State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/28/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Greenhouse Partners, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>5 Greentree Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Burlington Twp., NJ 08016</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bernard Kashmer</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Residential |
| Street Address | Willingboro, NJ 08046 |
| City (5) | |
| County (6) | Burlington |
| Name of Monitoring/Remediation Firm | MECS |
| Street Address | PO Box 341 |
| City, State, Zip Code | Crosswicks, NJ 08515 |
| Project Manager for Monitoring Firm | Bill Weisberger |
| Telephone No. | (609) 240-4070 |
| Start Date (10) | 11/10/16 |
| Scheduled Completion Date (11) | 11/14/16 |
| Occupancy Status During Abatement (Check only one) | Facility Closed/Vacated During Entire Period of Abatement |
| Scope of Work (Check all that apply) | ≥20 sf or ≥30 sf |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Exterior |
| Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) | Yes |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Transite Siding |
| Amount (Specify SF or LF) | 3275 sf |
| Abatement Type | Enclosure |
| Name of Registered Waste Hauler | Stevens Environmental Services, Inc. |
| City, State | Allentown, NJ |
| Disposal Date | 11/14/16 |
| Name of Registered Landfill | GROWS Landfill |

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/27/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Peter Cahill</td>
</tr>
<tr>
<td>Agencies Notified Type Notification</td>
<td>EPA</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ridgewood, NJ 07450</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Residential Home</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Name of Monitoring Firm/Hired by Building Owner (8)</td>
<td>Competent Supervisor</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1,900</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>60 +/-</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>All Stages Abatement</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 N. Midland Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Saddle Brook, NJ 07663</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-600-3154</td>
</tr>
<tr>
<td>License No.</td>
<td>01305</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10/28/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10/29/16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Other – Describe:</td>
<td>8 AM - 4 PM</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
<td>Basement</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>VAT</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>462 SF</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Newark Carting</td>
</tr>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>04509</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>4CU</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IESI Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Newark, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/27/16</td>
</tr>
<tr>
<td>Completed by</td>
<td>Richard Cristol</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>10/27/16</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.
**Date of Notification (1)** 10 / 28 / 16

**Name of Building Owner/Operator (2)** Mount Holly Twp. Board Of Education

**Agencies Notified**
- [X] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

**Type Notification**
- [X] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address** 331 Levis Dr
**City, State, Zip Code** Mt. Holly, NJ 08060

**Name of Contact** Bill Buffa

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
FW Holbein Middle School

**Street Address** 331 Levis Dr
**City (5)** Mt. Holly
**County (6)** Burlington

**Name of Monitoring Firm Hired by Building Owner (8)** MECS, Inc

**ASCM No.**

**Name of Abatement Contractor (9)**
BRISTOL ENVIRONMENTAL, INC.

**Street Address** 1123 BEAVER STREET
**City, State, Zip Code** BRISTOL, PA 19007

**Project Manager for Monitoring Firm** William Weisgarber
**Telephone No.** 609-298-4070
**License No.** 00509

**Start Date (10)** 11 / 7 / 16  **Scheduled Completion Date (11)** 11 / 11 / 16

**Occupancy Status During Abatement (Check only one)**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours

**Time of Abatement:** AM 3:00PM - PM 12:00AM

**Scope of Work (Check all that apply)**
- [X] ≥ 3,000 sf or ≥ 260 lbf
- [ ] ≥ 160 sf or ≥ 265 lbf
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure
- [ ] Abatement Type
    - [X] Removal
    - [ ] Repair
    - [ ] Encapsulate
    - [X] Enclosure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**

<table>
<thead>
<tr>
<th>Room 100</th>
<th>Room 100B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Fittings</td>
<td>Duct vibration cloth</td>
</tr>
</tbody>
</table>

