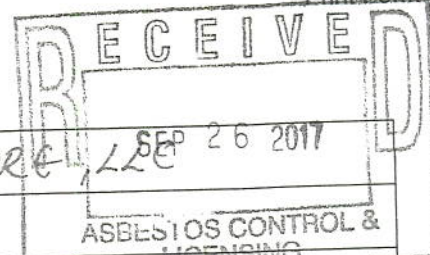


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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



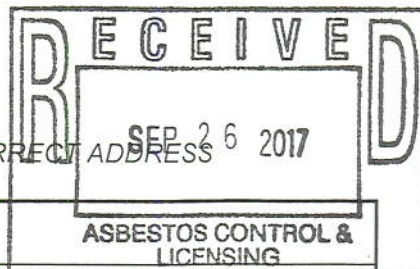
chk# 1176

Date of Notification (1) 09/13/17		Name of Building Owner/Operator (2) NEW STREET FUTURE, LLC							
Agencies Notified	Type Notification	Street Address P.O. BOX 688							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MOOREHEADS, NJ, 08053							
		Name of Contact N/A	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 166 NEW ST		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 166 NEW ST		Square Feet 3000	# of Floors 3						
City (5) MOOREHEADS		Bldg. Age 1940							
County (6) MIDDLESEX		Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ARIAI						
Street Address		Street Address 144 MILL ST.							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07501							
Project Manager for Monitoring Firm		Telephone No. 973-653 9652	License No. 1257						
Start Date (10) 09/22/17	Scheduled Completion Date (11) 09/30/17	Name of OSHA Monitor GORAN IGEV							
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 144 MILL ST							
		City, State, Zip Code PATERSON, NJ, 07501							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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 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
ACM SIDING		<input checked="" type="checkbox"/>		SURFACING	2000+	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler INDIAN ARROW		NJDEP Waste Hauler ID No. 36051	Cubic Yards of Waste TBD	Name of Registered Landfill FARRISS HILLS					
City, State PATERSON, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by GORAN IGEV		Title CEO	Signature 			Date 09/13/17			

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

ETS JOB # 4959/17

AMENDMENT #1 – PROVIDED WITH INCORRECT ADDRESS



Date of Notification (1) 9/20/2017		Name of Building Owner / Operator (2) NJIT	
Agencies Notified	Type Notification	Street Address 323 DR. MARTIN LUTHER KING BLVD.	
<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 Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	City, State & Zip Code NEWARK, NJ 07102	
		Name of Contact MR. TODD K. MILLER	Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NJIT – FACULTY MEMORIAL HALL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 111 SUMMIT STREET			Square Feet 92,516	# of Floors 5	Bldg. Age 51
City (5) NEWARK	County (6) ESSEX	County Code (7)	Current Use (Prior if being demolished) UNIVERSITY		
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL		ASCM No. 00120	Name of Abatement Contractor (9) ETS CONTRACTING, INC.		
Street Address 280 HUYLER STREET		Street Address 160 CLAY STREET			
City, State & Zip Code SOUTH HACKENSACK, NJ 07606		City, State & Zip Code BROOKLYN, NY 11222			
Project Manager for Monitoring Firm ALEX PALLETS		Telephone Number 201-310-9665	Telephone Number 718-706-6300	License Number 00511	
Scheduled Start Date (10) 10/02/2017	Scheduled Completion Date (11) 10/01/2018		Name of OSHA Monitor TESTOR TECH.		
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 Facility Hours - Describe: MONDAY – FRIDAY 8:00 AM – 4:30 PM <input type="checkbox"/> Other - Describe:			Street Address 10 59 JACKSON AVENUE		
			City, State & Zip Code LONG ISLAND CITY, NY 11101		

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment
<input checked="" type="checkbox"/> Large Project		<input type="checkbox"/> Mini-Enclosure
<input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input checked="" type="checkbox"/> Other: TENT & EXTERIOR NON-FRIABLE PROCEDURES

Location of Asbestos-Containing Material (ACM) TO BE ABATED 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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
BASEMENT – BOILER ROOM	YES	PIPE INSULATION	150 LF	TENT
BASEMENT – HALLWAY & ROOMS	NO	PIPE INSULATION	45 LF	TENT
1 ST FLOOR	NO	PIPE INSULATION & WINDOW GLAZING	213 LF 76 SF	TENT EXTERIOR NON-FRIABLE PROCEDURES
2 ND FLOOR	NO	PIPE INSULATION & WINDOW GLAZING	213 LF 96 SF	TENT EXTERIOR NON-FRIABLE PROCEDURES
3 RD FLOOR	NO	PIPE INSULATION & WINDOW GLAZING	213 LF 96 SF	TENT EXTERIOR NON-FRIABLE PROCEDURES
4 TH FLOOR	NO	PIPE INSULATION & WINDOW GLAZING	213 LF 96 SF	TENT EXTERIOR NON-

