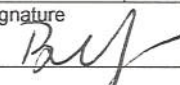


CR# 2743

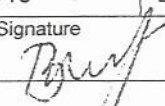
State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)

2015 SEP -2 14 0:06

Date of Notification (1) 8/31/15		Name of Building Owner/Operator (2) Vernik Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 5-22 Estler Ct						
			City, State, Zip Code Fair Lawn, NJ						
		Name of Contact Vadim	Telephone Number ( ) _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vernik Residence		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 5-22 Estler Ct		Square Feet 2000	# of Floors 2						
City (5) Fair Lawn		Bldg. Age 50+							
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-294-1757						
		License No. 00029							
Start Date (10) 9/9/15	Scheduled Completion Date (11) 9/18/15		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: 7am-7pm			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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
bedroom			x	floor tile and mastic	200sf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey		Disposal Date 9/18/15		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 		Date 8/31/15				

CK#2713

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

Date of Notification (1) 8/31/15		Name of Building Owner/Operator (2) Koshner Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 39 Park Place							
		City, State, Zip Code West Long Branch, New Jersey							
		Name of Contact Peter	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Koshner Residence		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 39 Park Place		Square Feet 8000	# of Floors 2						
City (5) West Long Branch		Bldg. Age 50+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 9/9/15	Scheduled Completion Date (11) 9/18/15	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: 7am-7pm		Street Address							
		City, State, Zip Code							
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
outdoors			X	roof	8000sf	X			
basement			X	pipe insulation	200lf				
windows			X	glazing	70 windows				
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 10	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey			Disposal Date 9/18/15	City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 			Date 8/31/15			

OK 006120

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

D&S Proj. #: 2015-309

2015 SEP -2 AM 9:05

Date of Notification (1) 10/18/12/17/1/15/		Name of Building Owner/Operator (2) jan furman	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 38 garden place	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code WESTWOOD, NJ 07675	
		Name of Contact jan furman	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jan furman			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 38 garden place			Square Feet		
City (5) WESTWOOD			County (6) BERGEN		County Code (7) (State use only)
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 09/09/15		Sched. Completion Date (11) 09/30/15			
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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>					
			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) 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	51 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT (inside soffit)		<input checked="" type="checkbox"/>		PIPE INSULATION	101 ft	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State PATERSON, NJ 07503		Disposal Date 09/09/15		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature			Date 08/27/15

CK 006119

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

D&S Proj. #: 2015-308

2015 SEP 2 AM 9:05

Date of Notification (1) 08/12/15		Name of Building Owner/Operator (2) victoria regel	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address 271 north central	
	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ramsey, nj 07446	
		Name of Contact victoria regel	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) victoria regel			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 271 north central			Square Feet	# of Floors	Bldg. Age
City (5) ramsey	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 08/28/15	Sched. Completion Date (11) 09/15/15	Name of OSHA Monitor D & S Restoration, Inc.			
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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) 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 & 3 crawl space		<input checked="" type="checkbox"/>		PIPE INSULATION	170 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 08/31/15	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/26/15	

\* Do not use this form for asbestos licensure exempted activities.

NO CK

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

RECEIVED

Date of Notification (1) 9/1/15		Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University							
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address EA McMillan Building							
		City, State, Zip Code Princeton, NJ 08544							
Name of Contact Bob Ortego			Telephone Number 609-250-XXXX						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Butler Apartments			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 Butler Avenue and Marshall Street			Square Feet See Attached	# of Floors 1	Bldg. Age 50+				
City (5) Princeton		County (6) Mercer		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 515 Grove Street, Suite 1B		Street Address 407 West Lincoln Highway, Suite 500		City, State, Zip Code Exton, PA 19341					
City, State, Zip Code Haddon Heights, NJ 08035		Telephone No. 856-656-2875		Telephone No. 484-872-8884					
Project Manager for Monitoring Firm Alan Lloyd		License No. 01161		Name of OSHA Monitor EMSL					
Start Date (10) 8/17/15		Scheduled Completion Date (11) 9/30/15		Current Use (Prior if being demolished) Residential					
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 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ						
Scope of Work (Check All That Apply) <input checked="" 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) 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
See attached information sheet									
Name of Registered Waste Hauler Waste Management of New Jersey			NJDEP Waste Hauler ID No.		Cubic Yards of Waste 15	Name of Registered Landfill GROWS Landfill			
City, State Trenton, NJ			Disposal Date TBD		City, State Morrisville, PA				
Completed by Jack Bally		Title Sr. Project Manager			Signature Jack Bally @		Date 9/1/15		

