COURTESY NOTIFICATION

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

NO CK

Date of Notification (1) Name of Building Owner/Operator (2) 7/25/14 **PSFG** Agencies Notified Type Notification Street Address 440 Eagle Rock Rd **EPA** Initial City, State, Zip Code DEP Amended × DOL Roseland NJ 07068 Amendment # Emergency (including Name of Contact Telephone Number DOH iustification) Cancellation Dawn Neville DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Saddle Brook Substation School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 392 Jefferson St etc.) City (5) Square Feet # of Floors Bldg. Age Saddle Brook NJ 07663 n/a n/a n/a County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Bergen Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) n/a **WRS Environmental Services** Street Address Street Address n/a 17 Old Dock Rd City, State, Zip Code City, State, Zip Code Yaphank NY 11980 n/a Project Manager for Monitoring Firm Telephone No. Telephone No. License No. n/a 631 924 8111 01136 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/14 7/24/14 same as above Occupancy Status During Abatement (Check Only One) Street Address n/a Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: n/a Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate Enclosure (i.e. thermal systems insulation, TO BE ABATED (Specify Remova Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 7LF Exterior Trenching 6" Transite Pipe X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Veolia ES Technical Solutions Wayne Disposal 20071 1/2 City, State Disposal Date City, State Belleville, MI 48111 1 Eden Lane, Flanders NJ 07863 8/1/14 Completed by Signature Date Michael J DiMaria 7/25/14 Proj Mgr/Suervisor

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

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NO CK

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Date of Notification (1) 7/25/14		Name of Building Owner/Operator (2) PSEG Street Address														
Agencies Notified	Agencies Notified Type Notification															
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DEP X DOL	Amended Amendment #				te, Zip Co Plainfiel		7068		∀ <i>B</i>	- L	-10日於	SIHO	1.0	_		
□ DOH	Emergency (in justification)	ncluding	-		Contact					Tele	ephone N	lumber				
DCA	Cancellation		(ry Playe											
Name of Facility Where	Abatement is Taking	Place (3)		FACI	LITY INFO	DRMATIO	NC	Type	of Facility (4	1)						
PSEG Belleville Su		. 1400 (0)							School (K-12							
Street Address									Subchapter of Other (i.e. pr	8 (Othe			lding	hom	20	
747 Main Street								E (etc.)	2001.25-201				() 	cs,	
City (5) Belleville NJ 07109								Squai n/a	re Feet	n/a	Floors		Bldg. n/a	Age		
County (6)	*				Code (7)	- 11		Curre	nt Use (Prio	r if bei	ng demoli	ished)				
Essex			(:	STATE	JSE ONLY)	-	_		station	et entre et e						
Name of Monitoring Firm n/a	n Hired by Building O	wner (8)		ASCN n/a	1 No.				tement Cont ronmenta							
Street Address					C1		Street	Addres	SS	W 240 31 554 55						
n/a									ck Rd							
City, State, Zip Code n/a								r, State, Zip Code phank NY 11980								
Project Manager for Mor n/a		elephoi n/a	ne No.		Telephone No. License No. 01136											
Start Date (10) 8/31/14		Scheduled 9/30/14	Com						me of OSHA Monitor Ime as above							
Occupancy Status Durin	ig Abatement (Check	Only One)						eet Address							
Facility Closed/Vac	ated During Entire P	eriod of Ab	ateme						a /, State, Zip Code							
Other – Describe:	ned Outside of Norma	al Facility F	lours	City, S					ip Code							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-		ovation olition					ll Containme ni-Enclosure ovebag Proc		Negative	e Press	ure			
		T					×				d Non-Fri	able Pr	le Procedure			
,			ocatio				escription of ntaining Material (ACM)						Abatement Type			
Location Asbestos-Containing	Material (ACM)	Used	Solely	by by		tos Cont				Α	mount			m		
TO BE AB In Faci		Custo	dial St		(i.e.	thermal surfac	system cing, VA		ation,		pecify or LF)	Remova	Repair	ncap	Enclosure	
(13)			(12)		8		niscellar					loval	pair	Encapsulate	sure	
,		Yes	No	N/A										(D)		
Exterior Du	uctbank			Х		Trar	nsite P	Pipe		30	00 LF	x				
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													-			
Name of Registered Wa	ete Hauler		I NI	IDEP W	losto	Cubic	Vorde		Name of F	Pominto	rad Land	en				
ETGI	ste Haulei		Ha	auler ID 107		of Was			Conesto	572		11111				
City, State Flanders, NJ						0/20/	al Date		City, State Morgant		PA					
Completed by	211127724	Title			NO-SURVINO CONTRACTOR	S	ignature	e /	DIL	9	21	Date				
Michael J DiMaria	gr/Si	te Sup	pervisor	X	1111	Che	ser /C	14	Men	7/25/1	4					