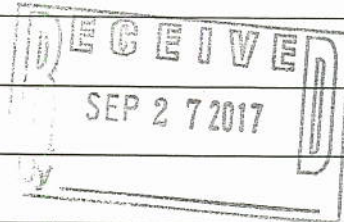
					PROCEDURES
PENTHOUSE		NO	PIPE INSULATION		213 LF TENT
Name of Registered Waste Hauler #1 JIMMY BYRNE T/A JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID # 19551	Cu. Yds. of Waste 90		Name of Registered Landfill #1 MINERVA ENTERPRISES, INC.
City, State 1199 RANDALL AVENUE, BRONX, NY 10474			Disposal Date TBD		City, State 9000 MINERVA ROAD, WAYNESBURG, OH 44688
Completed By (Print or Type) THOMAS AHERN		Title Project Executive	Signature 		Date 9/20/2017

ASB-41 JUN 95 G4667

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

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Date of Notification (1) 9/22/17		Name of Building Owner/Operator (2) City of Newark/DPW	
Agencies Notified	Type Notification	Street Address 820-Broad Street	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 Newark, NJ 07102	
		Name of Contact DURANT HAKIM	Telephone Number

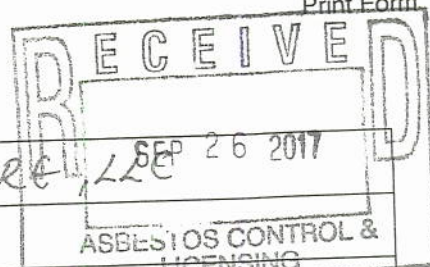
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Newark, NJ		Square Feet 1200	# of Floors 2
		Bldg. Age +50	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) 2 Family house	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Dinago Environment LLC.
Street Address		Street Address 339-Lafayette Street	
City, State, Zip Code		City, State, Zip Code Newark, NJ 07105	
Project Manager for Monitoring Firm		Telephone No. 973-491-0877	License No. 01240
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor J&E ENVIRONMENT 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 2333-ROUTE 22 WEST	
		City, State, Zip Code UNION, NJ 07083	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
On the ground			X	House was demolished already		x			
				Abatement contractor to monitor					
				the removal of the contaminated					
				debris					

Name of Registered Waste Hauler NEWARK CARTING INC.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES BETHLEHAM	
City, State PO BOX ,NEWARK, NJ 07105			Disposal Date	City, State 2335-APPLEBUTTER ROAD. BETHLE	
Completed by CARLOS GOMES		Title PRESIDENT	Signature 	Date 9/22/17	

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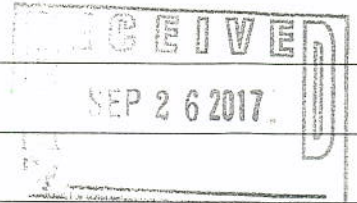
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



chk# 1176

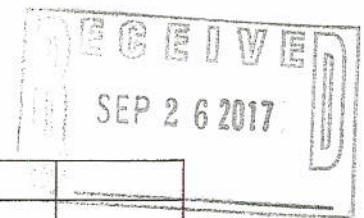
Date of Notification (1) 09/13/17		Name of Building Owner/Operator (2) NEW STREET FUTURE LLC						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address P.O. BOX 688		City, State, Zip Code ROORHEES, NJ, 08053						
Name of Contact A/A		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 166 NEW ST		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 166 NEW ST		Square Feet 3000	# of Floors 3					
City (5) NEW BRUNSWICK		Bldg. Age 1940						
County (6) MIDDLESEX		Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) ARIAI						
City, State, Zip Code		Street Address 144 MILL ST.						
Project Manager for Monitoring Firm		City, State, Zip Code PATERSON, NJ, 07501						
Telephone No.		Telephone No. 973-653 9652	License No. 1257					
Start Date (10) 09/22/17		Scheduled Completion Date (11) 09/30/17						
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 GORAN IGEV						
		Street Address 144 MILL ST						
		City, State, Zip Code PATERSON, NJ, 07501						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
ACM SIDING		✓	SURFACING	2000+	✓			
Name of Registered Waste Hauler INDIAN ARROW		NJDEP Waste Hauler ID No. 36051	Cubic Yards of Waste TBD	Name of Registered Landfill FARRISS HILLS				
City, State PATERSON, NJ		Disposal Date TBD		City, State MORRISVILLE, PA				
Completed by GORAN IGEV		Title C60	Signature		Date 09/13/17			