**Location Normally Used Solely by Maintenance/Custodial Staff?**

<table>
<thead>
<tr>
<th>Room 100</th>
<th>Room 100B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Fittings</td>
<td>4 LF</td>
<td>Remove</td>
</tr>
<tr>
<td>Duct vibration cloth</td>
<td>20 SF</td>
<td>Remove</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler** SERVICE TRANSPORT GROUP, INC.
**Cubic Yards of Waste**
**Name of Registered Landfill** MINERVA LANDFILL
**City, State** WAYNESBURG, OH 44688
**Disposal Date**

**Completed By (Print or Type)** Brian Scafiro
**Title** Estimator
**Signature**
**Date** 10/28/16

---

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-154

Date of Notification (1):
[1/01/2018]

Name of Building Owner/Operator (2):
Leslie Van Frank

Agencies Notified:
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification:
- Initial

Street Address:
[redacted]

City, State, Zip Code:
Upper Montclair, NJ 07043

Name of Contact:
Leslie Van Frank

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
Leslie Van Frank

Street Address:
[redacted]

City (5):
Upper Montclair

County (6):
Essex

County Code (7) (State use only):

Type of Facility (4):
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):
Residential

Name of Monitoring Firm Hired by Bldg. Owner (6):
ASCM No.
n/a

Name of Abatement Contractor (9):
B & G Restoration, Inc.

Street Address:
105 Ryerson Road

City, State, Zip Code:
Lincoln Park, NJ 07035

Telephone Number:
(973) 696-8669

License Number:
00378

Name of OSHA Monitor:
B & G Restoration, Inc.

Street Address:
105 Ryerson Road

City, State, Zip Code:
Lincoln Park, NJ 07035

Scheduled Start Date (10):
11/10/2016

Sched. Completion Date (11):
11/11/2016

Occupancy Status During Abatement (Check only one):
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other:

Describe:

Scope of Work (check all that apply):
- Demolition
- Renovation
- >3 sf or >3 if
- ≥160 sf or ≥250 if
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-friable procedure

Location of asbestos-containing material to be abated in facility (13):

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remarks</th>
<th>Recap.</th>
<th>Encap.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>130 if</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler:
B & G Restoration, Inc.

NJDEP Hauler ID #:
19553

Cubic Yards of Waste:
1 1/2

Name of Registered Landfill:
Tullytown Resource & Recovery Center

City, State:
Tullytown, PA

Disposal Date:
11/11/2016

Completed by (Print or Type):
Gordana Luna

Title:
Secretary/Treasurer

Signature:

Date:
10/28/2016
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
*** SUB chapter 8 ***

**Date of Notification (1)**  
10/1/2016

**Name of Building Owner/Operator (2)**  
Rutherford Board of Education

**Street Address**  
100 Uhland Street

**City, State, Zip Code**  
East Rutherford, NJ 07073

**Name of Contact**  
Mark Kramer, B.A.

**Telephone Number**

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**  
Alfred S Faust Middle School  (Sub 8)

**Street Address**  
100 Uhland Street

**City (5)**  
East Rutherford

**County (6)**  
Bergen

**County Code (7)**  
State use only

**Name of Monitoring Firm Hired by Bldg. Owner (8)**  
EnviroVision Consultants Inc.

**ASCM No.**  
0079

**Type of Facility (4)**  
☑ School (K - 12)

**Street Address**  
20-21 Wagarow Road, Building 35E

**City, State, Zip Code**  
Fair Lawn, NJ 07410

**Project Manager for Monitoring Firm**  
Willie Morales

**Phone Number**  
(973)636-9145

**Scheduled Start Date (10)**  
11/09/2016

**Scheduled Completion Date (11)**  
11/12/2016

**Occupancy Status During Abatement (Check only one)**  
☑ Facility closed/vacated during entire period of abatement.

**Describe:**

**Scope of Work (check all that apply)**

☐ Demolition  ☑ Renovation  ☑ Full Containment w/negative pressure

☐ ≥3 sf or ≥3 l f  ☑ ≥160 sf or ≥280 lf  ☑ Glovebag procedure

☐ Location of asbestos-containing material to be abated in facility (13)

☐ Yes   ☑ No   ☑ N/A

☐ Description of asbestos-containing material (ACM)

