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Date of Notification (1) 09-18-16		N	Name Cara	of Bui avella	lding Owr Demoli	ner/Op tion	erator (2	2)) i i			
Agencies Notified Type Notification				t Addre	ess est Ave.	1			2016 SE	P 28	5 AH 10	: 56			
EPA Initial DEP Amended Amendment #_					Zip Code over NJ	0793	36		5 E : & I	103	HSING LOUKI	ROL			
Emergency (inc justification)				e of Co y Palr	ntact ner III					Tele	phone Nur	mber			
DCA Cancellation			FA	ACILIT	Y INFORI	MATIC	N								_
Name of Facility Where Abatement is Taking F Commercial Property Street Address	Place (3)							Scl Su Oth	ner (i.e. pri) (Othe	er than K-1 commerc	2) ial buildi	ngs, I	iomes	١,
230 W. Westfield Ave.					1 12			Square Square		# of	Floors	Blo	lg. Ag	e	
Roselle Park County (6)			Cour (STA	nty Coo	de (7) E ONLY)			Current	Use (Prior	if bei	ng demolis	shed)			
Union	mar (8)		T AS	SCM N	0		Name	of Abate	ment Cont	ractor	(9)				
Name of Monitoring Firm Hired by Building Ov N/A	viiei (o)							Contra Address	acting LL	.C.					
Street Address							522	7th St.							
City, State, Zip Code								itate, Zip n City I	Code VJ 0708	7					
Project Manager for Monitoring Firm			Tele	ephone	No.			none No. 216-96			License 01206	No.			
Otali Dato (10)	Scheduled		mple	tion Da	ate (11)				A Monitor acting L	LC					
Occupancy Status During Abatement (Check	Only One	e)						Address 7th St.	;						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	bater Hour	ment rs	t			City, S	State, Zip	Code NJ 0708	7					
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Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Passenec#	enov						Min	-Enclosure	edure	th Negative e nd Non-Fr			-e	
	T							1401	ZXOTTIPE				Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Loca Norma ed So inten todial (12	ally lely b ance I Stat 2)	oy e/ ff?	Asbest (i.e.	os Cor therma surfa	escription ntaining al syster acing, V miscella	Material ns insula 'AT, or	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No)	N/A		D:-	- Inaci	lation			40 LF	X	+	+	1
Basement		X	-				e Insu				375 SF	X	+	+	1
1st Floor		X				-	all Pla				500 SF	X	+	1	
1st & 2nd Floor		X	+			VV	all Fla	15161							1
The state of the s			N.IF	DEP W	aste	Cubi	ic Yards				stered Lan		-		
Name of Registered Waste Hauler Delfa Contracting LLC			Hau	uler ID 35240	No.	3325	/aste 20				Resource	Reco	very	Faci	lity
City, State Union City, NJ							osal Da -10-16		City, Sta Tullyto	ate own,	PA				
Completed by Jaime Delgado	Title Proj.	. Ma	anag	ger.			Signati	ure	2			Date 09-18	-16		

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State of Now Jorany MOTIFICATION OF ASSESTED ARATEMENT

(Pursuant to NJAC 9:50 and 12:120) Name of Bulking Owner/Operator (2) CATHLEEN KEMP Date of Notification (1) 09/19/2016 Saelpty leens Agencies Notified Type Notification City, State, Zip Code CHERRY HILL NJ 08002 Amanded DEP Amendment #_ DOL Emergency (including Telephone Number Name of Contect Justification) DOH DAN WATSON Cancaliation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3)
RESIDENTIAL School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address atc.) Bidd, Aqe Square Feet # of Ficors CHERRY HILL 56 1850 2 Current Use (Prior If being demolished) County Code (7) County (8) CAMDEN RESIDENTIAL (STATE USE ONLY) Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES INC. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ACER ASSOC. 570 CLEMS RUN Street Address 1012 INDUSTRIAL DRIVE City, State, Zip Code MULLICA HILL NJ 08062 City, State, Zip Code WEST BERLIN NJ 08091 Telephone No. 810-304-4676 Ucense No. 01145 Telephone No. 856-809-1202 Project Manager for Monitoring Firm MATT DEPALMA Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 09/21/2016 09/20/2016 Street Address 200 RT, 130 NORTH Occupancy Status During Abstement (Check Only One) Fecility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Fecility Hours Other - Describe: RESIDENTIAL-BASEMENT City, State, Zlp Code CINNAMINSON NJ 08077 1 Scope of Work (Check All That Apply) Full Confainment with Negative Pressure Renovation 23 af or ≥3 if Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abstement is Location Type Nomelly Description of Location of Asbestos Containing Material (ACM) Amount Used Solely by Asbestos-Containing Meterial (ACM) Maintenance/ (Specify (i.e. thermal systems insulation. Romova Repair TO BE ABATED **Dustodial Staff?** SF or LF) surfacing, VAT, or In Facility (12) other miscellaneous) (13) No NA Yes 60 SF DUCT PAPER INSULATION X X BASEMENT Name of Registered Landfill Cubic Yards MJDEP Waste Name of Registered Waste Hauter of Waste MINERVA LANDFILL Hauler ID No. 0034895 ASSURED ENVIRONMENTAL SERVICES 12 Disposal Date City, State WAYNESBURG, OH City, State MULLICA HILL NJ 09/21/2016

