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

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					0
6/	03 /	15		Est.	of Maria	Castaldo c/o St	ephanie Buglio	n jijaj	3 20%			
Agencies Notified	Type Notificati	ion		Street	Address							
				35 A	Ibert Str	eet						
☑ DOLWD	Amended Amendmer			City, S	tate, Zip C	ode						
☑ DOH	Emergency			Gari	field, NJ	07026						
☐ DCA (NJAC 5:23-8)	justification		g	Name	of Contact			T lephone Nu	ımber			
(13,10 3,20 4)	☐ Cancellation	n		Step	hanie Bu	uglione		551-206-1	777			
				FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is Ta	iking Plac	e (3)				Type of Facility (4)				
Residential House							School (K-12) Subchapter 8	(her than K.	12)			
Street Address							Other (i e., priv	e and comn	nercial bui	Iding	s,	
393 Grace Ave.							homes, etc.)					
City (5)							Square Feut	of Floors	Blo	lg. Ag	e	
Garfield, NJ 07026												
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Us > (Prio	r being dem	olished)			
Bergen												
Name of Monitoring Firm	Hired by Buildi	ng Owner	(8)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	5					ALL PRO MA	NAGEMENT LL	C				
Street Address			-			Street Address		- 11				
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip Co	ode					
Union, NJ						Garfield, NJ	07026					
Project Manager for Mon	itoring Firm		Tele	ephone l	No.	Telephone No.		icense No.	1			0372
Rick Eustaquio	:20		9	73-494	-3762	973-928-4888	3	1188				
Start Date (10)	S	cheduled	Comple	etion Da	te (11)	Name of OSHA N	Monitor					
6 / _13_ /	_ 15	06	/ _1	5_/_	15	ALL PRO MA	NAGEMENT LL	C				
Occupancy Status Durin	g Abatement (C	heck only	one)			Street Address		-				
	3.0			ment		27 Outwater	Lane					
☐ Abatement Performed	d Outside of No	rmal Facil	ity Hou	rs - Des		City, State, Zip C	ode					
Time of Abatement: _	AM	PM/	PM		AM	Garfield, NJ	07026					
Scope of Work (Check a	II that apply)					D ="0		. D.	20			
≥3 sf or ≥3 lf		M	enova	ion		⊠ Full Con	tainment wit i Nega	at /e Pressure				
□ ≥160 sf or ≥260 lf		-	emoliti			☐ Gloveba	a Procedure		•			
						☑ Non-Exe	empted (*) and Non	- riable Proce			99.20	
			Is Loca Norma						Ab	atem	_	ype
Location Asbestos-Containing		, U	sed Sol		Ashe	Description of stos Containing Ma		Amount	Re	Repair	Encapsulate	E
TO BE AB		l N	lainten			., thermal systems	insulation,	(Specify	Remova	oair	ap	Enclosure
IN Facil	ity	CL	istodiai (12	Staff?		surfacing, VAT other miscellane		SF or LF)	<u>m</u>		ula	ure
(13)		Yes		1 5500		Other miscellane	2003)				ê	
Basement					Pipe In:	sulation		160 LF				
Name of Registered Wa	ste Hauler		ᅼ	NJDEP	Waste	Cubic Yards of	Name of Regist	ed Landfill		1		-
All Pro Manageme				Hauler I	D No.	Waste	IESI Landfi	II				
				0034	860	As Needed Disposal Date	City, Sta e	-				
City, State Garfield, NJ						TBD	Bethlehem	Α .				
	Francis	Title				Signature	7	1	Date		35115	
Completed By (Print or	(ype)	Title Presi	dont			Signature	11111		Q-	3-	15)
Zvonko Veskov		Fiesi	ueiii				MUN	-	4			

ASB-41 JAN 13

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

Date of Notification (1) 06/5/2015					Owner/Operat			8	JUN	25	ZU		
Agencies Notified	Type Notification			et Address	wing Off fill	adcipine					- C-98,11 - 1		
EPA	× Initial		4 S	outh King	Street								
DEP	Amended Amendment	#		State, Zip Cucester, N.				- V v Sh					
_/	Emergency	(including	-	e of Contact				7.7	L. N				
DOH DCA	justification) Cancellation			orge Doms				1000000	-456-72				
				ACILITY INF									
Name of Facility Where A Camden Docks	batement is Takir	g Place (3)				Туре	of Facility (4)					
Street Address							School (K-12		. 45 1/ 4	2)			
2500 Broadway							Subchapter 8 Other (i.e. pr				ldings	, hom	es,
City (5)							etc.) e Feet	# 01	loors		Bldg. /	Age	
Camden						2000		2		1 2	30+	.90	
County (6) Camden				nty Code (7) TE USE ONLY	n	Curre	nt Use (Pr or Boat	if bei	g demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		SCM No.	Nam	e of Abat	ement Cont	ractor	9)				
AET, Inc.			10)7	ecc	service	s, LLC.						
Street Address 28 Pennel Road					757535	et Addres 7 W. Lin	s coln High	way	uite 500)			
City, State, Zip Code Media, PA. 19603						State, Zi on ,PA.							
Project Manager for Monit Dave Turotsy	toring Firm		100000000000000000000000000000000000000	phone No. -891-0114		phone No -872-88			License N	lo.			
Start Date (10)		Scheduled		ion Date (11)	1.722		A Monitor						
06/22/2015		06/26/20	20000	8. 8	EM	SL							
Occupancy Status During						et Addres	s 130 No th			72			
X Facility Closed/Vacati Abatement Performe	ted During Entire I d Outside of Norn	Period of Aba nal Facility H	atement ours		V	State, Zin		<u> </u>	_				
Other - Describe: _							on, NJ. (8	077					
Scope of Work (Check All	That Apply)					The second							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		previous .	ovation				Containm er	nt with	egative F	ressu	ire		
Z 2100 SI 01 2200 II		☐ Den	nolition				-Enclosure vebag Proce	dure					
		_		_	1	☐ Non	-Exempted	(*) and	Non-Friat	le Pro			
		1978/970	cation mally									ement /pe	
Location Asbestos-Containing N		Used S	Solely by	Asbes	Description tos Containing		(ACM)	Aı	ount				
TO BE ABA			enance/ ial Staff?	(ie	thermal syster surfacing, V	ns insulat		(S	ecify or LF)	Rer	Re	nca	Enc
(13)	,	(12)		other miscella			OI.	JI CI')	Removal	Repair	Encapsulate	Enclosure
		Yes 1	No N/	Α						=		ate	è
Galley			X		TSI			21) LF	X			
Galley			X		Tank Insu	lation		25	SF	Х			
											1		
Name of Registered Waste	e Hauler		100000000000000000000000000000000000000	P Waste	Cubic Yards		Name of Re	egiste	d Landfill		_		
ecoservices, LLC.			Hauler 13-01	ID No. 2785	of Waste		Grows (A	√W	Landfill))			
City, State					Disposal Dat	е	City, State		-				
Exton, PA.					TBD		Morrisvill	e, P/					
Completed by Tom Joiner		Title Project	Manag	or	Signatu	re			Da		1		
. JIII JOH JO		1 TOJECT	iviariay	GI	LOY	K	OLNI	a	- 16	2/5	115		