☐ Pipe insulation  169 lf  ☑ Mini-enclosure

☐ Amount (Specify SF or LF)

☐ Remove  ☑ Repair  ☑ Encap  ☑ Encl

☐ Location normally used solely by maintenance/custodial

staff (12)

☐ Kitchen & adjacent shower room

☐ Register Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste 3

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ  
Tullytown, PA

☐ Disposal Date  
11/9/16 - 11/14/16

☐ Completed by (Print or Type)

Gordana Luna  
Secretary/Treasurer

☐ Signature  
Gordana Luna  
Date  
10/28/2016
**State of New Jersey**
**NOTIFICATION OF ASPEROS ABATEMENT**
(Pursuant to NJAC 8:80 and 5:16)

**Date of Notification (1)**
- 10 / 27 / 16

**Name of Building Owner/Operator (2)**
- NJIT- Job #1608-5055  Check #6880

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>323 Dr MLK Jr. Blvd.</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #2</td>
<td>Newark, NJ 07102</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place (3)**
- NJIT- Tiernan Hall

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, NJ 07102</td>
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</table>

**County (6)**
- Essex

**Name of Monitoring Firm Hired by Building Owner (8)**
- Omega Environmental

**ASCM No.**
- Name of Abatement Contractor (9)
- AbateTech, Inc.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>280 Huyler Street</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>South Hackensack, NJ 07606</td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
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</table>

**Name of OSHA Monitor**
- EMSL Analytical

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gelfer Fajardo</td>
<td>201-488-8700</td>
</tr>
</tbody>
</table>

**Scheduled Completion Date (11)**
- 11 / 30 / 16

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥3 if
- Renovation
- ≥160 sf or ≥260 if
- Demolition
- ≥160 sf or ≥260 if
- ≥3 sf or ≥3 if
- Renovation
- ≥160 sf or ≥260 if
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**

<table>
<thead>
<tr>
<th>Room #204</th>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room #204</td>
<td>Floor tile &amp; Mastic</td>
<td>☑</td>
<td>☑</td>
<td>2,000 SF</td>
<td>☑</td>
</tr>
<tr>
<td>Room #204</td>
<td>Transite Hoods</td>
<td>☑</td>
<td>☑</td>
<td>9 total</td>
<td>☑</td>
</tr>
<tr>
<td>Room #204</td>
<td>Lab Tops</td>
<td>☑</td>
<td>☑</td>
<td>54 SF</td>
<td>☑</td>
</tr>
<tr>
<td>Room #204 &amp; Chemical Storage Barn</td>
<td>Flash Patch</td>
<td>☑</td>
<td>☑</td>
<td>21 SF</td>
<td>☑</td>
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**Name of Registered Waste Hauler**
- AbateTech, Inc.

**Name of Registered Landfill**
- G.R.O.W.S. Landfill

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumberton, NJ</td>
<td>11/30/16</td>
<td>10/27/16</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**
- Gwendolyn Trumbetti

**Title**
- Operations Coordinator

**Signature**
- [Initial]

**Date**
- 10/27/16

*Do not use this form for asbestos license exempted activities.*
**State of New Jersey**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 27 / 16</td>
<td>South Jersey Gas / Job #1609-5068 Check #634/2</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

**Type of Notification**
- [ ] Initial
- [ ] Amended
  - Amendment #1
  - Emergency (including justication)
  - Cancellation

**Street Address**
Florida Ave.

**City, State, Zip Code**
Atlantic City, NJ

**Name of Contact**
Patrick Carr

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Former SJ Gas

**Street Address**
Florida Avenue - MGP Site

**County Code (7) (STATE USE ONLY)**

**Current Use (Prior if being demolished)**
Former SJ Gas Site

**Type of Facility (4)**
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

---

**Name of Monitoring Firm Hired by Building Owner (8)**
ACSM No.

**Health & Safety Services**

**Name of Abatement Contractor (9)**
AbateTech, Inc.

**Street Address**
PO Box 365

**City, State, Zip Code**
Berlin, NJ 08009

**Project Manager for Monitoring Firm**
Jim Proctor

**TelephoneNumber**
609-836-2432

**Start Date (10)**
10 / 10 / 16

**Scheduled Completion Date (11)**
12 / 30 / 16

**Name of OSHA Monitor**
EMSL Analytical

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe
  - Time of Abatement: AM, PM

