

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

|   |  |   |   |   |                           |                |        |             |           |
|---|--|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>4/5/13 (over 3/22/13)</b>  |  | Name of Building Owner/Operator (2)<br><b>P. S. E + G</b>   |   |   |                           |                |        |             |           |
| Agencies Notified   | Type Notification  | Street Address<br><b>80 PARK PLAZA</b>  |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>NEWARK, NJ 07101</b>  |   |   |                           |                |        |             |           |
|   |  | Name of Contact<br><b>SANDA BRUMARU</b>   | Telephone Number<br>_____   |   |                           |                |        |             |           |
| FACILITY INFORMATION  |  |   |   |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>P. S. E + G</b>  |  | Type of Facility (4)  |   |   |                           |                |        |             |           |
| Street Address<br><b>344 NORFOLK ST.</b>  |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                |        |             |           |
| City (5)<br><b>NEWARK</b>   |  | Square Feet<br><b>24,000</b>  | # of Floors<br><b>3</b>   |   |                           |                |        |             |           |
| County (6)<br><b>ESSEX</b>  |  | Bldg. Age<br><b>APX 90 YRS</b>  |   |   |                           |                |        |             |           |
| County Code (7)<br>(STATE USE ONLY) _____   |  | Current Use (Prior if being demolished)<br><b>SUB STATION</b>   |   |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ENVIRONMENTAL TACTICS</b>   |  | ASCM No.<br><b>0045</b>   | Name of Abatement Contractor (9)<br><b>UNIQUE SYSTEMS OF AMERICA INC.</b> |   |                           |                |        |             |           |
| Street Address<br><b>64 BROAD STREET</b>  |  | Street Address<br><b>396 WHITEHEAD AVE.</b>   |   |   |                           |                |        |             |           |
| City, State, Zip Code<br><b>MATAWAN, NJ 07747</b>   |  | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>   |   |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br><b>TOM GEIGER</b>  |  | Telephone No.<br><b>732-290-2217</b>  | Telephone No.<br><b>732-432-8350</b>                                      |   |                           |                |        |             |           |
| Start Date (10)<br><b>4/9/13</b>  |  | Scheduled Completion Date (11)<br><b>4/10/13</b>  | License No.<br><b>01111</b>   |   |                           |                |        |             |           |
| Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA INC.</b>   |  |   |   |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |  | Street Address<br><b>396 WHITEHEAD AVE.</b>   |   |   |                           |                |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: <u>performed by necessary operators only</u>        |  | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>   |   |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)  |  |   |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 160 sf or ≥ 260 lf   |  |   |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |   |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |   |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) 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 |
| <b>2ND FLOOR</b>  |  | <b>X</b>  |   | <b>TRANSITE PANELS</b>  | <b>24 SF</b>              | <b>X</b>       |        |             |           |
| <b>BASEMENT</b>   |  | <b>X</b>  |   | <b>ACM DEBRIS</b>   | <b>2 SF</b>               | <b>X</b>       |        |             |           |
|   |  |   |   |   |                           |                |        |             |           |
| Name of Registered Waste Hauler<br><b>WASTE MANAGEMENT</b>  |  | NJDEP Waste Hauler ID No.<br><b>1125</b>  | Cubic Yards of Waste<br><b>1</b>  | Name of Registered Landfill<br><b>GROWS NORTH</b>   |                           |                |        |             |           |
| City, State<br><b>ELIZABETH, NJ</b>   |  | Disposal Date<br><b>4/10/13</b>   |   | City, State<br><b>MORRISVILLE, PA</b>   |                           |                |        |             |           |
| Completed by<br><b>CAROL RAIMO</b>  |  | Title<br><b>Office Mgr.</b>   | Signature<br><b>Carol Raimo</b>   |   | Date<br><b>4/5/13</b>     |                |        |             |           |