Date of Notification (1)			Na Pi	ame of Bu	lding Owne Universit	r/Operato v. Facil	or (2) Itles Procure	nent O	ffice			
Agencles Notified Type Notific	ation		Str	eet Addre					Alk 3			
I - I I Emora	ed nent # ncy (inclu	2	- Pr		NJ 0854	14						
DOH Justifica Cancell	100)	on ig		me of Cor b Orteg					lephone N 9-258-1		r	
Name of Facility Where Abatement is T					INFORMA	TION				J4 I		
Residence	aking Pla	ce (3)					Type of Facili	/ (4)				
Street Address 60 McCosh Circle City (5)							\$ chool (\$ ubchar C'ther (i.i.	er 8 (Oth	er than K- & commer	12) cial bi	uildings	s, home:
Princeton							Square Feet 2,200	# 0	f Floors		Bldg 40+	Age
County (6) Mercer			Cour (STA	nty Code (TE USE O	(7) NLY)		Currert Use (I Residence	rior if be	ng demolis	shed)		
Name of Monitoring Firm Hired by Building Pennoni Associates, Inc.	ng Owner	(8)	AS	SCM No		Name	of Abatement C	ntractor	(9)			
Street Address						ecos	ervices, LLC		(0)			
515 Grove Street, Suite 1B City, State, Zip Code				2		407 V	Address Vest Lincoln	Highwa	ay, Suite	500		
Haddon Heights, NJ 08035 Project Manager for Monitoring Firm							tate, Zip Code n, PA 19341					
R. Alan Lloyd Start Date (10)			856-	hone No. -547-05		1,0%	one No. 372-8884		License I	No		
- COLOTIS	7/2/1	5	ompletio	on Date (1	1)	Name (of OSH/, Monite	-				
Occupancy Status During Abatement (Ch	eck Only	One)					Address	-				
Abatement Performed Outside of No	Period o	of Abate	ement				IS Route 13	North				
				- E			ate, Zip Code iminson, NJ	08077				
Scope of Work (Check All That Apply)	4884.0							00077			-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demoi				×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempte	edure				_
		s Locat					Non-Exempa	a () and	NOTI-I HAL	T	S. Charles and Control	ement
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Us	Norma ed Sole aintena	ly by	Asbe		cription o	f terial (ACM)	An	nount	-	Ty	/pe
In Facility (13)		stodial ((12)		(i.e	thermal s surfacir other mis	ng, VAT,	or -		oecify or LF)	Removal	Repair	Encapsulate
	Yes	No	N/A							/al	=	late
Throughout			х	Dr	ywall/Joi	nt Com	npound	6.29	96 SF	X	1	
Floor Tile and Mastic			X				Kn, ES, 🗛		355	X		
Basement Mechanical Room			Х		Flue Pate		pear.		SF	X	-	
Exterior Name of Registered Waste Hauler			X	S	Storm Wir	ndow C	aulk	286	6 LF	X		
Vaste Management of New Jersey			IDEP W		Cubic Ya of Waste	rds	Name of GROW		ed Landfill			
City, State renton, NJ					50 Disposal	Date	Ci y, Stat	Land				
Completed by				a - 1	TBD		Morrisv	le, NJ				
ack Bally	Title Sr. Pr	oject I	Manag	er	Sign	atilire all	Ball.	60	Da	te /<	lis	y = -
SB-41 (R-06-08)					- 4	Do not u	se this form for	asbestos	s licensure	exer	mpted	activitie