**Scope of Work (Check all that apply)**
- [ ] 3 sf or 3 ft
- [ ] 160 sf or 260 ft
- [ ] 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)**

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**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

---

**Name of Registered Waste Hauler**
AbateTech, Inc.

**NDEP Waste Hauler ID No.**
18750

**Cubic Yards of Waste**

**Name of Registered Landfill**
A.C.U.A. Landfill

**City, State**
Lumberton, NJ

**Disposal Date**
12/30/16

**City, State**
Atlantic City, NJ

**Completed By (Print or Type)**
Gwendolyn Trumbetti

**Title**
Operations Coordinator

**Signature**

**Date**
10/27/16

---

*Do not use this form for asbestos licensure exempted activities.*
# Notification of Asbestos Abatement

**State of New Jersey**

**Notification of Asbestos Abatement**

**(Pursuant to NJAC 8:60 and 5:16)**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 25 / 16</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**

Burlington County Bridge Commission / Job #1810-5078-Check #8678

**Street Address**

1300 Route 73 N PO Box 6

**City, State, Zip Code**

Palmyra, NJ 08043

**Name of Contact**

Bob S

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**

Burlington Bristol Bridge - Toll Plaza

**Street Address**

450 Veterans Drive

**City (5)**

Burlington, NJ 08016

**County (6)**

Burlington

**Name of Monitoring Firm Hired by Building Owner (8)**

Health & Safety Services

**ASCM No.**

**Name of Abatement Contractor (9)**

AbateTech, Inc.

**Street Address**

PO Box 365

**City, State, Zip Code**

Berlin, NJ 08009

**Project Manager for Monitoring Firm**

Jim Proctor

**Telephone No.**

856-452-1311

**Start Date (10)**

10 / 22 / 16

**Scheduled Completion Date (11)**

10 / 27 / 16

**Occupancy Status During Abatement (Check only one)**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM - 9:30PM; 9:30PM - 12AM

**Scope of Work (Check all that apply)**

- [ ] > 3 sf or > 3 ft
- [ ] ≥ 160 sf or ≥ 260 ft
- [ ] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**

**Location**

Galbestos

**Amount (Specify SF or LF)**

150 SF

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

**Name of Registered Waste Hauler**

AbateTech, Inc.

**NJDEP Waste Hauler ID No.**

18750

**Cubic Yards of Waste**

20

**Name of Registered Landfill**

G.R.O.W.S. Landfill

**City, State**

Lumberton, NJ

**Disposal Date**

10/27/16

**City, State**

Tullytown, PA

**Completed By (Print or Type)**

Gwendolyn Trumbetti

**Title**

Operations Coordinator

**Signature**

[Signature]

**Date**

10/25/16

*Do not use this form for asbestos license exemption activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

**State of New Jersey**

**Name of Building Owner/Operator**
Resorts International Casinos / Job#1601-4984 Check#7870 PG.1 of 2

**Date of Notification**
10 / 27 / 16

**Agencies Notified**
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

Type Notification: [ ] Initial [ ] Amended [ ] Amendment #4 [ ] Emergency (including justification) [ ] Cancellation

**Street Address**
1133 Boardwalk

**City, State, Zip Code**
Atlantic City, NJ 08401-7329

**Name of Contact**
Kathy Chamberlin

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**
Resorts Hotel & Casino - Ocean Tower

