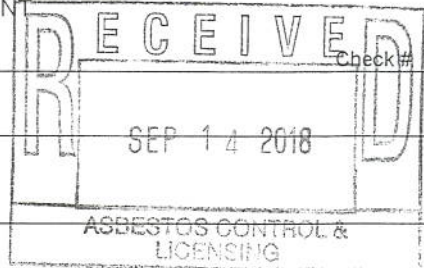


CH9104

State of New Jersey  
**PAID**  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) <b>9/10/18</b>		Name of Building Owner/Operator (2) <b>Kean University</b>	
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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation	Street Address <b>1000 Morris Ave.</b>	
	City, State, Zip Code <b>Union, NJ 07083</b>		
	Name of Contact <b>Suzanne Kupiec</b>		
	Telephone Number <b>973-737-5109</b>		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Kean University – Bruce Hall</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>1000 Morris Ave.</b>			Square Feet: <b>20000</b> # of Floors: <b>2</b> Bldg. Age: <b>~80</b>		
City (5) <b>Union</b>	County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>college</b>		
Name of Monitoring Firm Hired by Building Owner <b>TTI Environmental</b>		ASCM No. <b>0003</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>9 East Stow Road</b>		Street Address <b>323 Changebridge Road, Suite 100</b>			
City, State, Zip Code <b>Marlton, NJ 08053</b>		City, State, Zip Code <b>Pine Brook, NJ 07058</b>			
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Telephone Number <b>856-985-8800</b>	Telephone Number <b>973-575-8700</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>12/18/17</b>	Sched. Completion Date (11) <b>12/31/18</b>		Name of OSHA Monitor <b>Iris Environmental Laboratories, LLC</b>		
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>partially vacated</u>			Street Address <b>2333 Route 22 West</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini – Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> 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			R	R	E	E	N	E	
Rooms B117, B119, B121		X		VAT – to be done as non-friable	2500 SF	x						
Rooms B117, B119, B121		x		Sinks and glue dabs	120 SF	X						
Rooms B113/B115		x		VAT, sinks, glue dabs, caulk	2000 SF	X						

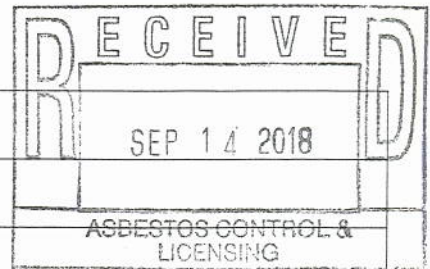
Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>10</b>	Name of Registered Landfill <b>Alliance Landfill</b>
City, State <b>Pine Brook, NJ</b>		Disposal Date <b>1/4/18 +</b>	City, State <b>Taylor, PA</b>
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>9/10/18</b>

ASB-411

**Amendment #1, 1/8/18:** Phase 1 has been completed. Phase 2 (room B121) is scheduled for 3/12/18 start (expected duration is one week).**Amendment #2, 2/14/18:** In addition to work at B121, VAT (via non-friable method) will be removed from Room C217. Quantity included above (no change).**Amendment #3, 9/10/18:** Work at Rooms B113/B115 shall take place from 9/17/18 to 9/30/18, including VAT, sinks, glue dabs, caulk.

CH1213

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

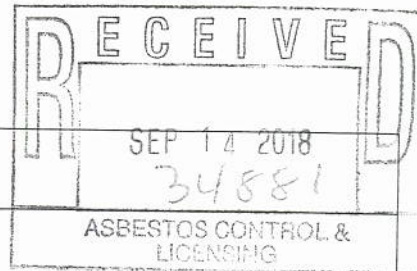


Date of Notification (1) 09/10/2018		Name of Building Owner/Operator (2) Township of Livingston							
Agencies Notified	Type Notification	Street Address 357 S Livingston Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Livingston Water Pollution Control Facility		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 80 Naylor Ave		Square Feet N/A	# of Floors N/A						
City (5) Livingston		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Water Pollution Control Facility							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address 2333 Route 22 West		Street Address 22 Troy Lane							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073	License No. 01317						
Start Date (10) 09/25/2018	Scheduled Completion Date (11) 10/09/2018	Name of OSHA Monitor United Safety LLC							
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: 24 Hour Access As Needed - Exterior Project		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Skirt of the Digester Cover		X		Tar	1,450 SF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Vanco Petkov		Title Project Manager		Signature 			Date 09/10/2018		