Completed by RON SWANSON

WARREN

Signatura

GENERAL MANAGER

Date

09/19/2016

CHECK# 1660

Date of Notification (1) 09/19/2016				Name of CATH	f Building ILEEN K	Owner/0	Operator	(2)							
Agencies Notified	Type Notification			Street A	ddress				2011	SEP	26 AF	10:	59		
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City (5) CHERRY HILL									etc.) uare Feet 350	# of 2	Floors		Bldg. A	\ge	
County (6) CAMDEN					Code (7) USE ONLY)				rrent Use (Prio ESIDENTIA		g demolish	ed)			
Name of Monitoring Firm ACER ASSOC.	Hired by Building	Owner (8)		ASCM	/I No.				batement Cont ED ENVIRO			RVI	CES	INC	
Street Address 1012 INDUSTRIAL	DRIVE						Street 570		ress EMS RUN						
City, State, Zip Code WEST BERLIN NJ	08091								Zip Code CA HILL NJ (08062					
Project Manager for Mon MATT DEPALMA	itoring Firm			Telephoi 856-80	ne No. 09-1202		Teleph 610-		No. 1-4676		License No 01145).			
Start Date (10) 09/20/2016		d Con 2016	npletion I	Date (11)		Name EMS		SHA Monitor							
Occupancy Status During	Abatement (Chec	k Only On	e)				Street					/20=157			
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	batem Hours	ent			City, S	tate,	130 NORTH Zip Code MINSON NJ		7				
Scope of Work (Check A	I That Apply)								×						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		STOCKEN,	enova emoliti				~	10	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure	1/3/			e	
	125	ls	Locati	on							***************************************		Abate	ement	
Location			lormall d Sole				scription			200		_	Т	ре	
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Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of R	enister	ed Landfill				
ASSURED ENVIRO		RVICES	Н	auler ID 034895	No.	of Wa			MINER\						
City, State MULLICA HILL NJ						sal Date 1/2016		City, State WAYNE	SBUF	RG, OH					
Completed by RON SWANSON		ERAL	MAN	AGER	S	Signature	Ka	xel Dix	WO9	M Dat		2016	i		

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				FACILIT	TY INFORM	IATION	Type of	Facility (4)						
Name of Facility Where Residential Street Address	Abatement is Taking	Place (3)					☐ Sc	hool (K-12) ≀(Othe	er than K-12) commercial	buildir	ngs, h	omes,	
							Square	2.)		Floors		g. Ag		
City (5)							2639	reet	2	1 10013	10		76	
Newark, NJ 07106	i		7.0		d= (7)			Use (Prin		ng demolishe	 ed)			_
County (6) Essex				ounty Co	EONLY) _									
Name of Monitoring Fir	m Hired by Building (Owner (8)		ASCM N	No.	Name	of Abate	ment Cont	ractor al Se	(9) rvices, LL(2			
							t Address							
Street Address						170,000,000		Avenue	9					
City, State, Zip Code						City,	State, Zip	Code , NJ 073	04					
				- 1	- No		hone No			License No).	-		_
Project Manager for Me	onitoring Firm			elephone	E INO.	201	-333-88	355		01174				
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9-16-2016		9-16-201					t Address							
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Facility Closed/Va Abatement Perfor X Other – Describe	acated During Entire rmed Outside of Norr :	Period of Ab mal Facility I	oatem Hours	ent		City,	State, Zip	o Code						
Scope of Work (Check	(All That Apply)													
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		1000000	Locati	53225									ре	
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Base	ement		X			Pipe insu	liation			30 LI	1.2			
Name of Registered	Waste Hauler		101.0	NJDEP V		Cubic Yard	S			stered Landf				
Green Environme				Hauler ID 034889		of Waste 1				. North La	ndfill			
City, State Jersey City, NJ						Disposal D 9-16-201		City, Sta Morris	ate ville,	PA				
		Title				Signa	ture	-		21 7	ate	.0.40		
Completed by Liliana Serrano			е Ма	nager			uu	Cen	ena	aw!	9-15-2	2016		



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lame of Facility Where Abatement is Taking Residential Street Address	Place (3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			TT Cub	ool (K-12) chapter 8 er (i.e. priv	(Othe	er than K-12) commercial	building	js, ho	mes,	
City (5) Bayonne, NJ 07002						Square F	eet	2	Floors	96+	. Age		
County (6) Hudson			ounty Coc	le (7) ONLY) _					ng demolishe	d)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM N	0.	Gre		nent Contr onmenta	ractor al Se	(9) rvices, LL()			_
Street Address					235	et Address Virginia							_
City, State, Zip Code					Jer	State, Zip (sey City,	NJ 0730	04	License No)			
Project Manager for Monitoring Firm			Telephone		20	phone No. 1-333-885 ne of OSHA			01174				_
Start Date (10) 9-15-2016	Scheduled 9-15-201	6	pletion Da	ate (11)	Sa	me as ab	ove						_
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Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova				X Mini	-Enclosure	e cedur	ith Negative F e and Non-Friat	ole Prod	cedure		
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ntena odial (12)	ely by ance/ Staff?	Asbesto (i.e. t	hermal sys surfacing	otion of ng Material tems insula , VAT, or ellaneous)	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	100000000000000000000000000000000000000
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Basement		X	+	·	- I IPC II II	Suldan							
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		-		12	6 1: 1:	-d-	Name	of Rec	istered Land	fill .			
Name of Registered Waste Hauler Green Environmental Services			NJDEP V Hauler ID	No.	Cubic Ya of Waste 2				S. North La		7		
City, State			0034	700	Disposal 9-15-20		City, St Morris	tate sville	, PA				
Jersey City, NJ Completed by Liliana Serrano	Title	e M	lanager			nature Le cuti	Ser	AC	Cur	Date 9-14-	2016	,	