**Type of Facility**
[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

**County Code (7) / STATE USE ONLY**

**Current Use (Prior if being demolished)**
Hotel & Casino

**Name of Monitoring Firm Hired by Building Owner**
Health & Safety Services

**ASCM No.**

**Name of Abatement Contractor**
AbateTech, Inc.

**Street Address**
PO Box 365

**City, State, Zip Code**
Berlin, NJ 08009

**Name of OSHA Monitor**
EMSL Analytical

**By Phone No.**
856-452-1311

**License No.**
00529

**Project Manager for Monitoring Firm**
James Proctor

**Start Date**
1 / 18 / 16

**Scheduled Completion Date**
12 / 30 / 16

**Occupancy Status During Abatement**
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM/AM/PM/AM

**Scope of Work**
- [ ] >3 sf or >3 if
- [ ] >160 sf or >260 if
- [ ] 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**

<table>
<thead>
<tr>
<th>Floor</th>
<th>Bathrooms (30 SF per bathroom)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of ACM Material</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>59</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Mastic Associated with ceramic tile</td>
<td>1,770 SF total</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
<tr>
<td>3rd</td>
<td>58</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Mastic Associated with ceramic tile</td>
<td>1,680 SF total</td>
<td></td>
</tr>
<tr>
<td>4th</td>
<td>60</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Mastic Associated with ceramic tile</td>
<td>1,800 SF total</td>
<td></td>
</tr>
<tr>
<td>5th</td>
<td>58</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Mastic Associated with ceramic tile</td>
<td>1,740 SF total</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
AbateTech, Inc.

**Waste Hauler ID No.**
18750

**Disposal Date**
12/30/16

**City, State**
Lumberton, NJ

**Completed By (Print or Type)**
Gwendolyn Trumbetti

**Title**
Operations Coordinator

**Signature**
[ ]

**Date**
10/27/14

**ASB-41**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 10/27/16

Name of Building Owner/Operator (2)
Resorts International Casinos /Job#1601-4864-Check#7870 PG.2 of 2

Agencies Notified
☑ EPA
☑ DOLWD
☑ DHSS
☐ DCA
(NJAC 5:23-8)

Type Notification
☐ Initial
☐ Amended Amendment #4
☐ Emergency (including justification)
☐ Cancellation

Street Address
1133 Boardwalk

City, State, Zip Code
Atlantic City, NJ 08401-7329

Name of Contact
Kathy Chamberlin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Resorts Hotel & Casino - Ocean Tower

Street Address
1133 Boardwalk

City (5)
Atlantic City

County (6)
Atlantic

County Code (7)/STATE USE ONLY

Name of Abatement Contractor (9)
AbateTech, Inc.

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

Square Feet

# of Floors

Bidg. Age

Current Use (Prior if being demolished)
Hotel & Casino

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/PM-AM

Name of OSHA Monitor
EMSL Analytical

Project Manager for Monitoring Firm
James Proctor

Telephone No.
856-452-1311

Telephone No.
609-265-2107

License No.
00529

Start Date (10)
1/18/16

Scheduled Completion Date (11)
12/30/16

Scope of Work (Check all that apply)
☐ >3 sf or >3 if
☐ >160 sf or >260 sf
☐ 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)

6th Floor - 57 Bathrooms (30 SF per bathroom)

7th Floor - Room 726

7th Floor - Room 727

6th Floor - 57 Bathrooms (30 SF per bathroom)

7th Floor - Room 726

7th Floor - Room 727

Location of Normaly Used Solely by Maintenance/ Custodial Staff?

Yes No N/A

Description of Asbestos Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Mastic Associated with ceramic tile 1,710 SF total

Mastic Associated with ceramic tile 30 SF

Mastic Associated with ceramic tile 30 SF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 40

Disposal Date 12/30/16

Name of Registered Landfill
G.R.O.W.S. Landfill

City, State
Lumberton, NJ

Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title Operations Coordinator

Signature

Date 10/27/16
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
10 / 27 / 16

Name of Building Owner/Operator (2)
PSE&G / Job #1607-5043

Street Address
4000 Hadley Road
City, State, Zip Code
South Plainfield, NJ

Name of Contact
Greg Marone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G - Roseland

Street Address
13 Eisenhower Parkway
City (5)
Roseland, NJ 07086

County (6)
Essex

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services

ASCM No.