CK 34881

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



Date of Notification (1) 09 / 11 / 18		Name of Building Owner/Operator (2) Walters Residential	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Barnegat, NJ 08005 Name of Contact Victor Telephone Number 609-607-9500	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1500	
City (5) Barnegat Light		# of Floors 1	Bldg. Age 65
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
City, State, Zip Code		Street Address 1889 Route 9, Unit 61	
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755	
Telephone No.		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 09 / 24 / 18	Scheduled Completion Date (11) 09 / 26 / 18	Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1300 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 09/26/18	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/10/18		

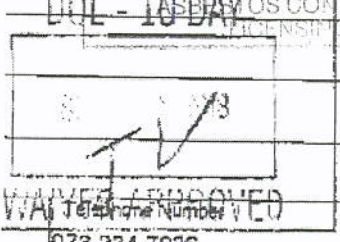
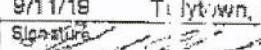


RECEIVED  
SEP 14, 2018  
1447

CH 1447

PAID  
State of New Jersey

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

Date of Notification (1) <b>September 10, 2018</b>		Name of Building Owner/Operator (2) <b>Chemtrade Solutions, LLC</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>DOL - 10 DAY</b>   </div>				
Agencies Notified	Type Notification	Street Address <b>235 Snyder Avenue</b>						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Berkeley Heights, NJ 07922</b>						
		Name of Contact <b>Plant Manager</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Chemtrade Solutions LLC</b>			Type of Facility (4)					
Street Address <b>235 Snyder Avenue</b>			<input type="checkbox"/> Single K-12 <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <b>Berkeley Heights</b>			Square Feet	# of Floors	Blg. Age			
County (6) <b>Union</b>	County Code (7) <b>STATE (NJ) ONLY</b>	Current Use (If being demolished): <b>Plant</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>					
Street Address <b>28 North Pennell Road</b>		Street Address <b>1500 Kings Highway N, STE 209</b>						
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>						
Project Manager for Monitoring Firm <b>Ron Khachadurian</b>		Telephone No. <b>(800) 969-6AET</b>	Telephone No. <b>(973) 759-5000</b>	License No. <b>00781</b>				
Start Date (10) <b>9/11/18</b>	Scheduled Completion Date (11) <b>9/11/19</b>		Name of OSHA Monitor <b>The MACK Group, LLC</b>					
Occupancy Status During Abatement (Check Only One)			Street Address <b>1500 Kings Highway N, STE 209</b>					
<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 <b>Cherry Hill, NJ 08034</b>					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 23 sq ft or 23 ft <input type="checkbox"/> >160 sq ft or >280 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Minib enclosure <input type="checkbox"/> Gloving procedure <input type="checkbox"/> Non-remediated (*) 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
<b>Warehouse</b>	<input checked="" type="checkbox"/>		<b>pipe insulation &amp; fittings</b>	<b>TBD</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark / Freehold Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>GLOWS / TRRF Landfill</b>				
City, State <b>Newark / Freehold, NJ</b>		Disposal Date <b>9/11/19</b>		City, State <b>Tulington, PA</b>				
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 		Date <b>9/10/18</b>			