Date of Notification (1) 9/21/16					uilding Ow amb Priv			2)			2016 SE	P 26	£1.	11 +	
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DOA			1	FACILI	TY INFOR	MATIC	N	_		(4)					
Name of Facility Where David Lamb Private Street Address	Abatement is Taking Home	Place (3)							of Facility School (K- Subchapte	12) r 8 (Othe	er than K-1	2)	8201_020 •		
Officer Address		i i							Other (i.e. etc.)				dg. Ag		5,
City (5) Little Egg Harbor N	J 08070							100		1	Floors	35	ig. A	,e	
County (6) Ocean				ounty Co	ode (7) SE ONLY)				ent Use (Pr use & Ga		ng demolis	hed)			
Name of Monitoring Firm	m Hired by Building (Owner (8)	1	ASCM	No.		Name Pern		atement Co Inc.	ntractor	(9)				
Street Address							Street PO E								
City, State, Zip Code							City, S	State,	Zip Code Iin NJ 08	091					
Project Manager for Mc	nitoring Firm	-	T	elephon	e No.		Teleph 856-		No. 9800		License 00727	No.			
Start Date (10) 10/4/16		Scheduled 10/10/16		oletion D	ate (11)		Name Sam		SHA Monito	ρr					
Occupancy Status Duri	ng Abatement (Chec	k Only One)	19				Street	Addr	ress		10				
Facility Closed/Va	cated During Entire med Outside of Norr	Period of Aba	ateme	ent		_	City, S	State,	Zip Code						
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bedroo	m area			X		F	loor T	ile			100 SF	X	-	-	-
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United Containers			10000	2459		2									
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Date of Notification (1) 9/21/16				Building Overraputo						e tables		-			
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Len Giarraputo Private Home								chool (K-12							
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Name of Monitoring Firm Hired by Building	Owner (8)	4	ASCM	No.				ement Cont	ractor	(9)					
N/A						Pern	aco In	С.							
Street Address							Address 30x 32								
City, State, Zip Code				7.7.4.			tate, Zir t Berlir	Code NJ 0809	91						
Project Manager for Monitoring Firm		Т	elephor	ne No.			none No 753-98			License 00727					
Start Date (10) 10/4/16	Scheduled		pletion [Date (11)		Name Sam		A Monitor							
Occupancy Status During Abatement (Chec							Addres	S			-				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Ab	ateme	ent		_	City, S	State, Zij	o Code							
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NOTIFICATION OF ASBESTOS ABATEMENT

City (5 South Orange County (6) Essex County Code (7) (STATE USB ORLY) Control of Monitoring Firm hired by Building ASCM No. Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address Select Address Select Address Select Address Select Manager for Monitoring Firm Felephone Number N/A Street Address Select Address Select Manager for Monitoring Firm Felephone Number N/A Street Address Select Manager for Monitoring Firm Felephone Number N/A Street Address Select Manager for Monitoring Firm Felephone Number N/A Street Address Select Manager for Monitoring Firm Felephone Number N/A Street Address Select Manager for Monitoring Firm Felephone Number N/A Street Address Select Manager for Monitoring Firm Felephone Number N/A Screet Address Street					60-7 and 12:120-7						
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County (5) Essex County Code (7)			Taking	Place (3)		Type of Fact	LITY (4)				
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Same of Monitoring Firm hired by Building ASCM No. Name of Monitoring Firm hired by Building ASCM No. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Felephone Number N/A Scheduled Start Date (10) Sched. Completion Date (11) 10/1/16 Month Day Year Month Day States During Abstement (Check only one) (X)Facility Closed/Wacated During Entire Period of Abstement [] Abstement Performed Outside of Normal Facility Rours - Describe: @Cffeours Descripts Scope of Work (Check all that apply) [X]S sf or >3 if [] 12160 sf or >260 if [] Demolition [X]Renovation [] 12160 sf or >260 if [] Demolition [] Normal Facility Abstestos-Containing Material (ACM) TO BE ABANTED To Facility To Tablity To Tablity To Tablity To Tablity To St ABANTED T	City (5	Cou	inty (6)	Essex					1.50		
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