Princeton Butler Tracking		
Building Number	Street	# of Units
<b>PHASE A</b>		
214	Halsey	4
216	Halsey	3
218	Halsey	3
220	Halsey	3
222	Halsey	3
224	Halsey	3
226	Halsey	3
228	Halsey	3
<b>Totals A</b>		<b>25</b>
<b>Phase B</b>		
421	Butler	3
419	Butler	2
417	Butler	2
418	Butler	2
420	Butler	2
422	Butler	2
223	Halsey	4
221	Halsey	4
219	Halsey	4
217	Halsey	4
417	Devereux	3
415	Devereux	2
218	Eisenhower	3
220	Eisenhower	3
222	Eisenhower	3
224	Eisenhower	3
418	Devereux	3
416	Devereux	2
414	Devereux	4
<b>Totals B</b>		<b>55</b>

RECEIVED

2015 SEP -2 AM 9:04

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

PHASE C		
217	Eisenhower	3
219	Eisenhower	3
221	Eisenhower	3
223	Eisenhower	3
218	King	3
220	King	3
222	King	3
224	King	3
410	Devereux	2
411	Devereux	2
412	Devereux	2
413	Devereux	2
410	Butler	2
412	Butler	2
414	Butler	2
415	Butler	2
Totals C		40
PHASE D		
217	King	4
219	King	4
221	King	4
223	King	4
225	King	4
218	Marshall	3
220	Marshall	3
222	Marshall	3
224	Marshall	3
226	Marshall	3
228	Marshall	3
402	Deveruex	2
404	Deveruex	2
405	Deveruex	2

2015 SEP -2 AM 9:04  
 ADVISORY BOARD  
 & TECHNICAL

406	Deveruex	3
407	Deveruex	3
408	Deveruex	2
404	Butler	3
406	Butler	2
407	Butler	2
409	Butler	3
411	Butler	3
<b>Totals D</b>		<b>65</b>
<b>PHASE E</b>		
217	Marshall	3
219	Marshall	3
221	Marshall	3
223	Marshall	3
225	Marshall	3
227	Marshall	3
218	Harrison	4
220	Harrison	4
222	Harrison	3
224	Harrison	3
226	Harrison	4
228	Harrison	4
400	Deveruex	4
401	Devereux	3
403	Devereux	2
400	Butler	3
401	Butler	3
402	Butler	3
403	Butler	2
405	Butler	2
<b>Totals E</b>		<b>62</b>

2015 SEP -2 AM 9:04

ASBESTOS REMEDIATION  
& LULU INC



ecoservices, LLC

Butler Apartments

2 Unit Building ~1,100 square feet each

Location of Asbestos Containing Material (ACM) To Be Abated In Facility	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)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encap	Enclosure
1st Floor	N/A	Tile, Mastic, leveler, linoleum	26,400 SF	X			
Exterior	N/A	Transite Skirt	9,600 SF	X			
1st Floor	N/A	Sink under coating	48 Each	X			
Attic / Crawlspace	N/A	Transite panel debris	21,600 SF	X			
Attic	N/A	Flue pipe insulation	288 LF	X			
1st Floor (behind heater)	N/A	Transite wall board	72 LF	X			
1st Floor (behind heater)	N/A	Pipe insulation	1,536 SF	X			

2015 SEP -2 AM 9:04  
 FILED IN THE PUBLIC RECORDS  
 OF THE COUNTY OF...

ecoservices, LLC

Butler Apartments  
 3 Unit Building ~2,000 square feet each

Location of Asbestos Containing Material (ACM) To Be Abated In Facility	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)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encap Enclosure
1st Floor	N/A	Tile, Mastic, leveler, linoleum	89,100 SF	X		
Exterior	N/A	Transite Skirt	21,375 SF	X		
1st Floor	N/A	Sink under coating	135 Each	X		
Attic / Crawlspace	N/A	Transite panel debris	72,000 SF	X		
Attic	N/A	Flue pipe insulation	1,035 LF	X		
1st Floor (behind heater)	N/A	Transite wall board	4,320 SF	X		
1st Floor (behind heater)	N/A	Pipe insulation	405 LF	X		

2015 SEP -2 AM 9:04

ecoservices, LLC

Butler Apartments  
 4 Unit Building ~2,600 square feet each

Location of Asbestos Containing Material (ACM) To Be Abated In Facility	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)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encap
1st Floor	N/A	Tile, Mastic, leveler, linoleum	41,280 SF	X		
Exterior	N/A	Transite Skirt	10,288 SF	X		
1st Floor	N/A	Sink under coating	64 Each	X		
Attic / Crawlspace	N/A	Transite panel debris	33,840 SF	X		
Attic	N/A	Flue pipe insulation	128 LF	X		
1st Floor (behind heater)	N/A	Transite wall board	2,048 SF	X		
1st Floor (behind heater)	N/A	Pipe insulation	192 LF	X		

2018 SEP -2 AM 9:04