D-1						(5 :: ::	0 10 1 1	2)	_			_		
Date of Notification (1)	03 /	15					g Owner/Operator (: on Dental	2)		31111				
Agencies Notified	Type Notif	ication			Street	Address				1111	-20	15		
	Initial				919	Broadwa	av							
☑ DOLWD	Amend					State, Zip C			_			-		
☑ DOH		ment #_				onne, N.								
	☐ Emerge justification		cluding	1		of Contact			TT	ephone Numb	or		-	
(NJAC 5:23-8)	☐ Cancel					y Maita			1.0	01-978-7061				
						•	FORMATION		_	01-370-7001				
Name of Facility Where Ab	atamant i	Takina	Dlage	/2\	FAG	JILIIY IN	FORMATION	Tune of Fee life /	11)					
		STAKING	Place	(3)				Type of Fac lity (☐ School (IC-12)	0.00					
Commercial Building Street Address	3							Subchapter 8		ner than K-12)				
								Other (i.e., pr				ilding	IS,	
919 Broadway								homes, etc.)	-		T 5:		<u> </u>	
City (5)								Square Fee	7	of Floors	Bi	dg. A	ge	
Bayonne, NJ 07002							V07176 V07 011 1		1					
County (6)					Cour	ity Code (/)(STATE USE ONLY)	Current Use (Pri	or I	being demolish	ned)			
Hudson	5			(a) T	10011				_					
Name of Monitoring Firm H	lired by Bi	uilding ()wner	(8)	ASCM	No.	Name of Abateme							
Bio Terra Solutions	39							NAGEMENT LI	LC					
Street Address							Street Address							
P.O. Box 1224		-					27 Outwater			1				
City, State, Zip Code							City, State, Zip Co							
Union, NJ							Garfield, NJ	07026						
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.		1	cense No.				
Rick Eustaquio			20		73-494	omeone.	973-928-4888			1188				
Start Date (10)6 /13 / _	15	1		117	tion Da		Name of OSHA M ALL PRO MA	fonitor NAGEMENT LI	LC					
Occupancy Status During	Abatemen	t (Check	c only	one)			Street Address		-					-
□ Facility Closed/Vacated					ment		27 Outwater	Lane						
☐ Abatement Performed 0						cribe	City, State, Zip Co			_				
Time of Abatement:	AM	PI	Λ/	_PM-		AM	Garfield, NJ							
Scope of Work (Check all t	hat apply)								_	-				
⊠ >2 of or >2 If			⊠ n.	novati				tainment with Neg	ativ	Pressure				
≥3 sf or ≥3 If ≥160 sf or ≥260 If				enovati emolitic			☐ Mini-Enc	g Procedure						
								mpted (*) and No	n-Fi	able Procedure	е			
				Locat							Ab	atem	ent T	уре
Location o Asbestos-Containing M		28.41		Norma ed Sole		Ache	Description o			Amazint	R	Z.	Щ	ш
TO BE ABAT		JIVI)	Ma	intena	nce/		stos Containing Ma ., thermal systems			Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Staff?	32	surfacing, VAT	, or	*	SF or LF)	Val	-	uls	sure
(13)			Yes	No	N/A	-	other miscellane	ous)					ate	
Basement					N/A	Air Cell	Pipe Insulation		-	50 LF				
•							•		_		П	П	П	
				-							1			=
											Ш	Ц	П	
Name of Registered Waste	: Hauler			1000	JDEP \		Cubic Yards of	Name of Fegis	tere	Landfill				
All Pro Management	LLC				lauler II 00348		Waste As Needed	IESI Landfi	II					
City, State					00010	,00	Disposal Date	City, State						
Garfield, NJ							TBD	Bethleliem	, P	k .				
Completed By (Print or Typ	e)	Title	9				Signature /	1/	_	Dat	e_			
Zvonko Veskov	599 5 6		reside	ent			5.	1/1/21	//		6-	3-	15)
ASB-41				*				1111/10	1				1	
JAN 13		*	Do not	use th	nis form	for asbest	tos licensure exemp	oted activities						

Data as Nationalism (d)												
Date of Notification (1) 6/3/iジ	-			of Building Own		(2)		UIN O	- 501	Ξ.	+	
Agencies Notified	Type Notification		Street	Address 15 OAK	STRhi	ET				- Charles		
□ EPA □ DEP ☑ DOL	☑ Initial ☐ Amended	ш		ate, Zip Code								
⊠ DOH	Amendment : Emergency (in justification)			of Contact	<i>y</i> .			elephone Nun	her			
□ DCA	☐ Cancellation		MR	Mos-Go.				elephone Nun	5-8	-5-8	4	
Name of Facility Where A	botomont in Takina	Diago (2)	FAC	ILITY INFORM	MATION							
MONGEL	Datement is Taking	Place (3)				Type of Faci	5 805					Sec. 18 (18)
Street Address	37					☐ Subchap	ter 8 (O	er than K-12 & commercia	l buile	linge	home	ae .
215 OAR	<u> </u>					etc.)						:5,
RINGherous	9 ,					Square Feet		of Floors	E	Bldg. A		
County (6) BBAGGE				Code (7) USE ONLY)		Current Use		ing demolishe	ed)	NAT		
Name of Monitoring Firm	Hired by Building O	wner (8)	ASO	CM No.		of Abatement AC Contracting		r (9)				
Street Address				All lateral and the state of th		Address Vreeland Ave.	Manage States					
City, State, Zip Code						State, Zip Code and Park, NJ 07						
Project Manager for Monit	toring Firm		Telep	phone No.		hone No. -262-5841		License No).			
Start Date (10) 6/12	-/15	Scheduled C	ompletion	Date (11)	() ()	of OSHA Mon	G.S. 11 70 -01	ices Inc.		2 //		
Occupancy Status During Facility Closed/Vacat Abatement Performer	ted During Entire Pe	eriod of Abate	ement rs		280	Address Huyer Street State, Zip Code						
Other - Describe:					Hack	ensack, NJ 07	06					e de la constante de la consta
Scope of Work (Check Al	I I hat Apply)						AND DESCRIPTION OF THE PARTY OF	NI MI SUSSICIONI DI VINI DI MANAGERI DI VINI D				
□ ≥160 sf or ≥260 lf		☐ Reno			×	Full Contain Mini-Enclos Glovebag P	Ire	Negative Pre	ssure	•		
					′□	Non-Exemp	ed (*) a	d Non-Friable	Proce	edure		
		Is Loc							- 2		ement ype	
Location Asbestos-Containing I		Used S	olely by	Ashastas	Description	of Material (ACM		A == = = == 4				\vdash
TO BE ABA In Facilit (13)	TED_	Mainte Custodia (1	al Staff? 2)	(i.e. the	rmal system surfacing, VA her miscellar	s insulation, T, or		Amount (Specify F or LF)	Removal	Repair	Encapaulate	Enclosure
BASBMB		Yes N	o N/A		2.05							
DAS DAGI	. 46)		X	<i>[</i>	PIPK		+	145 CE	سلر			
							#					
Name of Registered Wast	e Hauler	-	NJDEP W	/aste Ci	ubic Yards	Name	of Regis	ered Landfill				
Newark Carting, Inc			Hauler ID 0450	No. of	Waste /	-		hlehem Landi	ill Cor	p.		WWW
City, State, Zip Code Newark, NJ 07105				1	sposal Date	City, S	ate, Zip					
Completed by R. McDonald		Title President				PMY	=ld	Date	6/	3/	15	And the particular of the last

