u>11-1-19</u>			

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INV-15818

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NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) <u>11-1-19</u>		Name of Building Owner/Operator (2) <u>RICH MASSURIA</u>		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>513 SEA ISLE CITY BLVD. SUITE D</u>	
		City, State, Zip Code <u>OCEAN VIEW, N.J. 08230</u>		Telephone Number	
		Name of Contact <u>RICH</u>			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet <u>2000</u>	
City (5) <u>SEA ISLE CITY</u>				# of Floors <u>2</u>	
County (6) <u>CAPE MAY</u>				Bldg. Age <u>40+</u>	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.		Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
Street Address				Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code				City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>11-1-19</u>		Scheduled Completion Date (11) <u>11-21-19</u>		License No. <u>01371</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Name of OSHA Monitor <u>N/A</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition				Street Address	
				City, State, Zip Code	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>				Amount (Specify SF or LF) <u>2500 SF</u>	
				Abatement Type Removal Repair Encapsulate Enclosure	
				<u>X</u>	
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste	
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		Name of Registered Landfill <u>C.M.C. M.U.A</u>	
Completed By <u>MICHAEL KLEMM</u>		Title <u>V/PR</u>		Signature <u>[Signature]</u>	
				Date <u>11-1-19</u>	