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Date of Notification	1 (1)		CAMPAGE STATE	Ara		wher/ operator	(2)						L. 7	
9/20/2016 Agencies Notified	Type Notificat	-: 07	Ctroot	Addre	e e						1		- 1	=
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Street Addres									ter 8 (Oti i.e., pri					
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			- 200	74 27-		Name of Abate	mont C	ontracto	- (9)					
Name of Monitoring 1 Owner (8) N/A	Firm hired by H	Sullain	g ASC	M No.	-	AZTECH M								
Street Address	-					Street Addres								
						86 Chris	topl	ner St	•					
City, State, Zip Co	de			¥		City, State, Montclai	575		42					
Ducinet Manager for	Manitaning Piz	- IT-0	lenhon	e Numbe	ar	Telephone Num				Lice	nse	Numb	er	
Project Manager for	Monit corrug Fir	- Table 1	/A	ie numo	G.L.	(973) 744		00			37:			
Scheduled Start Dat		d. Comp		Date	(11)	Name of OSHA	Monito	or						
9/30/16		/1/1				N/A								
Month Day Y Occupancy Status Du	Year Mor		Day only	Year one)		Street Addres	s					- Condon		
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City, State Montclair, NJ	07042				1000000	sposal Date		y, State aynesb	urg, C	hio	44	688	3	
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Date of Notification (1) 9/20/16					Building C squale C			(2)	21	118 SF	P 26	ALA		C -		
Agencies Notified	Type Notification			Street Ad	idress					10 02	1 20	RIT	+	it E		
EPA DEP DOL	Initial Amended Amendment #		-	City, Sta	te, Zip Coo	ie			ļú.	å l	LICEN	SIN	Ťi G	Üį		
DOH DCA	Emergency (in justification) Cancellation	cluding	11 5		Contact ale Casti	iglia	15. 9Ca. 74902	-		Tele	ephone Nu	ımber				
				FACIL	LITY INFO	RMAT	ION									
Name of Facility Where home Street Address	Abatement is Taking	Place (3)						School (K-1 Subchapter	2) 8 (Othe						
City (5)								× Sat	Other (i.e. p etc.) uare Feet		Floors	cial bu	-	ngs, ig. A		es,
Upper Saddle Rive	r							210		2	110013		67		,,,	
County (6) Bergen					Code (7) JSE ONLY)			Cur	rent Use (Prid	or if bei	ng demolis	shed)				
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASCN	l No.				oatement Con /ironmental			С				
Street Address							Street PO E		ress 483, 4 E G	ate Di	rive					
City, State, Zip Code					Zip Code od, NJ 0741	8										
Project Manager for Mor	elephor	ne No.	311035-0-20	Teleph 973-		No. -2276		License 703	No.							
Start Date (10) 9/29/16		Schedule 10/28/		pletion (Date (11)		Name	of O	SHA Monitor	-						
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Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Pened Outside of Norma garage	riod of A	Abatem Hours	ent			City, S	State,	Zip Code							
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	***************************************	Is	Locatio	on										Abate	ment	
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Completed by A. Scott Higgins			Signatur	е	an			Date 9/20/	16							

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Type of Facility (4)		
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Square Feet	# of Floors	Bldg. Age
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Current Use (Prior	if being demolished)
of Abatement Contr Environmental S		
Address ox 483, 4 E Gat	te Drive	
tate, Zip Code wood, NJ 07418		
one No.	License No.	
764-2276	703	
of OSHA Monitor		
Address		
tate, Zip Code		
Full Containmen	t with Negative Pre	ssure

Date of Notification (1) 9/19/16	Name of Building Owner/Operator (2) Ms. Brenda Velasco Street Address Att 11: 69									_						
Agencies Notified Type Notification		5	Street Ad	ddress					18 0	-1 20	BITT	1. (5			
➤ EPA			City, Star	te, Zip Coo	ie				Po.	LICER	SIM	i no	L			
Emergency (ii DOH justification) Cancellation	ncluding	11 (2)		Contact a Velasco	0					phone Nu						
			FACII	LITY INFO	RMATIC	NC		pe of Facility (4)								
Name of Facility Where Abatement is Taking home	Place (3)						_									
Street Address							Su N Oth	hool (K-12) bchapter 8 ner (i.e. pri	(Othe			dings,	home	≥s,		
City (5) Linden							Square 2200	-	# of 2	Floors	1.000	ldg. A	ge			
County (6) Union				Code (7) USE ONLY)			Current	Use (Prior	if beir	ng demolis	hed)					
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	1 No.			e of Abatement Contractor (9) S Environmental Services, LLC									
Street Address							Address Box 483	, 4 E Ga	te Dr	ive						
City, State, Zip Code						tate, Zip wood, N	Code NJ 07418	3								
Project Manager for Monitoring Firm		Γelephoι	ne No.		Telephone No. License No. 973-764-2276 703						lo.					
	Schedule 10/28/1		pletion I	Date (11)		Name	of OSHA	Monitor								
Occupancy Status During Abatement (Check	Only One	2)				Street	Address									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: basement					_	City, S	tate, Zip	Code								
Scope of Work (Check All That Apply)							_									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	WINDOWS AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF T	enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	Is	ocatio	nn								Abatement Abatement					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	N Used Mai	ormall Solel ntenar odial S	y y by ice/		os Cont thermal		Material (A s insulatio		(S	mount specify or LF)	Remova	Repair	e Encapsulate	Enclosure		
(13)	Yes	(12) No	N/A		other n	niscellar	neous)				oval	air	sulate	sure		
basement	res	140	X		pipe	insula	tion		6	0 LF	x					
								110 2000		1						
Name of Registered Waste Hauler		1100000	JDEP W auler ID		Cubic of Was			Name of R								
Freehold Cartage	V. 1 602-18	959	140.	TBD	sic .		Western Berks Landfill									
City, State Freehold, NJ				Dispos TBD	sal Date		City, State Birdsbor	o, P/	4							
Completed by A. Scott Higgins	lent			S	ignature	1	_		1	ate /19/1	6					