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

| Date of Notification (1)<br><b>3/22/13</b>   |  | Name of Building Owner/Operator (2)<br><b>P. S. E + G</b>  |   |  |                           |                |        |             |           |
|--|--|--|---|--|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address   |   |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <b>80 PARK PLAZA</b><br>City, State, Zip Code<br><b>NEWARK, NJ 07101</b><br>Name of Contact<br><b>SANDA BRUMARU</b>  |   |  |                           |                |        |             |           |
|  |  | Telephone Number   |   |  |                           |                |        |             |           |
| FACILITY INFORMATION   |  |  |   |  |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>P. S. E + G</b>   |  | Type of Facility (4)   |   |  |                           |                |        |             |           |
| Street Address<br><b>344 NORFOLK ST.</b>   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |  |                           |                |        |             |           |
| City (5)<br><b>NEWARK</b>  |  | Square Feet<br><b>24,000</b>   | # of Floors<br><b>3</b>   |  |                           |                |        |             |           |
| County (6)<br><b>ESSEX</b>   |  | Bldg. Age<br><b>APX 90 YRS</b>   |   |  |                           |                |        |             |           |
| County Code (7)<br>(STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br><b>SUB STATION</b>  |   |  |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ENVIRONMENTAL TACTICS</b>  |  | ASCM No.<br><b>0045</b>  | Name of Abatement Contractor (9)<br><b>UNIQUE SYSTEMS OF AMERICA INC.</b> |  |                           |                |        |             |           |
| Street Address<br><b>64 BROAD STREET</b>   |  | Street Address<br><b>396 WHITEHEAD AVE.</b>  |   |  |                           |                |        |             |           |
| City, State, Zip Code<br><b>MATAWAN, NJ 07747</b>  |  | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>  |   |  |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br><b>TOM GEIGER</b>   |  | Telephone No.<br><b>732-290-2217</b>   | Telephone No.<br><b>732-432-8350</b>                                      |  |                           |                |        |             |           |
| Start Date (10)<br><b>4/8/13</b>   |  | Scheduled Completion Date (11)<br><b>4/12/13</b>   | License No.<br><b>01111</b>   |  |                           |                |        |             |           |
| Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA INC.</b>  |  |  |   |  |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address<br><b>396 WHITEHEAD AVE.</b>  |   |  |                           |                |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>occupied by necessary operators only</u> |  | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>  |   |  |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |  |                           |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |  |                           |                |        |             |           |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|  | Yes  | No   | N/A   |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>2ND FLOOR</b>   |  | <b>X</b>   |   | <b>ACM WIRE SOCK</b>   | <b>240LF</b>              | <b>X</b>       |        |             |           |
|  |  |  |   | <b>TRANSITE PANELS</b>   | <b>24 SF</b>              | <b>X</b>       |        |             |           |
|  |  |  |   |  |                           |                |        |             |           |
|  |  |  |   |  |                           |                |        |             |           |
| Name of Registered Waste Hauler<br><b>WASTE MANAGEMENT</b>   |  | NJDEP Waste Hauler ID No.<br><b>1125</b>   | Cubic Yards of Waste<br><b>10</b>   | Name of Registered Landfill<br><b>GROWS NORTH</b>  |                           |                |        |             |           |
| City, State<br><b>ELIZABETH, NJ</b>  |  | Disposal Date<br><b>4/12/13</b>  |   | City, State<br><b>MORRISVILLE, PA</b>  |                           |                |        |             |           |
| Completed by<br><b>CAROL RAIMO</b>   |  | Title<br><b>office mgr.</b>  | Signature<br><b>Carol Raimo</b>   |  | Date<br><b>3/22/13</b>    |                |        |             |           |



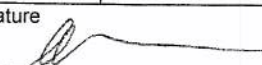
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*Check 12042*