CX 1085

Date of Notification (1) 6/3/15		3.25	of Building Owner gh of Pompt		No. 1		100		47.5		
Agencies Notified Type Notification		Street A		-							
EPA Initial Amended Amendment #	<u>. </u>	City, Sta	ate, Zip Code ton Lakes, N	J 07442	2						212 ==
DOH justification) DCA Cancellation	ncluding	Name o	f Contact Doyle		12	100000000000000000000000000000000000000	hone Nui -835-01		239		
		FAC	ILITY INFORMA	ATION							
Name of Facility Where Abatement is Taking Flood Mitigation Property	Place (3)				Type of Facility School (K-						
Street Address 1406 Riveredge Drive					Subchapte Other (i.e.	8 (Oth€	than K-1: commerci	2) al buil	dings	, hom	es,
City (5) Pompton Lakes			18		Square Feet 1300	# of	loors 2	E	3ldg. <i>F</i> 50+	Age	1
County (6) Passaic			Code (7) USE ONLY)		Current Use (Pri Abandoned	or if beir	demolish	ned)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASC	M No.		of Abatement Co nuzzi Environn			Inc.	ĝ		
Street Address					Address Kinnelon Roac	, Suite	102				
City, State, Zip Code					State, Zip Code elon, NJ 0740	5				0	
Project Manager for Monitoring Firm		Telepho	ne No.		none No. 218-0880		License N	0.			
	Scheduled C 6/17/15	ompletion	Date (11)		of OSHA Monitor	ental :	ervices.	Inc.			
Occupancy Status During Abatement (Check	Only One)				Address						-
➤ Facility Closed/Vacated During Entire Pe	eriod of Abat	ement		135	Kinnelon Roac	, Suite	102				
Abatement Performed Outside of Norma Other – Describe:	al Facility Hou	ırs		100000000000000000000000000000000000000	state, Zip Code elon, NJ 0740	5					
Scope of Work (Check All That Apply)					1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno Demo	vation olition			Full Containm Mini-Enclosur Glovebag Pro	edure:					
	I			×	Non-Exempte	(*) and	Non-Friab	le Pro			
Location of	Is Loc Norm			S						ement rpe	•
Asbestos-Containing Material (ACM)	Used So Mainter		Asbestos Co	Description ontaining N	Material (ACM)	Ar	ount			Е	
TO BE ABATED In Facility (13)	Custodia (12	I Staff?	sui	nal system: facing, VA r miscellar			ecify r LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A						<u> </u>		ate	re
Exterior Siding Under Vinyl/Foam		X	Tra	ansite Si	ding	180) SF	Х			
Name of Registered Waste Hauler		NJDEP W		ic Yards	Name of	Register	d Landfill				
Yannuzzi Group, Inc.		Hauler ID 17467		/aste 20	G.R.O.	N.S					
City, State Kinnelon, NJ 07405		and the probability of the second	Disp	oosal Date 7/15	City, Stat Morrisv						
Completed by Anna Bastos	Title Administ	rative As	ssistant	Signature			Da 6/3	te 3/15			



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

Date of Notification (1)					Name	e of Buildin	ıq Ov	wner/Operator (2	2)		_				
6 /	2 /	15	5			rizon		, , , ,			1500		i von	o Po	,
Agencies Notified	Type Notifi	cation			Stroo	t Address					g (III)		20	1.0	
□ EPA	☐ Initial	cation			0.5 10 0.00 0.00		ntao	mery Place,	Lowerlava						
☑ DOLWD	☐ Amende	ed				State, Zip			Lower Leve						
□ DHSS	Amenda					tsburgh,									
DCA (NIAC 5:22 8)	☐ Emerge		cluding	g		e of Contac		15212		17.1		No.			
(NJAC 5:23-8)	justifica Cancell				3 0a b						phone Numb				
	Cariceii	ation			1	thony Po				4	2-633-4021				
N					FA	CILITY IN	VFO	RMATION							
Name of Facility Where Al		Takin	g Place	(3)					Type of Facility	3307.27					
Verizon Newark 3 Co	0								School (K 12						
Street Address									☐ Subchapter ☐ Subchapter ☐ Other (i.e. p	rivate	and commerce	ial b	uildin	IS.	
67 Bloomfield Ave.									homes, etc.)						
City (5)									Square Feet	#	Floors	В	ldg. A	ge	
Newark			36-13-2												
County (6)					Cou	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (Pr	ior if I	ing demolish	ned)			
Essex									Office						
Name of Monitoring Firm H	Hired by Bu	ilding (Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor 9)						
USA Environmental	Managen	ent					E	BRISTOL EN	VIRONMENTA	L, IN	.				
Street Address							Str	reet Address	-	_					
8436 Enterprise Ave							1	1123 BEAVER	R STREET						
City, State, Zip Code							Cit	ty, State, Zip Co	ode	-					_
Philadelphia, PA 191	153						E	BRISTOL, PA	19007						
Project Manager for Monito	oring Firm			Tel	ephone	No.		lephone No.	-	Li	ense No.	_			_
Mark Jenkins	3			200	15-365		41	215-788-6040			0509				
Start Date (10)		Scheo	luled C	ompl	etion Da	ate (11)		me of OSHA M							
6/ 22 /	15					15	111.000		VIRONMENTA	L. IN	1.				
Occupancy Status During								reet Address							
☐ Facility Closed/Vacated		31	- 7	252	ment		7.00	1123 BEAVER	CTDEET						
☐ Abatement Performed (scribe									
Time of Abatement:								y, State, Zip Co BRISTOL, PA							
Scope of Work (Check all t	that apply)							SKISTUL, PA	19007						
Ocope of Work (Offeck all t	mat apply)								ainment with Neg	ative	ressure				
≥3 sf or ≥3 lf			⊠ Re					☐ Mini-Encl	osure						
☐ ≥160 sf or ≥260 lf			☐ De	moliti	on			☐ Glovebag	Procedure npted (*) and No	n Eric	do Procodure				
			ls	Loca	tion	T		□ INOII-EXE	Tipled () and 140	11-1 116	ne Procedure		-4	T	
Location o	f		1	Vorma	ally			Description of	f				atem		
Asbestos-Containing M		VI)			ely by ance/			Containing Mat	erial (ACM)		mount	Ren	Repair	Enc	Enc
TO BE ABAT IN Facility					Staff?	(i.e		ermal systems in surfacing, VAT,			Specify F or LF)	Removal	air	aps	Enclosure
(13)				(12)				her miscellaned		•	OI LI')	<u>a</u>		Encapsulate	ıге
			Yes	No	N/A		14001.00	I.						Ф	
1 St Floor Mechanical E	qupment	Rm.	\boxtimes			Pipe Fit	tting	js			18 LF				
Basement Mechanical	Room					Pipe Fit	ttina	ıs			36 LF		П		
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Name of Registered Mests	Haules		Ш	Щ.		Maska		ala Vande - f	None (D)			Ш	Ш	Ш	Ш
Name of Registered Waste		D 1110		11 (200	JDEP I		Wa	bic Yards of	Name of Regis						
SERVICE TRANSPOR	KI GROU	r, inc	٠.		20990				MINERVA	_ANÍ	FILL				
City, State							Dis	posal Date	City, State	2000		3-39-31	75.1		
NEW CASTLE, DE 19	720								WAYNES B	URG	OH 44688				
Completed By (Print or Typ	e)	Title	ő,					Signature	0 0	/	Date	,	/		
Brian Scafiro		E	stimat	or				Brian	Scofer)	1-A	1 6.	12/	15	-	
								1	1 1	11/		- /	*****		