RECEIVED

	Name of Building Owner/Operator (2)												-			
Date of Notification (1) 9/21/16	Atlantic County Utilities Authority Street Address Atlantic County Utilities Authority 2016 SEP 26 AM III: 11															
Agencies Notified	Type Notification		- 4		ldress Jelilah P	ld.										
EPA DEP DOL	Initial Amended Amendment				e, Zip Co arbor To		p NJ 08	3234	2	ε̃Ľ.	TOO U	VIN.	G	ÜL		
DOH DCA	justification) Cancellation		- 1	Name of Scott Y	Contact 'unkers					Tel	ephone N	lumb	er			
largered .				FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Vacant House	Abatement is Takin	g Place (3)						Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)								
Street Address 501 East Moss Mill	I Rd.							X	Subchapter of the control of the con	ivate 8	& comme					s,
City (5) Galloway NJ 08205	5					244		1000		2	f Floors		35	dg. A 5+	ge	
County (6) Atlantic				County C	Code (7) ISE CNLY			Curre	nt Use (Prio se	r if bei	ng demo	lished	1)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.		Name of Perna		tement Con	tractor	(9)					
Street Address					Street / PO B											
City, State, Zip Code							p Code n NJ 080	91								
Project Manager for Mo	nitoring Firm			Telephor	ne No.		Telephone No. License No. 00727									
Start Date (10) 10/4/16		Schedule 10/10/1		npletion [Date (11)		Name o		A Monitor							
Occupancy Status Durir	ng Abatement (Che	ck Only On	e)				Street	Addres	SS							
Facility Closed/Vac	cated During Entire ned Outside of Nori	Period of A	baten	ement urs City, State, Zip Code												
Scope of Work (Check																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ан тпас Арріу)	Special Control of the Control of th	enova emolit	7.000.00			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						a.		
			19 79	10			1000	1,10	Exomptoo	7 2.		T		C. Inc. of the	ment	
		1.0	Locati Iormal	22000		3									ement pe	
Locatio Asbestos-Containin TO BE AB In Fac (13)	g Material (ACM) BATED cility	Use Mai	d Sole ntena odial (12)	ly by nce/		tos Con therma surfa	escription staining M Il systems acing, VA miscellan	laterial s insula T, or		(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A												
Exterior		X		Exte	erior Sic	ding		20	000 SF		X					
					Material Super											
Name of Registered War Pernaco Inc	F	IJDEP W lauler ID 2178	No.	of Wa	Yards aste		Name of ACUA	Regist	ered Lan	dfill						
City, State W Berlin NJ	1,2	Disposal Date 10/10/16														
Completed by Anthony T Perna	dent				Signature)				Date	1/16					
						, L.	- 3/190-									

Clock #

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

PEDELVER

Date of Notification (1)	20 /	16				of Building enny	Owner/Operator (2	2)	2016 SEP 26	6H11	. ; -		
Agencies Notified	Type Notifica	ation				Address Legacy	Drive		i Prijād Toda j	SET.			
☑ DOLWD ☑ DHSS	Amended	ent#	udina			ate, Zip Co			A LICENS	W/G			
DCA (NJAC 5:23-8)	☐ Emergen justification ☐ Cancellate	on)	luding			of Contact Alhelo			Telephone Numb	er			4
					FAC	ILITY IN	FORMATION						
Name of Facility Where A JCPenny Store Street Address 1201 Hooper Avenu		Taking	Place	(3)					2) 8 (Other than K-12) private and commer		ldings	ò.,	
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
Toms River								173,000	2	4	0 yrs	3.	
					Cour	h, Codo (7)	(STATE USE ONLY)		rior if being demolis	hed)			-
County (6) Ocean								Departmen	t Store				
Name of Monitoring Firm	Hired by Buil	ding O	wner (8)	ASCM I	No.	Name of Abateme						
Health & Safety Ser	vices, Inc.				N/A		East Coast H	laz Mat Remov	val, Inc.			Arram 1415	
Street Address 318 12th Street				1			Street Address 494 East 41s	t Street					
							City, State, Zip C						
City, State, Zip Code	227						Paterson, NJ						
Hammonton, NJ 08				Tale	mbana l	Ma	Telephone No.	01004	License No.		-		_
Project Manager for Moni	toring Firm			1	phone I 09-704		973-345-0022	,	00507				
Jim Proctor		Schod	iled C		tion Da		Name of OSHA N		00007				-
Start Date (10))_ / _		Same as abo						
Occupancy Status During Facility Closed/Vacate					ment		Street Address						
☐ Abatement Performed Time of Abatement: ☐ ☐ UNOCCUP	Outside of N _AM	lomal PN	Facilit //	y Hou _PM	rs - Des 	cribe AM	City, State, Zip C	ode					
Scope of Work (Check al		~ 1 1	□ Re	novat	ion	cast	☐ Full Cor ☐ Mini-End	closure	egative Pressure				
≥160 sf or ≥260 lf			M De	HIOHE		ver on		empted (*) and N	Ion-Friable Procedu	ire			
			ls	Loca	7.57		/		-	Ab	ateme	ent T	ype
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (AC	M)	Use Ma	aintena	ely by ance/ Staff?		Description estos Containing Ma e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, 「, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A					K-3			
Cooling Tower on Ro	of					Transit	e Panels		500 SF		Ш	Ш	L
	U.												
				In	ПП								Г
Name of Registered Was East Coast Haz Ma		Inc.		1.3	NJDEP Hauler I 419		Cubic Yards of Waste		gistered Landfill S., North W/M o	f PA		l-	
					710		Disposal Date	City, State					
City, State							10-10-16	Morrisvil	le, PA				
City, State Paterson, NJ Completed By (Print or T James Unger	ype)	Title				ect Mgr.	Signature	Morrisvil	// 4	ate 7 - 2		, ,	-