| Date of Notification (1)<br>4/1/13  |   | Name of Building Owner/Operator (2)<br>Ann Czar  |   |   |                           |                |                |             |           |
|---|---|--|---|---|---------------------------|----------------|----------------|-------------|-----------|
| Agencies Notified   | Type Notification   | Street Address<br>12 Gresser Ave   |   |   |                           |                |                |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Linden, NJ  |   |   |                           |                |                |             |           |
|   |   | Name of Contact<br>Bob Currie  |   |   |                           |                |                |             |           |
|   |   | Telephone Number _____   |   |   |                           |                |                |             |           |
| <b>FACILITY INFORMATION</b>   |   |  |   |   |                           |                |                |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>house   |   | Type of Facility (4)   |   |   |                           |                |                |             |           |
| Street Address<br>12 Gresser Ave  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                |                |             |           |
| City (5)<br>Linden  |   | Square Feet<br>2000  | # of Floors<br>2  |   |                           |                |                |             |           |
| County (6)<br>Union   |   | Bldg. Age<br>50  |   |   |                           |                |                |             |           |
| County Code (7)<br>(STATE USE ONLY) _____   |   | Current Use (Prior if being demolished)  |   |   |                           |                |                |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | ASCM No.   | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |   |                           |                |                |             |           |
| Street Address  |   | Street Address<br>4 E Gate Drive, PO Box 483   |   |   |                           |                |                |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>Glenwood, NJ 07418  |   |   |                           |                |                |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>973-583-8500  | License No.<br>703  |   |                           |                |                |             |           |
| Start Date (10)<br>4/12/13  | Scheduled Completion Date (11)<br>4/20/13   | Name of OSHA Monitor   |   |   |                           |                |                |             |           |
| Occupancy Status During Abatement (Check Only One)  |   | Street Address   |   |   |                           |                |                |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: _____  |   | City, State, Zip Code  |   |   |                           |                |                |             |           |
| Scope of Work (Check All That Apply)  |   |  |   |   |                           |                |                |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| basement  |   |  | x   | floor tile  | 150 SF                    | x              |                |             |           |
|   |   |  |   |   |                           |                |                |             |           |
|   |   |  |   |   |                           |                |                |             |           |
|   |   |  |   |   |                           |                |                |             |           |
| Name of Registered Waste Hauler<br>Tri State Transfer   |   | NJDEP Waste Hauler ID No.<br>02325   | Cubic Yards of Waste<br>10  | Name of Registered Landfill<br>Minerva Enterprises  |                           |                |                |             |           |
| City, State<br>Bronx NY   |   | Disposal Date<br>TBD   |   | City, State<br>Waynesburg OH  |                           |                |                |             |           |
| Completed by<br>Andrew Scott Higgins  |   | Title<br>President   |   | Signature<br>                           |                           |                | Date<br>4/1/13 |             |           |

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

*Check 12041*

| Date of Notification (1)<br>4/1/13   |   | Name of Building Owner/Operator (2)<br>US Masters Residential Property (USA) Fund  |   |  |                           |                |                |             |           |
|--|---|--|---|--|---------------------------|----------------|----------------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   |  |                           |                |                |             |           |
| Street Address<br>1000 Plaza Two, Floor 10, Harborside Financial Center  |   | City, State, Zip Code<br>Jersey City, NJ 07311   |   |  |                           |                |                |             |           |
| Name of Contact<br>Martin Garcia   |   | Telephone Number<br>_____  |   |  |                           |                |                |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                           |                |                |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>house  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                     |   |  |                           |                |                |             |           |
| Street Address<br>165-167 Kennedy Boulevard  |   | Square Feet<br>2000  | # of Floors<br>2  |  |                           |                |                |             |           |
| City (5)<br>Bayonne  |   | Bldg. Age<br>50  |   |  |                           |                |                |             |           |
| County (6)<br>Hudson   | County Code (7)<br>(STATE USE ONLY) _____                             | Current Use (Prior if being demolished)  |   |  |                           |                |                |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |  |                           |                |                |             |           |
| Street Address   |   | Street Address<br>4 E Gate Drive, PO Box 483   |   |  |                           |                |                |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Glenwood, NJ 07418  |   |  |                           |                |                |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-583-8500  | License No.<br>703  |  |                           |                |                |             |           |
| Start Date (10)<br>4/11/13   | Scheduled Completion Date (11)<br>4/18/13                             | Name of OSHA Monitor   |   |  |                           |                |                |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>   |   | Street Address   |   |  |                           |                |                |             |           |
|  |   | City, State, Zip Code  |   |  |                           |                |                |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |   |  |                           |                |                |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |   | Description of Asbestos Containing Material (ACM)<br>(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 |
| basement   |   |  | X   | pipe insulation  | 80 LF                     | X              |                |             |           |
|  |   |  |   |  |                           |                |                |             |           |
|  |   |  |   |  |                           |                |                |             |           |
|  |   |  |   |  |                           |                |                |             |           |
| Name of Registered Waste Hauler<br>Tri State Transfer  |   | NJDEP Waste Hauler ID No.<br>02325   | Cubic Yards of Waste<br>10  | Name of Registered Landfill<br>Minerva Enterprises   |                           |                |                |             |           |
| City, State<br>Bronx NY  |   | Disposal Date<br>TBD   |   | City, State<br>Waynesburg OH   |                           |                |                |             |           |
| Completed by<br>Andrew Scott Higgins   |   | Title<br>President   |   | Signature<br>                              |                           |                | Date<br>4/1/13 |             |           |