PAID

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

09/24/38

Date of Notification (1) 09 / 07 / 18		Name of Building Owner/Operator (2) Main St Homes LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  SEP 14 2018  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 225 Highland Terrace City, State, Zip Code Pitman, NJ 08071 Name of Contact Marco Grelli Telephone Number 609-828-3485			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Resident			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 1,271 # of Floors 1 Bldg. Age 1953						
City (5) Pitman NJ 08071			County (6) US; Salem CO. County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Resident						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.					
Street Address		Street Address 958 Jackson Rd		City, State, Zip Code Mays Landing, NJ 08330					
City, State, Zip Code		Telephone No. 609-561-1901		License No. 01158					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Graham-Tech Environmental Services, LLC.					
Start Date (10) 09 / 16 / 18		Scheduled Completion Date (11) 09 / 21 / 18		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: 7AM-11:30PM/ _____ PM- _____ AM					
Street Address 958 Jackson Rd		City, State, Zip Code Mays Landing, NJ 08330							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Vermiculite Insulation	1,000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034500		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W. North Landfill & Tullytown			
City, State 14 Read Drive Sicklerville, NJ 08081		Disposal Date		City, State 1513 Brodentown Rd. Morrisville, PA					
Completed By (Print or Type) Vernice Graham		Title President		Signature <i>Vernice Graham</i>		Date Sep 7-18			



CH 1475

**PAID**  
 State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 12:120)

Check # 1475

Date of Notification (1) <b>September 10, 2018</b> <b>August 3, 2018</b>		Name of Building Owner / Operator (2) <b>LensCrafters</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	<b>4000 Luxottica Place</b>  City, State & Zip Code <b>Mason, OH 45040</b>  Name of Contact <b>Kevin Kraus</b>	
		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>SEP 14 2018</b>  <b>ASBESTOS CONTROL &amp; REMEDIATION</b>          Telephone Number  <b>513-765-6000</b> </div>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>LensCrafters - Macy's</b>		Type of Facility (4)	
Street Address <b>Menlo Park Mall, 55 Parsonage Road, Unit 501</b>		<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, home, etc.)	
City (5) <b>Edison</b>		Square Feet <b>5,000</b>	# of Floors <b>1</b>
County (6) <b>Middlesex</b>		Bldg. Age <b>59 Years</b>	
County Code (7) <b>USE ONLY</b>		Current Use (Prior if being demolished) <b>Commercial</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>
Street Address <b>24 Commerce Street, Suite 300</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Newark, NJ 07102</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Ralph Coppola</b>		Telephone Number <b>973-265-9763</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>September 17, 2018</b>	Scheduled Completion Date (11) <b>October 17, 2018</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>
Occupancy Status During Abatement (Check only one)		Street Address <b>829 Radio Road</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
<b>Main Area</b>		<b>Floor File and Mastic</b>	<b>1,000 SF</b>
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>20</b>
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>October 18, 2018</b>	Name of Registered Landfill <b>Fairless Hills</b>
			City, State <b>Morrisville, PA</b>
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>September 10, 2018</b> <b>August 3, 2018</b>

\*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)

(Previously sent) Check # 1405

Date of Notification (1) <b>September 6, 2018</b> <del>August 3, 2018</del>		Name of Building Owner / Operator (2) <b>LensCrafters</b>		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="margin-top: 10px; font-size: 1.2em;">SEP 14 2018</div> <div style="margin-top: 10px; font-weight: bold;">ASBESTOS CONTROL &amp; LICENSING</div>	
Agencies Notified	Type Notification	Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	<b>4000 Luxottica Place</b>  City, State & Zip Code <b>Mason, OH 45040</b>			
		Name of Contact <b>Kevin Kraus</b>			
				Telephone Number <b>513-765-6000</b>	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>LensCrafters – Macy's</b>			Type of Facility (4)		
Street Address <b>Menlo Park Mall, 55 Parsonage Road, Unit 501</b>			<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, home, etc.)		
City (5) <b>Edison</b>			Square Feet <b>5,000</b>	# of Floors <b>1</b>	Bldg. Age <b>59 Years</b>
County (6) <b>Middlesex</b>			Current Use (Prior if being demolished) <b>Commercial</b>		
County Code (7) <b>USE ONLY</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennon Associates</b>		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>		
Street Address <b>24 Commerce Street, Suite 300</b>			Street Address <b>829 Radio Road</b>		
City, State & Zip Code <b>Newark, NJ 07102</b>			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		
Project Manager for Monitoring Firm <b>Ralph Coppola</b>		Telephone Number <b>973-265-9763</b>	Telephone Number <b>609-296-6916</b>		License Number <b>00817</b>
Scheduled Start Date (10) <b>September 10, 2018</b>	Scheduled Completion Date (11) <b>October 10, 2018</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>		
Occupancy Status During Abatement (Check only one)			Street Address <b>829 Radio Road</b>		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		

Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Main Area</b>			<b>X</b>	<b>Floor Tile and Mastic</b>	<b>1,000 SF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>October 11, 2018</b>		City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 		Date <b>September 6, 2018</b> <b>August 3, 2018</b>	

\*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)

Check # 1405

Date of Notification (1) <b>August 10, 2018</b> <b>August 3, 2018</b>		Name of Building Owner / Operator (2) <b>LensCrafters</b>	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>SEP 14 2018</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<b>ON-HOLD</b>  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<b>4000 Luxottica Place</b>  City, State & Zip Code <b>Mason, OH 45040</b>	
		Name of Contact <b>Kevin Kraus</b>	
		Telephone Number <b>513-765-6000</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>LensCrafters - Macy's</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 & commercial buildings, home, etc.)	
Street Address <b>Menlo Park Mall, 55 Parsonage Road, Unit 501</b>		Square Feet <b>5,000</b>	# of Floors <b>1</b>
City (5) <b>Edison</b>		Bldg. Age <b>59 Years</b>	
County (6) <b>Middlesex</b>		Current Use (Prior if being demolished) <b>Commercial</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>		ASCM No.	
Street Address <b>24 Commerce Street, Suite 300</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Newark, NJ 07102</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Ralph Coppola</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number <b>973-265-9763</b>		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>ON HOLD</b>	Scheduled Completion Date (11) <b>TBD</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

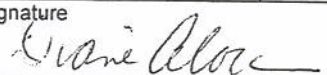
Scope of Work (Check all that apply)

- ☐  $\geq 3$  sf or  $\geq 50$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

- ☐ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Area			X	Floor File and Mastic	1,000 SF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Little Egg Harbor, NJ 08087</b>	Disposal Date <b>September 14, 2018</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 	Date <b>August 10, 2018</b> <b>August 3, 2018</b>

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



Check #1405

RECEIVED

SEP 14 2018

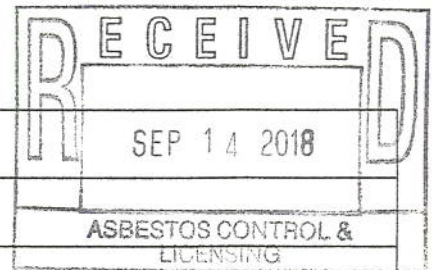
ASBESTOS CONTROL & LICENSING

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



CH058

State of New Jersey  
**PAID**  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to N.J.A.C. 8:26 and 12:20)



Date of Notification (1) 09-08-2018		Name of Building Owner/Operator (2) Sri Ganesh Krupa LLC	
Agencies Notified	Type Notification	Street Address 14 Stanley Drive	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Monroe NJ 08831	
		Name of Contact Dipal Pandya	Telephone Number 732-925-3822

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial 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 243 Palisade Ave		Square Feet N/A	# of Floors N/A
City (5) Cliffside Park NJ 07010		Bldg. Age N/A	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building	
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC
Street Address 2108 Fulton St Apt:2A		Street Address PO BOX 734	
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	License No. 01266
Start Date (10) 09-17-2018	Scheduled Completion Date (11) 11-17-2018	Name of OSHA Monitor Amax Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734	
		City, State, Zip Code Woodland Park NJ 07424	

## Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Flat Lower roof			x	Flushing	300 SF	X			
Roof				Parapet Wall Tar	100 SF	X			


Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 10 cy	Name of Registered Landfill Fairless Hills	
City, State Woodland Park NJ 07424		Disposal Date 11-25-2018		City, State Morrisville PA	
Completed by Tome Maslarkov	Title Project Manager	Signature 		Date 09-08-2018	