Date of Notification (1) 09/21/16		Name of Building Owner/Operator (2) MATTS CONSTRUCTION 2016 SEP 26 AM II: i 5														
Agencies Notified Type Notifie	cation	1 533	treet Ad 4 IREI	dress VE COU	RT			L		3/05		Ť	Rí	L		
DEP Amen X DOL Amen	dment #			e, Zip Cod /OOD, N		701				- IVE	BO!	75				
X DOH justific	gency (including ation) allation	N:	ame of	Contact					Tele	phone Nu	umber					
		-	FACIL	ITY INFO	RMAT	ION										
Name of Facility Where Abatement is	Taking Place (3)						and the same of th	f Facility (4) chool (K-12)								
Street Address							Si X	ubchapter 8 ther (i.e. pri c.)	(Othe			ildi	ngs, l	nome	s,	
City (5) LAKEWOOD, NJ							Square 1200		# of	Floors		Blo	lg. Ag	je		
County (6) OCEAN COUNTY			ounty C	ode (7) SE ONLY)		Current Use (Prior if being demolished) HOME										
Name of Monitoring Firm Hired by Bu	uilding Owner (8)		ASCM	No.				PROFES								
Street Address							Address	OVE CO	URT							
City, State, Zip Code					7	City, S	tate, Zip					11-2				
Project Manager for Monitoring Firm		Telephone No.				Telephone No. License No. 732-668-9078 1200										
Start Date (10)		Completion Date (11)				Name	of OSH	A Monitor PROFES	2010							
10/05/16	10/05/16	22/2/11/2								INALO		_		-		
Occupancy Status During Abatemen			Street Address 6 WHITE DOVE COURT													
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	of Normal Facility Ho	urs	cris City, State, Zip Code LAKEWOOD, NJ 08701													
Scope of Work (Check All That Apply	y)				7.0										_	
≥3 sf or ≥3 if ≥160 sf or ≥250 if	Ren	novation molition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						9				
_	Telle					Non-Examples () since Non-Examples						77.7		ment		
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	CM) Used S Mainte Custodi	mally Solely enan	y by ce/		os Cor therma surf	escription ntaining N al system acing, VA miscellar	Material s insula kT, or		(5	mount Specify F or LF)	i controven	Removal	Ty Repair	e Encapsulate	Enclosure	
EXTERIOR	165 1	VU	14//			SIDING	3		15	00 SF	2	2		-		
CATEMON		-									+					
											-					
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubi	c Yards		Name of F	Registe	ered Land	Hill					
NEWARK CARTING		auler ID 509	No.	of W	aste ARDS	IESI										
City, State NEWARK, NJ				A.5	isposal Date City, State D/05/16 BETHLEHEM PA											
Completed by JOSEPH PERLSTEIN	VER				Signature Date 03/09/16											

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

RICEIVED

Date of Notification (1) 09/21/16	Name of Building Owner/Operator (2) MATTS CONSTRUCTION 2016 SEP 26 AH II: i &																
Agencies Notified	Type Notification			Street Ad 14 IRE	dress NE COL	JRT			A 5 5 6	31	<u> </u>	JR [10				
DEP X DOL	Amended Amendment		1.72		e, Zip Cod VOOD, N		701		C.	Li	LLIVA	ING					
⊠ DOH □ DCA	Emergency (justification) Cancellation	including	1	Name of	Contact					Tele	phone N	lumber	8				
				FACIL	ITY INFO	RMAT	ON										
Name of Facility Where	Abatement is Taking	g Place (3)						Ту	School (K-12 Subchapter 8) (Othe							
								etc.)				mercial buildings, homes,					
City (5) LAKEWOOD, NJ							Square Feet # of Floors 1200 1					Blo	ig. A	ge			
County (6) OCEAN COUNTY				County C STATE U	ode (7) SE ONLY)		Current Use (Prior if being demolished HOME					lished)					
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.				batement Cont AD PROFES								
Street Address	2						Street 6 Wh		iress E DOVE CO	URT							
City, State, Zip Code								, Zip Code OOD, NJ 08	701								
Project Manager for Mor		Telephor	ne No.		732-668-9078 1200					se No.							
Start Date (10) 10/06/16		Schedule 10/07/1		npletion [Date (11)				SHA Monitor AD PROFES	SSIO	NALS						
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)				Street			LIDT							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norm	Period of A nal Facility	batem Hours	ent			City, S	State	E DOVE CO	#T#55050A							
Scope of Work (Check A							LAK	AKEWOOD, NJ 08701									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ni mat Appiy)	-	enova emolit			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						۵					
		la la	Locati	0.0					TVOT-EXEMPTED	1) 011	u Non-i	Table 1		cedure Abatement			
Locatio	n of	N	lormal	ly		De	escription	n of				-		Ту	pe		
Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Mai	d Sole ntena odial 8 (12) No	nce/	Asbes (i.e.	tos Cor therma surfa	ntaining I	Mate ns in: AT, c		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
EXTER	PIOP	100	110	1.40.			SIDING			20	000 SF	2	ζ.		-		
EXILI	-								Wes 20		-						
	-	11071								N. C. HIELDER		-					
Name of Registered Wa	4.0	J JDEP W		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c Yards	Yards Name of Registered Landfill				-							
NEWARK CARTING				lauler ID 4509	No.	7 YA	of Waste 7 YARDS IESI			IESI City, State							
City, State NEWARK, NJ	-		Disposal Da 10/05/16														
Completed by Title JOSEPH PERLSTEIN OWNE								Signature Date 03/09/16									