ASB-41 MAY 11 BS 15050

^{*} Do not use this form for asbestos licensure exempted activities.

CK 006073
State of N.1

May 2	9 2015	02:	-	P001/001
	NJ Dea	p-:4	APPROM Health &	VIIO Senior Services
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D&S Proj. #: 2015-182				ation of Asb at to NJAC	estos	Abatement and 12:120)	Di 100	-(signature)				1 (4)
Date of Notification (1) O 5 / 2 9 / 1 5 Agencies Notified Type Notification EPA Initial	on Si	aubrey ral	ph ss	r/Operator (2)	I Amila		Trans.	1111	e:	<u></u>		
DEP Amended Amendment #: Emergency (including justification) DCA Cancellation	-	798 VIVI ty, State, Z UNION, ame of Cont LOUIS J	ip Code NJ 07083 igat				Tel	ohone Numb			en.i	
Cancellation		20010		ITY INFORMA	MOITA			1100-661		-		
Name of facility where abatement is aubrey ralph Street Address 798 VIVIAN TERRACE	taking pla	CG (S)						lifty (4) chool (K - 1: ubchapter 8 ther (Private dgs./Homes at # of Pic	(Other th /Comme , etc.	rcial	12) ig. Ag	de
Oily (5)	- 1	ity (B)				ty Code (7) e use only)		e (Prior if be				
Name of Monitoring Firm Hired by I Street Address City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) 06/02/15 Occupancy Status During Abatement Facility closed/vacated during Abatement performed outside Dascribe:	Sched 06/19 t (Check of entire period of normal	Phonon Ph	ment.			Name of Abatement D & S RESTOR Street Address 20 Collifornia A City, State, Zip Code Paterson, NJ 0' Telephone Number 973-345-8020 Name of OSHA Mer D & S Restorat Street Address 20 California A City, State, Zip Code	AT ON, IN		se Numi 01169	er		
Scope of Work (check all that apply ≥2 st or >2 if ≥160 st or ≥260 if					<u>- 11</u>		Full Contain Min -enclosi Glo rebag pr	•			edura	
Location of esbectos-containing material (acm) to be abated in facility (13)		n normally a enance/cust		7-1000-00-100-000		bestos-containing		unt	H e m o v	Fl e p a i	Ercap	E n c L
BASEMENT		X		DUCT INS	STATE OF THE OWNER, WHEN	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	12 l f I		\boxtimes	山		
BASEMENT CRAWL SPACE				DUCT INS	UI_AT	TON	I2LI					
Registered Waste Hauler D & S RESTORATION, INC. City, State	NJD 13:	EP Hauler I 106	Disposal D		Naste	Name of Registere TULLYTOWN City, State	, RESOUR	E RECOV	ERY		<u></u> _	<u> </u>
PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT	06/03/1	Signature	,	TULLYTOWN	I, PA	Date 05/2	29/ 201:			

State of NJ Notification of Asbestos Abatement D&S Proj. #: 2015-182 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10 15 1/12 19 1/11 15 1 aubrey ralph Agencies Notified Type Notification Street Address ☐ EPA Initial Amended 798 VIVIAN TERRACE DEP Amendment #: City, State, Zip Code DOL M Emergency UNION, NJ 07083 (including DOH Name of Contact Tel phone Number justification) DCA LOUIS J. PALMUCCI Cancellation 73 !-433-3617 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Fa ility (4) \$ hool (K - 12) aubrey ralph 5 ibchapter 8 (Other than K-12) Street Address C her (Private/Commercial E igs./Homes, etc. 798 VIVIAN TERRACE Scuare Fe it # of Floors Bldg. Age County (6) County Code (7) (State use only) Current U = (Prior if being demolished) UNION UNION Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9 ASCM No. D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Ir c. 06/02/15 06/19/15 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Ø Renovation Mini-enclosure ≥160 sf or ≥260 lf Glovet ag proc dure Demolition Non-Exempter (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial asbestos-containing e E e Description of asbestos-containing n staff(12) Amou t material (acm) to be m n p C material (ACM) (Spec y SF or abated in facility (13) C 0 a Yes No N/A LF) a V L p BASEMENT DUCT INSULATION 12 l fT X BASEMENT CRAWL SPACE **DUCT INSULATION** 12 L FT X

Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfil D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 06/03/15 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC** PRESIDENT 05/29/2015