CK 063

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

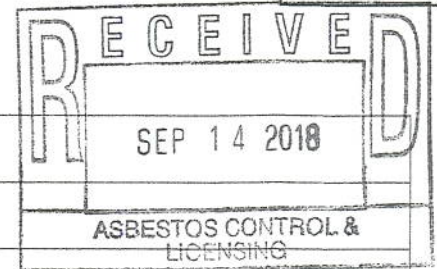
RECEIVED	
SEP 14 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 09-08-2018		Name of Building Owner/Operator (2) Sri Ganesh Krupa LLC							
Agencies Notified	Type Notification	Street Address 14 Stanley Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Monroe NJ 08831							
		Name of Contact Dipal Pandya	Telephone Number 732-925-3822						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial 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 245 Palisade Ave		Square Feet N/A	# of Floors N/A						
City (5) Cliffside Park NJ 07010		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No. _____							
Street Address 2108 Fulton St Apt:2A		Name of Abatement Contractor (9) Amax Contracting LLC							
City, State, Zip Code Brooklyn NY 11233		Street Address PO BOX 734							
Project Manager for Monitoring Firm Kayode Adefisoye		City, State, Zip Code Woodland Park NJ 07424	Telephone No. 973-692-6298						
Start Date (10) 09-17-2018	Scheduled Completion Date (11) 11-17-2018	License No. 01266							
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 Amax Contracting LLC							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	Flushing	100 SF	x			
Roof			x	Parapet Wall Tar	200 SF	x			
Roof			x	Roof Core	630 Sf	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 18 cy	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 11-25-2018		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 			Date 09-08-2018		



CH 020730

State of New Jersey  
**PAID**  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to N.J.A.C. 17:27 and 17:28)



Date of Notification (1) <b>9/12/2018</b>		Name of Building Owner/Operator (2) <b>LANXESS Solutions US Inc.</b>							
Agencies Notified	Type Notification	Street Address <b>1020 King George Post Road</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Fords, NJ 08863</b>							
		Name of Contact <b>Lisa Daniels</b>	Telephone Number <b>732-306-4959</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>LANXESS Solutions US Inc.</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 & commercial buildings, homes, etc.)							
Street Address <b>1020 King George Post Road</b>		Square Feet	# of Floors						
City (5) <b>Fords</b>		Bldg. Age							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Storage tanks - isolated tank farm</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Emilcott Associates, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Stryker Demolition &amp; Environmental Services, LLC</b>						
Street Address <b>190 Park Avenue</b>		Street Address <b>992 Old Eagle School Road, STE 910</b>							
City, State, Zip Code <b>Morristown, NJ 07960</b>		City, State, Zip Code <b>Wayne, PA 19087</b>							
Project Manager for Monitoring Firm <b>Jason Busacco</b>	Telephone No. <b>973-538-1110</b>	Telephone No. <b>484-581-7428</b>	License No. <b>01286</b>						
Start Date (10) <b>7/16/2018</b>	Scheduled Completion Date (11) <b>10/31/2018</b>	Name of OSHA Monitor <b>Stryker Demolition &amp; Environmental Services, LLC</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Isolated Tank Farm</b>		Street Address <b>992 Old Eagle School Road, STE 910</b>							
		City, State, Zip Code <b>Wayne, PA 19087</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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Pipe Insulation		X		Pipe Insulation (TSI)	1150 LF	X			
Oil/Ester Tanks Insulation		X		Pipe Insulation (TSI)	60 LF	X			
Oil Tank Surfacing Insulation		X		Black Felt (surfacing)	1161 SF	X			
Oil Tank Insulation		X		Insulation (TSI)	896 SF	X			
Name of Registered Waste Hauler <b>Horwith Trucks, Inc.</b>		NJDEP Waste Hauler ID No. <b>SW-1998</b>	Cubic Yards of Waste <b>155</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Northampton, PA</b>			Disposal Date <b>9/28/2018</b>	City, State <b>Shippensburg, PA</b>					
Completed by <b>Mark Klotzbach</b>		Title <b>Vice President</b>	Signature 	Date <b>9/12/2018</b>					