State of New Jersey

			State	of New J	ersey	_	- FR 3 - 1	N ACHEL IN TOTAL							
	OTIFI	CATIO	ON OF	ASBES	STOS	ABA	TE.	MENT							
CK30341		(Pursi	uant to l	NJAC 8:60	o and i	2:120)		TECHN	Ē.			\neg		
Date of Notification (1)			Nan	ne of Buildin	g Owner	/Operati	or (2) Mari	ne Construc	tion 2	N	2 4	1			
September 21, 2016									16 SEP 25 AM	11: 1	7				
Agencies Notified Type of Notification [x] EPA [X] Initial No.	otification		Stre	et Address	1	1 Birds	sall St	treet			1				
[] DEP [] Amended	d Notificati	on	City	, State, Zip	Code		un N	IJ 08758	& LICENSI	₩Ġ					
[X] DOL	ey (includi	ng				v areio	WII, IN		elephone Number				\dashv		
justificat			Nai	me of Contac Ada											
1 1		F	ACILI	TY INFOI	RMAT	ION									
Name of Facility Where Abatement is Taking Pla	ace (3)						Туре	of Facility (4)	School (k-12)						
Residence								וֹ זֹ	Subchapter 8 (other	than k-	12)	77.1			
Street Address								[x]	Other (i.e., private a homes, etc.)			ouliding	S,		
	County (6)		Cou	inty Code (7)			re feet	# of Floors	Bldg. A	ge 60				
City			(ST	ATE USE C	NLY)	1000 sf 1 60 Current Use (Prior if being demolished)									
Beach Haven West	Ocean							Reside	nce				-		
Name of Monitoring Firm Hired by Building Ox	wner (8)		· AS	CM No.	N	lame of	Abaten	nent Contracto Guard	ian Contracting, I	nc.					
N/A Street Address					S	treet Ad	dress	1990	Route 9, Unit 61						
						City, Star	te, Zip	Code		0076	5 125	71			
City, State, Zip Code					_	Calenhor	e Nur		River, New Jerse	y 08/2 mber	13-12	1	-		
Project Manager for Monitoring Firm	Te	lephone Nu	mber		1 '	Telephone Number 732-349-9932 License Number 00624									
Scheduled Start Date (10)	Sc	heduled Co	mpletion l	Date (11)]	Name of	OSHA	Monitor E.M.S	S.L. Analytical						
10/4/16 Occupancy Status During Abatement (Check o	nly one)	10/5/16		Street Address 1056 Stelton Road											
[y] Facility Closed/Vacated	During En	tire Period (of Abatem	nent	-	G': G:	. Th		Storion reduc			-			
Abatement Performed C	ot side of p	NOTHIAI Paci	Inty Fround		-	City, Sta	ite, Zip	Pisca	taway, New Jerse	y 0885	54				
Scope of Work (Check all that apply)						[ent with Negative Press	sure					
Scope of Work (Check all that apply)]		Mini-Enclosur Glovebag Proc							
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		r 1	Renovatio Demolitio			[x	· .	Non-Exempted	(*) and Non-Friable I	Procedu	re				
[x] ≥160 sf or ≥260 lf										Abate	ement I	ype			
	Is	S Location				escript			Amount	R	R	E	E		
Location of		rmally use	ed			stos-Co aterial ((Specify SF	E M	E P	N C	C		
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	Solely by nance/Cus	stodial		(i.e.,	therma	l syste	ems	or LF)	0	A I	A P	L		
in facility		Staff (12)				ation, s VAT	, OT			V	R	S	S		
(13)	YES	VI-807-1-1507			othe	r misce	llaneo	ous)		A L		L E	R E		
	NO	N/A	4.1	- 0141-	~			1000 sf	X						
Exterior	-	X		Asbesto	2 21GHI	5									
	-			-									-		
							11		1 7 1/41						
Name of Registered Waste Hauler		JDEP Wast		ID No. C	Cubic Ya	rds of W	aste	Name of Re	gistered Landfill						
Guardian Contracting, Inc. City, State		2	0223 Dispos			City,	State								
Toms River, New Jersey	70:41		10/6/	16 Signature	<u> </u>	Tul	lytow	n, Pennsylv	аша	Dat					
Completed by (Print or Type) Nicholas Fernicola	Title Projec	ct Manag	er			\		\mathcal{L}		9/2	21/16				
2330110140 2 021140 0	*/	o not use	this forn	n for asbest	tos licer	isure es	cempte	ed activities.							