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



Date of Notification (1) 08/08/17		Name of Building Owner/Operator (2) Bristol-Myers Squibb							
Agencies Notified	Type Notification	Street Address 1 Squibb Drive							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Brunswick, NJ							
		Name of Contact Philip DeSpirito	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bristol-Myers Squibb		Type of Facility (4)							
Street Address 1 Squibb Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) New Brunswick		Square Feet	# of Floors 3						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 100						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No. 00104	Current Use (Prior if being demolished) Laboratory						
Street Address 655 West Shore Trail		Name of Abatement Contractor (9) Advanced Specialty Contractors							
City, State, Zip Code Sparta, NJ 07871		Street Address 2400 Main St. Extension Suite 10							
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. 973-729-5649	City, State, Zip Code Sayreville, NJ 08872						
Start Date (10) 08/23/17		Telephone No. 732-525-0100	License No. 00750						
Scheduled Completion Date (11) 10/18/17		Name of OSHA Monitor Environmental Tactics, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 64 Broad Street							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Building is vacated, abatement to be performed on 2 shifts</u>		City, State, Zip Code Matawan, NJ 07747							
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 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
1st Floor North		x		See Attachment		x			x
1st Floor South		x		for LN ft		x			x
2nd Floor North		x		Cu ft		x			x
2nd Floor South		x		Sq ft		x			x
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10,000	Name of Registered Landfill Grows Landfill				
City, State Freehold, NJ				Disposal Date 10/18/17	City, State Tullytown, PA				
Completed by Kurt Nale		Title Branch Manager		Signature 		Date 09/21/17			

Total ACMs



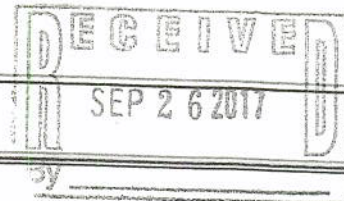
Pipe Insulation				
Type	Size	Quantity		Floor
Friable	3-5"	588	ft	1st
Transite	5"	10	ft	
joints	3"	6	ea	
par wrap	6"	20	ft	
Friable	3-5"	656	ft	2nd
Joints	3"	61	ea	
Tar Wrapped	6-8"	33	ft	
Joints	6"	4	ea	

Floor Tiles		Size	Floor	Type
15850	SqFt	9x9	1st	Non-Friable
2412	SqFt	12x12		Non-Friable
3572	sqft	9x9	2nd	Non-Friable
5159	sqft	12x12		Non-Friable

Misc.	Type	Quantity	Unit	Floor
Cont. Debris	Non-Friable	16	sqft	1st
Glue Dots	Non-Friable	440	sqft	
Celing Tile	Non-Friable	232	sqft	
Lab Tables	Non-Friable	720	sqft	2nd
Fume Hood	Non-Friable	167	sqft	
Sink Mastic	Non-Friable	108	sqft	
4" lead pipe	NA	12	ft	
Fire Doors	Friable	28	sqft	
Duct Insulation	Friable	60	sqft	
Glass Block Windor Perimeter Caulking	Non-Friable	28	LF	1st
Glass Block Windor Perimeter Caulking	Non-Friable	28	LF	2nd
Glass Block Windor Perimeter Caulking	Non-Friable	28	LF	3rd
Glass Block Windor Perimeter Caulking	Non-Friable	28	LF	4th

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

PAID



CK# 1030

Date of Notification (1) 12/19/17		Name of Building Owner/Operator (2) Amedeo Moino	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #: _____	City, State, Zip Code	Hawthorne, NJ 07506
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Amedeo Moino
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Amedeo moino		Type of Facility (4)	
Street Address		<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.)	
City (5) Hawthorne	County (6) Passaic	Square Feet	# of Floors
	County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)		Current Use (Prior if being demolished)	

Street Address		Name of Abatement Contractor (9) MKD PROPERTY MAINTENANCE LLC	
City, State, Zip Code		Street Address 105 Van Riper Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Clifton, NJ 07011	
Phone Number		Telephone Number 201-899-9008	License Number #01336
Start Date (10) 10-12-17	Sched. Completion Date (11) 10-31-17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one)		Street Address	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____			
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			

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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Basement		X		Pipe Insulation	44 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler TBD	NJDEP Hauler ID# TBD	Cubic Yards of Waste 1 yd	Name of Registered Landfill 110 Sand Company
City, State	Disposal Date	City, State MELVILLE, NY 11747	
Completed by (Print or Type) Darko Paloski	Title Project Mngr.	Signature	Date 9/20/17