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

Date of Notification (1)	6/4/15			Name	of Buildin	g Owner/Operator D&R	(2) Greenway]	Land T	ust	2			
Agencies Notified	Type Notification	n		Stree	t Address	1	natan						
EPA DEP	Initial						e Preservation	o 1 Plac					_
DOL	Amended Amendment	#		City, S	State, Zip C			110540					
⊠ DOH	☐ Emergency justification		g		(0)		inceton, NJ						
DCA DCA	Cancellation			Name	of Contac	t Laurie Emde		Telep	one Num		101	,	
20-10 									(609)	924-	464	6	_
N	A	. 5	(0)	FA	CILITY INF	FORMATION							
Name of Facility When		sidenti					Type of Facili						
Street Address	Ne	Sidellii	aı				School (K-		than K-1	2)			
Oli Col Madress	10 Prese	rvatio	n Pla	ce			Other (i.e.,	private 8	commerc	ial buil	dings	,	
City (5)	10 11050	n valio.	11 11				homes, et		loors	I B	ldg. A	ne.	1715
, (-)	Prin	ceton,	NJ				3000	<i>"</i> 01	2.	"		+/-	
County (6)				Cour	nty Code (7) (STATE	Current Use (Frior if be	na demol	shed)	70	-	=
	Mercer				ONLY)		,		J				
Name of Monitoring Fin	rm Hired by Buildin	g Owner	\neg	ASCM	No.	Name of Abaten	nent Contractor	(1)					_
(8) DB 1	Environmental					Stev	ens Environ	menta	Service	es, Ir	nc.		
Street Address						Street Address							
	4 Berkeley I	Place					PO	Box 32	2				
City, State, Zip Code	T) 1. 11. 277	0.550.0				City, State, Zip C							
	Freehold, NJ	07728					Allentov						
Project Manager for M			1 200	ephone		Telephone No.	0.000	Lice	ise No.	00404			
	Bunocore		1		0-8408	(609) 25				0049	3		_
Start Date (10)	Sch	eduled C			ite (11)	Name of OSHA			1			- 1	
6/15/15	sing Abatamant (Ol		5/19/	15			DB En	Vironin	ntal				_
Occupancy Status Du	welling the first of the second second second	and the second second	Section.	mont		Street Address	4 Rerl	keley P	200				
Abatement Perform						City, State, Zip C		A DICY I	acc		_		
Other - Describe:			.,			City, State, Zip C	Freehol	ć NI (7728				
Scope of Work (Check			-				Treemor	2,113	7720		_		=
No.				•1.50000			ntainment with N	le gative F	essure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-End	closure ag Procedure						
						Non-Exe	empted (*) and N	n-Friab	Procedu	ıre			
			Location of the company of the compa							A	bate		
Location	n of		Sole!			Description of		Ì			Тур	e	_
Asbestos-Containing		0000	ntenar ustodia		Asbest	tos Containing Mat	erial (ACM)		ount			Ш	
TO BE AB			Staff?	322	(I.e.,	thermal systems i surfacing, VAT,			cify LF)	Ren	Re	ncap	ind
(13)			(12)			other miscellaned	ous)			Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						_		ate	ē
Basemer	nt One	×			Th	ermal Pipe Ins	nulation .	1/) lf	~		-	_
		- ^				ermal Pipe In) lf	X			_
Basemer	It I WO	-			111	ermai Fipe in	Sulation		J 11	×			
		-							_	+		-	
Name of Registered W	aste Hauler	-1		JDEP V		Cubic Yards	Name of Reg	g stered L	ndfill				
Stevens Environ	mental Servic	es, Inc	. +	lauler ID	No. 292	of Waste 2 CU		GRO	VS Lar	ndfill			
City, State			- -	102	.)2	Disposal Date	City, State	1			_		_
	Allentown,	NJ				6/19/15, 4	101/	Mor	isville,	PA			
Completed By		tle				Signature	r-\/		Date				_
Mahlon E. St	tevens	Pr	ojec	t Man	ager	1/11		_		6/4	/15		
ASB-41		2000				PI							
MAR 00	*	Do not u	se this	s form f	or asbesto	s licensure exem	pted activities.						