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

Square Feet

☐ # of Floors

Bldg. Age

Current Use (Prior if being demolished)

Substation

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25
City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
609-265-2107

License No.
00529

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North
City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
8 / 15 / 16
Scheduled Completion Date (11)
12 / 30 / 16

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM AM PM PM AM

Scope of Work (Check all that apply)
☐ >3 sf or >3 1f
☐ >160 sf or >260 lf

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
IN Facility

(13)

Yes No N/A

Transformer Repair Room

Pipe Insulation

Location of Asbestos-Containing Material (ACM)

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)

Abatement Type

☐ Abatement Type

Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
12

Name of Registered Landfill
G.R.O.W.S. Landfill

City, State
Camden, NJ
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature

Received Date
10/27/16
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

Date of Notification (1) 10 / 02 / 16

Name of Building Owner/Operator (2)
Federal Aviation Administration/ Job #16011-020 - Check #608
Fig. 1 of 2

Agencies Notified
- EPA
- DOH
- DHSS
- DCA
- (NJAC 5:23-8)

Type Notification: Initial
Amended Amendment #3
Emergency (including justification)
Cancellation

Street Address
FAA Technical Center

City, State, Zip Code
Atlantic City International Airport, NJ 08405

Name of Contact
Peter

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
William J. Hughes Tech Center

Street Address
Hangar B301

City (5)
Atlantic City

County (6)
Atlantic

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Technical Center

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

Square Feet
# of Floors
Bldg. Age

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
Jim Guilardi

Telephone No.
609-314-1683

License No.
609-265-2107

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
8 / 29 / 16

Scheduled Completion Date (11)
11 / 30 / 16

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM PM

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste
16

Name of Registered Landfill
Atlantic County Utilities Authority

City, State
Lumberton, NJ

Complanted By (Print or Type)
Gwendolyn Trumpetti

Title
Operations Coordinator

Signature

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility

Location
Exterior
Exterior
Interior
Exterior

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes
No
N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Exterior
Exterior
Interior
Exterior

Location
Roof Flashing
Roof Mastic
Floor tile & Mastic
Roof Mastic

Amount (Specify SF or LF)
410 SF
115 SF
20 SF
50 SF

Abatement Type

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Name of Registered Waste Hauler</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Roof Flashing</td>
<td>410 SF</td>
<td></td>
<td></td>
<td>AbateTech, Inc.</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Roof Mastic</td>
<td>115 SF</td>
<td></td>
<td></td>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Floor tile &amp; Mastic</td>
<td>20 SF</td>
<td></td>
<td></td>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Roof Mastic</td>
<td>50 SF</td>
<td></td>
<td></td>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

Completion Date
11/30/16

City, State
Egg Harbor Township, NJ 08654

Signature

Date
10/27/16
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1)  10 / 27 / 16

Name of Building Owner/Operator (2)  Federal Aviation Administration / Job #1606-8020 - Check # 2 of 2

Agencies Notified  Type of Notification
☐ EPA  Initial
☐ DOLWD  Amended
☐ DHSS  Amendment #3
☐ DCA  Emergency (including justification)
☐ (NJAC 5:23-8)  Cancellation

Street Address  FAA Technical Center

City, State, Zip Code  Atlantic City, NJ 08405

Name of Contact  Peter

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
William J. Hughes Tech Center

Street Address  Hangar B301

City  Atlantic City

County  Atlantic

County Code (7)/STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (5)
TTI Environmental

ASCM No.  Name of Abatement Contractor (9)
AbateTech, Inc.

Name of OSHA Monitor  EMSL Analytical

Street Address  1253 North Church Street

City, State, Zip Code  Moorestown, NJ 08057

Project Manager for Monitoring Firm  Jim Giullardi

Telephone No.  609-314-1683

License No.  00529

Start Date (10)  8 / 29 / 16

Scheduled Completion Date (11)  11 / 30 / 16

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM

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
☐ Glovebox 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)  Yes

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler  AbateTech, Inc.