Guardian Contracting, Inc. 1889 Route 9 Sutte 61 Toms River, New Jersey 08755

REDINED

2018 SEP 26 AM II: 17
A 1-13 [0 3 LUN [KOL & LICENSING

DEMOLITION / RENOVATION NOTIFICATION

perator	Project #:	stmark:		Notificat			5.7				
	TYPE OF NOTIFICATION (O - Original R - Revised C - Can	celled):	0	П.	IS ASBESTOS PRESENT? (Yes	/No):	Y				
 I.	FACILITY INFORMATION (identify owner, removal contractor a		erator)		39						
	OWNER NAME: Bayside Marine Construc										
	Address: 11 Birdsall Street										
	City: Waretown State:	NJ		Zip;	08758						
	Contact: Adam			Tel:	609-709-2750						
	REMOVAL CONTRACTOR: Guardian Contra	acting, Inc).		NJ License: 00624						
	Address: 1889 Route 9, U	Jnit 61									
	City: Toms River State:	New Jer	sey	Zip:	08755						
	Contact: Nicholas Fernic	cola		Tel:	732-349-9932						
	OTHER OPERATOR (if different)				NJ License:						
*	Address:										
	City: State:			Zip:							
	Contact:			Tel:							
	TYPE OF OPERATION (D - Demo O - Ordered Demo R -	Renovation	E - Emergency	y Renovation):	D						
IV. V.	FACILITY DESCRIPTION (Including building name, number a										
٧.	m -11										
	punding Name.										
	Princess,	New Je	rsey	County	y: Ocean						
	5.0,	17/11/E-210/11002									
	one beautiful	ors:	1	Age in	Years: 60						
	Building Size: 1000 31	-	Prior Use:	Resid	ence						
	Present Use: Residence PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	PPROPRIA'	TE, USED TO D	ETECT THE P	RESENCE OF ASBESTOS MATE	RIAL:					
VI.	PROCEDURE, INCLUDING ANALY HOLE SETTION,										
	IS MATERIAL ASSUMED TO BE ASBESTOS?					Non	friable				
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					Asbesto					
	1. Regulated ACM to be removed		RACM To Be		LOCATION		noved				
	Category I ACM not removed Category II ACM not removed		Remove	d		Cat I	Cat I				
	Pipes (Linear feet):										
	* ***	Asbestos siding			Exterior						
	Surface Area (Square feet): 1000 sf	115005					+				
	RACM Off Facility Component (Cubic feet):						<u> </u>				
	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10)/4/16	Complete: 10)/5/16					

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x. '	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED
	2016 SEP 26 AMII: 17
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
	Address: 1889 Route 9, Unit 61
	City: Toms River State: New Jersey Zip: 08755
	Contact Person: Nicholas Fernicola
	WASTE TRANSPORTER #2 Name:
	Address:
	City: State: Zip:
	Contact Person:
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.
	Location: Bordentown Road
	City: Tullytown State: Pennsylvania Zip: 19007
	Telephone: 215-943-9732 Permit #: 101494
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
	Name: Title:
	Authority:
	Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):
xv.	FOR EMERGENCY RENOVATIONS
	Date and Hour of Emergency (MM/DD/YY):
	Description of the Sudden, Unexpected Event:
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)
	Nicholas Fernicola / Project Manager (Printed Name/Title) September 21, 2016 (Signature of Owner/Operator) (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
	Nicholas Fernicola / Project Manager (Printed Name/Title) September 21, 2016 (Signature of Owner/Operator) (Date)



IUU		(Pursuant to NJAC 8:60 and 12:120)														
Date of Notification (1) 09-16-16					Building Ov la Demo		erator (2)			-	** J. S. T. S.	200	1,		
Agencies Notified	Type Notification		1	Street Add 40 Defo	dress orest Ave	9.					SEP 26					
EPA DEP DOL	Amended Amendment #				e, Zip Code anover N		36			- 5	toju. & LiGf	1431	h H(] r(L	
DOH DCA	Emergency (in justification) Cancellation	nciuaing	1 '		almer III					Tele	phone Nu	umber				
		DI (0)		FACIL	ITY INFOR	RMATIO	N	Type o	f Facility (4	1)			_			-
Name of Facility Where A Commercial Propert Street Address		Place (3)						☐ S	chool (K-1;	2) 8 (Othe	er than K-	12)				
220 W. Westfield Av	/e.							니 et	Other (i.e. private & commercial buildings, hometc.) are Feet # of Floors Bldg. Age						3,	
City (5) Roselle Park																
County (6) Union				County C (STATE U	ode (7) SE ONLY)		_	Current Use (Prior if being demolished)								
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCM	No.		ame of Abatement Contractor (9) Delfa Contracting LLC.									
Street Address								Address 7th St.								
City, State, Zip Code								tate, Zir n City	Code NJ 0708	37						
Project Manager for Mon	T	Telephon	ne No.		The second second	none No 216-96			License 01206							
Start Date (10) 09-26-16		Schedule 10-04-1		npletion D	Date (11)				A Monitor racting L	.LC						7
Occupancy Status During	g Abatement (Chec	k Only On	e)				Addres									
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm	Period of A nal Facility	baten Hours	nent s		_	City, S	7th St. State, Zigon City		37	-					
Scope of Work (Check A	Il That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Personne	lenova emoli					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		Is	Locat	tion					E3					Abate	ment pe	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Ma Cusi	(12)	ely by ance/ Staff?	Asbest (i.e.	tos Cont thermal surfac	scription raining I system cing, VA niscella	Material as insula AT, or	(ACM) tion,	(Amount Specify F or LF)	I Controver	Demous	Repair	Encapsulate	Enclosure
	0.0.151	Yes	No	N/A		Dino	Insula	ation		6	70 LF	X	+			-
Bsmt., 1st floor		X				eum &				50 SF	X				-	
Bsmt., & 2	X	+			able To				81 SF	X						
Roof 1	X	-			k Flas			5,	550 SF	X						
Name of Registered Wa		NJDEP W	Vaste		Yards		Name of	Regist	ered Lan	dfill						
Delfa Contracting L		Hauler ID No. of Waste 10)									
City, State Union City, NJ	Disposal Da 09-09-16					/_	City, Sta Tullyto		A	Data		_	_			
Completed by Jaime Delgado	. Manager.					Signature Date 09-16-16										