MAR 00

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

Ck==2819

Date of Notification (1)					Nam	e of Ruildin	og Own	er/Operator (2)	n	/	1			
6/	4	/	5		100,000			UNICATION			JUN 3	201	F.	*	
Agencies Notified	Type Not				Stree	t Address					201	- 1			
⊠ EPA					15	MONTGO	OMER	Y PLACE							
⊠ DOLWD	Amen				City,	State, Zip (Code								
☑ DOH ☐ DCA	☐ Emer	dment #		-	PI	TSBURG	GH, PA	A 15212							
(NJAC 5:23-8)		cation)	iciuuiii	y		e of Contac	(5)			Tele	hone Numb	er			
100 - 100 100 100 100 100 100 100 100 10	☐ Cance	ellation			AL	EX BAYL	OR				1-583-0048				
					FA	CILITY IN	NFOR	MATION							
Name of Facility Where A	Abatement	is Takin	g Place	e (3)					Type of Facili y	(4)					
VERIZON CRANFO	RD CO								School (K-12	2)					
Street Address									Subchapter 8	(Oth	r than K-12)	.:_! -	.11 .11		
34 ALDEN STREET									Other (i.e., pr homes, et :.)		ina commerc	dal D	ullain	gs,	
City (5)									Square Feet		Floors	В	ldg. A	ge	
CRANFORD, NJ 070	016												9	3 -	
County (6)					Cou	nty Code (7	7)(STAT	E USE ONLY)	Current Use (Pri	or if b	ing demolish	ned)			
UNION									COMMUN C						
Name of Monitoring Firm	Hired by E	Building	Owner	(8)	ASCM	No.	Nam	e of Abateme	ent Contractor (9)						
USA ENVIRONMEN	TAL INC								VIRONMENTAL						
Street Address								et Address		,					-
8436 ENTERPRISE	AVENUE							23 BEAVER	RSTREET						
City, State, Zip Code								State, Zip Co		_					
PHILADELPHIA, PA	19153							RISTOL, PA							
Project Manager for Monit		1		Tele	ephone	No.		phone No.		Lic	nse No.				
MARK JENKINS	J					5-5810		5-788-6040		Lic	0509				
Start Date (10)		Sched	duled C	- 200	ALC: NO CONTRACTOR	ate (11)		e of OSHA M		<u>`</u>				-	
6 / 18 /	15				6 /		2000		VIRONMENT AL	INC					
Occupancy Status During	Ahatemer	-		_				et Address	· · · · · · · · · · · · · · · · · · ·	-,					
☐ Facility Closed/Vacate					ment			23 BEAVER	CTDEET						
						scribe									
Time of Abatement:							950	State, Zip Co RISTOL, PA							
Scope of Work (Check all	that apply)					DI	NISTOL, PA	19007						
		,	V-CANADA DA					□ Full Conta	ainment with Neg	ative	ressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re					Mini-Encl							
Z			Пре	HIOILI	OII			☐ Non-Exer	Procedure mpted (*) and Nor	n-Fria	le Procedure	1			
				Loca					T				atem	ent T	vne
Location of	The same of the sa			Norma	illy ely by	İ		Description of					_		1
Asbestos-Containing N TO BE ABA		CM)	Ma	intena	ince/			ontaining Mat nal systems i			mount	Remova	Repair	nce	Enclosure
IN Facility			Cus		Staff?	(1.0	su.	rfacing, VAT,	or		pecify or LF)	ova	¥	psu	nso
(13)				(12)	T	-		er miscellaned				-		Encapsulate	9
BASE. VENTILATING	FOLUP F	MOOS	Yes	No	N/A	VAT/MA	ASTIC				10 SF	M			
BASE, BLDG, DEPT, S						VAT/MA	.,				30 SF				
BASE. AIR DRYER AR	100000000000000000000000000000000000000					VAT/MA	NO. 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				5 SF				
1145	-					VACANIA	10110			-	0 01				
Name of Registered Waste	e Hauler				JDEP \	Naste	Cubic	Yards of	Name of Regist	ered	andfill	ш	ш	ш	
SERVICE TRANPSO		UP INC		1000	lauler II	O No.	Wast		MINERVA L						
City, State		2000 190325			20990)	Diene	sal Data							
NEW CASTLE, DE							Dispo	sal Date	City, State WAYNES 31	JRG.	OH				
Completed By (Print or Typ	pe)	Title						Signature			Date				
PATRICK T. DeCARO			STIMA	TOR			ľ	Patric	& P. LR	aco	fil 6,	14,	115	_	

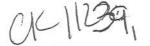


State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

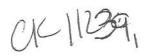
Date of Notification (1)				Name	of Building	Owner	Operator (2	2)	705					
	03 / _	15		CLS	Holding	LLC					D 20		,	
Agencies Notified	Type Notifica	tion		Street	Address					od. +		-		
⊠ EPA				56 H	lealvy Te	rrace								
□ DOLWD	☐ Amended			City, St	ate, Zip C	ode								
⊠ DOH	Amendme			Kea	rny, NJ 0	7032								
DCA (NJAC 5:23-8)	☐ Emergence justification			Name	of Contact	-			Te	phone Nui	mber			
(110/10/0.20/0)	☐ Cancellati			Man	ny sous	а			The state of the s	01) 657-8				
	~			FAC	ILITY IN	FORM	ATION							
Name of Facility Where A	batement is Ta	aking Place	(3)					Type of Facility (4)			-17		
residential house								☐ School (K-12)						
Street Address								Subchapter 8						
341 North 2 nd Street	t							Other (i.e , pri homes, etc.)	vati	and comm	ercial bu	lding	5,	
City (5)								Square Feet	#	of Floors	Blo	lg. Ag	е	
Harrison										2				
County (6)				Coun	ty Code (7)	(STATE	USE ONLY)	Current Use (Prid	or if	eing demo	lished)			
Hudson							*	residential h	ou	е				
Name of Monitoring Firm	Hired by Build	ing Owner (8)	ASCM I	Vo.	Name	of Abateme	ent Contractor (9)	-					
						Pov	v/R/Save I	nc.						
Street Address						Street	Address	*						-
						27 \	Nest Stre	et						
City, State, Zip Code						City, S	state, Zip Co	ode	_					
						11 3356	omfield, N							
Project Manager for Moni	toring Firm		Tele	phone !	No.		none No.		TL	cense No.				
				4			3) 680-008	88		357				
Start Date (10)	S	cheduled C	omple	tion Dat	e (11)	Name	of OSHA M	Ionitor						-
06/16/	1000000	06 /				SOUTH CONTRACTOR								
Occupancy Status During	Abatement (C	Check only o	ne)			Street	Address							
□ Facility Closed/Vacate	ed During Entir	e Period of	Abate	ment										
☐ Abatement Performed Time of Abatement: _						City, S	state, Zip Co	ode						-
Scope of Work (Check all	that apply)											1000-57	<u>uo-au</u>	
□ - 2 - f > 2 / f				loso:				tainment with Neg	ativ	Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		□ Re 図 De					☐ Mini-Enc ☐ Gloveba	osure g Procedure						
			one.	J.,				mpted (*) and No	n-Fr	able Proces	dure			
91 00	545	1000	Loca						17		Ab	atem	ent Ty	уре
Location		1.1	Vorma	ally ely by			escription o				Z.	R	Ш	Ш
Asbestos-Containing TO BE ABA			intena				ntaining Ma ial systems	iterial (ACM)		Amount (Specify	Remova	Repair	าса	nclo
IN Facilit		Cus		Staff?	(surf	facing, VAT	, or		SF or LF)	ova	-	Encapsulate	Enclosure
(13)		Ves	(12) No		1	other	miscellane	eous)			2250		ate	Ф
		Yes	-	N/A					_					
exterior siding			Ш		siding					2800 sf		Ш	Ш	Ш
Name of Registered Was	te Hauler		1	NJDEP N	Naste	Cubic	Yards of	Name of F egis	tere	Landfill				
Pro Green manager	ment LLC		1	dauler II 22051		Waste	Э	Grand Cer	itra	or Tullyte	own			
City, State				2203		Dispo	sal Date	City, State	_					
East Brunswick, N.	J							Pen Argyl	PA	or Tullyto	wn, PA			
Completed By (Print or T		Title					Signature		_		Date			
Sharon Hendee	7F =/	sec/tre	as			(1. 10			2010			
		230,110	100				//	14/2-						