Name of Registered Landfill  Atlantic County Utilities Authority

Disposal Date  11/30/16

City, State  Egg Harbor Township, NJ 08234

Completed By (Print or Type)  Gwendolyn Trumbetti  Title  Operations Coordinator

Signature  Date  10/27/14

ASB-41
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 10 / 27 / 16

Name of Building Owner/Operator (2) NJ Department of Military & Veterans Affairs / Job #1606-5025 Check #8541

 Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
- Emergency (including justification)
- Amendment #2
- Initial
- Amended
- Cancellation

Street Address
101 Eggerts Crossing Road
City, State, Zip Code
Lawrenceville, NJ 08648
Name of Contact
Mandhu
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
NJ State Police Training Center Building #8

Square Feet
# of Floors
Bldg. Age

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

Current Use (Prior to being demolished)
Training Center

County (5)
Monmouth
County Code (7) (STATE USE ONLY)

City (5)
Sea Girt, NJ 08750

Name of Monitoring Firm Hired by Building Owner (8)
AHERA Consultants

Project Manager for Monitoring Firm
Domenic D’Errico
Telephone No.
609-652-1833

Facility Closed/Vacated During Entire Period of Abatement

Start Date (10)
09 / 12 / 16
Scheduled Completion Date (11)
11 / 30 / 16

Occupancy Status During Abatement (Check only one)

License No.
00529

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 385

City, State, Zip Code
Oceanville, NJ 08231

Telephone No.
609-265-2107

EMS Analytical

License No.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Name of OSHA Monitor

Scope of Work (Check all that apply)
Renovation
Demolition

Facility Closed/Vacated During Entire Period of Abatement

Time of Abatement: AM AM PM PM AM

Abatement Type

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility
Exterior

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes
No
N/A

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Vent Caulk

Amount (Specify SF or LF)
594 LF

Name of Registered Waste Hauler
AbateTech, Inc.

Waste Hauler ID No.
18750

Cubic Yards of Waste
20

Name of Registered Landfill
G.R.O.W.S. Landfill

City, State
Lumberton, NJ

Disposal Date
11/30/16

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature
gmt
Date
10/27/16
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/27/16</td>
<td>US Coast Guard / Job #1610-5073 Check #8674</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Amendment #1
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
- Coast Guard Training Center

**City, State, Zip Code**
- Cape May, NJ 08204

**Name of Contact**
- Mike Martin

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**
- USCG GSK Building #204

**Street Address**
- 1 Munroe Avenue

**City**
- Cape May

**County**
- Cape May

**Name of Monitoring Firm Hired by Building Owner**
- Health & Safety Services

**ASCM No.**
- AbateTech, Inc.

**Location Code**
- [ ] STATE USE ONLY

**Current Use (Prior if being demolished)**
- Training Center

**Street Address**
- PO Box 365

**City, State, Zip Code**
- Berlin, NJ 08009

**Project Manager for Monitoring Firm**
- Jim Proctor

**Telephone No.**
- 809-839-2432

**License No.**
- 00529

**Name of OSHA Monitor**
- EMSL Analytical

**Occupancy Status During Abatement**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM

**Scope of Work**
- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 if
- [ ] 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**

<table>
<thead>
<tr>
<th>IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] N/A</td>
<td>Transite</td>
</tr>
<tr>
<td>4 Rooms</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] N/A</td>
<td>Floor tile &amp; Mastic</td>
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<tr>
<td>4 Rooms</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] N/A</td>
<td>Carpet</td>
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<tr>
<td>4 Rooms</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] N/A</td>
<td>Pipe Fittings</td>
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</table>

**Name of Registered Waste Hauler**
- AbateTech, Inc.

**NJ/DEP Waste Hauler ID No.**
- 187559

**Cubic Yards of Waste**
- 20

**Name of Registered Landfill**
- G.R.O.W.S. Landfill

**City, State**
- Lumberton, NJ

**Disposal Date**
- 11/30/16

**Completed By (Print or Type)**
- Gwendolyn Trumbetti

**Title**
- Operations Coordinator

**Signature**
- [Signature]

**Date**
- 11/27/16