ASB-41 JAN 13

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



Date of Notification (1) 6/3/15			uilding Owner/O Bianchi	N 2 35									
Agencies Notified Type Notification			5757	eet Add 6 Bea	iress ach Avenue								
EPA DEP DOL	Amended Amendment				, Zip Code lo, NJ 07737								
DOH DCA	Emergency (justification) Cancellation	including	Name of Contact Kelly Mahon						phone Number 2-887-4168				
Name of Facility Where	Ahatement is Takin	Place (3)		FACILI	TY INFORMATI	ON	Type of Facility (4)					=
Residential House	Abatement is Takin	g 1 1800 (0)					School (K-1	2)					
Street Address 216 Beach Avenue							the r than K-12) and commercial buildings, homes,						
City (5) Leonardo, NJ 0773	7						Square Feet 1500	# (Floors	50	lg. Ag	е	
County (6) Monmouth	County Code (7) (STATE USE ONLY)				Current Use (Fri Vacant	ng demolished)							
Name of Monitoring Fim Omega	The contract of the contract o				of Abatement Co	(9)							
Street Address 280 Huyler Street					Address /est Street								
City, State, Zip Code South Hackensack			tate, Zip Code mfield, NJ 070										
Project Manager for Mo Geiser Fajardo	Telephone No. 201-489-8700				none No. 680-0088	License No. 357							
Start Date (10) 6/17/15	Completion Date (11)			Name	of OSHA Monit or								
Occupancy Status Durin		Si			Street Address								
Facility Closed/Val Abatement Perform Other – Describe:	tement ours			City, S	State, Zip Code					-			
Scope of Work (Check													
≥3 sf or ≥3 lf Renov ≥ 160 sf or ≥260 lf Demo							Mini-Enclosu Glovebag Fro	Negative Pressure Negative Pressure Non-Friable Procedure					
	ls Lo	Location				_ Nor-Exemple	Abatement						
Location	Nor	ormally [escription of ontaining Material (ACM)				-	Type			
Aspestos-Containing Material (ACM) TO BE ABATED Le Facility Custo			enand	æ/ aff?	(i.e. therma	al systems insulation, facing, VAT, or r miscellaneous)			Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Yes				N/A	Tran	-	800sf	X					
Exto			X										
Name of Registered W	2000	NJDEP Waste Cubic Yards Name of I				of Reg	tered Landfi	ered Landfill Fral Or TVILY DWN A PAOL TVILY DWN PA					
ProGreen Mgmt	Hauler ID No. of Waste			aran	dli	orcal 0	11/	14/1	/w·1				
City, State East Brunswick, N	.J.				Disp	osal Da	te City, S	tate 1 A1	y/ PA.O	1 TV	Vy E	wn	PA
Completed by Kevin Stack		Title VP			'	Signat	ire	Date 6/3/15					



Date of Notification (1) 6/3/15		Name of Building Owner/Operator (2) Cynthia Bianchi							100 8 27E					
Agencies Notified Type Notification		Street Address 216 Beach Avenue												
EPA Initial Amended Amendment #_		City, State, Zip Code Leonardo, NJ 07737												
Emergency (inc justification) DCA Cancellation	cluding	Name of Contact Kelly Mahon						ephone Number 2-887-4168						
			ITY INFORMATI	ON			1_							
Name of Facility Where Abatement is Taking Residential House	Place (3)				_	of Facility (4	28							
Street Address 216 Beach Avenue		Subchapter 8 (Other (i.e. priva					8 (0	O ler than K-12)						
City (5) Leonardo, NJ 07737		Square Feet 1500						f Floors Bidg. Age 50			je			
County (6) Monmouth						ent Use (Prio	1 r if b	b ing demolished)						
Name of Monitoring Firm Hired by Building Ov Omega	vner (8)	ASCM	No.		me of Abatement Contract			ī (9)						
Street Address		Street Address 27 West Street											-	
280 Huyler Street City, State, Zip Code		City, S	state, Z											
South Hackensack, NJ 07606 Project Manager for Monitoring Firm	Bloomfield, NJ (70) Telephone No. Telephone No.				03	License No.								
Geiser Fajardo		201-48	973-680-0088			357								
6/17/15	6/19/15				Name of OSHA Moni or same			ν.						
Occupancy Status During Abatement (Check	Only One)			Street	Addre	ss								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:		City, State, Zip Code												
Scope of Work (Check All That Apply)								-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli			Mini-Enclo sure Glovebag Procedu			h Negative Pressure I : Ind Non-Friable Procedure							
	la l see	4:		Nor-Exempled ()				Abatement						
Location of	Is Loca Norma	mally			scription of					Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Soli Maintena Custodial (12)	ance/ Staff?	Asbestos Con (i.e. therma surfa	taining Material (ACM) systems insulation, cing, VAT, or niscellaneous)			Amount (Specify 3F or LF)		Removal	Repair	Encapsulate	Enclosure		
Exterior	X	1073	Trans	Transite Shingles						X				
Name of Registered Waste Hauler		NJDEP W		Cubic Yards Name of Reg				tered Landfill (of Cal Or TVILLY FOWN Tyl PA OI TVSLY FOWN P/F						
ProGreen Mgmt		Hauler ID No. of Waste Grand				11.	orcal	00	TVI	1/1/2	nun			
City, State East Brunswick, N.J.	Į į		Dispo	osal Date	е	City, Star	ie A1	y/ PA	01	TV).	ly to	vn	PA	
Completed by Kevin Stack	Title VP		Signatur	ire I			Date 6/3/15							