CK*24601

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

Date of Notification (1)	28/14			Nar	ne of Buildin	g Owner/Operator	(2) Investor's Ba	ank 海狐	JUI	31	DM	L5: {	
Agencies Notified	Type Notifica	ition	-	Stre	et Address		mr.cotor o 25		00,	\ \	111	5: 5	
EPA DEP	Initial			-			- / 1	11.					
DEP DOL	Amended Amendme	ent #	na .	City	, State, Zip C		ort Hills, NJ	07078	& LI	CĒŀ	4 5[]	√G "	
MOH DCA	justification Cancellati	on)	.5	Nar	me of Contac	t Gene DeJong	Telephone Num				_		
				F	ACILITY INF	ORMATION							
Name of Facility Where							Type of Facility	/ (4)					
	Comm	nerical I	Build	ling			School (K-1	2) 8 (Other than K-1	12)				
Street Address	1500 F	innega	n's L	ane			Other (i.e., phomes, etc.	orivate & commerci.)	cial build				
City (5)				3.7.7			Square Feet	# of Floors	BI	ldg. A	ge O		
	North	Brunsv	ick,		1 0 1-7	7) (07475	7000	rior if being demol			<u>U</u>	_	
	ddlesex			U.	ounty Code (SE ONLY)			Bank	iisiieu)				
Name of Monitoring Firm (8)		ling Owne	Γ	ASC	M No.		ment Contractor (S	e) mental Servic	es Ir	nC.			
	MECS			-		Street Address	vens Environ	memar bervie	.03, 11	ic.		=	
Street Address	PO Box	341						Box 322					
City, State, Zip Code	neswicke 1	VI 085	15			City, State, Zip C	Allentown, NJ 08501						
Crosswicks, NJ 08515 Project Manager for Monitoring Firm Te					ne No.	Telephone No.		License No.				=	
					298-4070		59-9688		0049	3		_	
Start Date (10) Scheduled Comp						Name of OSHA						\neg	
8/11/14			8/22	2/14			N	IECS					
Occupancy Status Durin Facility Closed/Vacat													
☐ Abatement Performe☐ Other - Describe: ☐		ormal Fac	lity Ho	ours	City, State, Zip Code Crosswicks, NJ 08515								
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		Renov		70	☐ Mini-Er ☐ Gloveb	ontainment with No nclosure pag Procedure exempted (*) and N	egative Pressure	lure				
			Loca Norma						Abatement Type				
Location of Used Sr Mainter Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Norm Used Sr Mainter Custr Sta (13)				ance/ dial f?	Asbes	Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	N	o N	/A						fe		
Basem	ent			×	·	Residual Ma		2000 sf	×				
Basement Sa	fe Room			×		VAT/ Mas		160 sf	×				
Exteri	or	_		×	<u> </u>	Vindow/Door	s Chalk	1232 lf	. ×				
						Cubi- V1-	I Name - CD-	victored Londfill					
Name of Registered War Stevens Environi		vices, Ir	ıc.		P Waste er ID No. 8292	Cubic Yards of Waste 6 CU	Name of Rec	T.R.R.F.,	Inc.				
City, State	Allentow	n, NJ				Disposal Date 8/22/14	City, State	/ Tullytown	, PA				
Completed By Mahlon E. Ste		Title	Proje	ect M	lanager	Signature	V	Date	- 197a	8/14			

CK 1700

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

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Date of Notification (1)	00				Name	of Building	Owner/Operator (2	2)				900 B	TO H. T.	
/	28 /	14			Divi	sion of F	Property Manage	ment & Constr	uction	JUI	31	Ры	5.	57
Agencies Notified	Type Notificati	ion			Street	Address						111	0-	ें।
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Name and the second					City, S	tate, Zip C	ode	art and a second	as	& LIO	F 61	7111	11.	Ui.
⊠ DOH	Amendmer		d:		Tre	nton, NJ	08608		ED	at LIT	EM.	114	U	6
DCA (NJAC 5:23-8)	Emergency justification		ing			of Contact		1200	Telephon	e Numbe				-
	☐ Cancellation				Ricl	k Ferrera								
		COM-			EAG	NI ITV IN	FORMATION							
Name of Facility Where Ab	atomont is To	king Di	200 (3/	ГАС	JILIII IIN	FORWATION	Type of Facility (1)					
Residential House	atement is ra	iking Fi	ace (3)				School (K-12)						
								Subchapter 8		n K-12)				
Street Address	200					w		Other (i.e., pr			al bui	ding	s,	
98 MacArthur Avenu	le ·							homes, etc.)	T. (5)		T 5			
City (5)								Square Feet	# of Floo	ors	Bla	g. Ag	je	
Sayreville														
County (6)					Coun	ity Code (7)(STATE USE ONLY)	Current Use (Price	or if being o	demolishe	ed)			
Middlesex														N.,
Name of Monitoring Firm H	lired by Buildi	ng Owr	ner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Bio Terra Solutions							ALL PRO MA	NAGEMENT LI	-C					
Street Address							Street Address							
P.O. Box 1224							27 Outwater	Lane						
City, State, Zip Code							City, State, Zip Co	ode						
Union, NJ							Garfield, NJ	07026						
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.		License	No.				
Rick Eustaquio				97	3-494	-3762	973-928-4888		1188					
Start Date (10)	So	chedule	d Co	mple	tion Da	te (11)	Name of OSHA N	lonitor				-		
06 / 26 /	14	08	1	29) /	14	ALL PRO MA	NAGEMENT LI	_C					
Occupancy Status During	Abatement (C	heck o	nly or	ne)			Street Address							
□ Facility Closed/Vacated					ment		27 Outwater	Lane		100				
☐ Abatement Performed						cribe	City, State, Zip Co							
Time of Abatement:							Garfield, NJ							
Coops of Wart (Chast all	that apply)						Garriera, No	07020			-		110	
Scope of Work (Check all	шат арргу)						☐ Full Conf	tainment with Neg	ative Press	sure				
≥3 sf or ≥3 lf			Ren				☐ Mini-Enc	losure						
≥160 sf or ≥260 lf			Den	nolitio	on		☐ Gloveba	g Procedure mpted (*) and Nor	n-Friable P	rocedure				
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Location of	of			orma			Description of	of				-		
Asbestos-Containing M					ely by		stos Containing Ma	terial (ACM)	Amount		Removal	Repair	nc	Enclosure
TO BE ABAT					nce/ Staff?	(i.e	 thermal systems surfacing, VAT 		(Spec SF or		370	=	ps	USO
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Newark Carting					04509		As Needed							
City, State							Disposal Date	City, State	D.A					
Newark, NJ							TBD	Bethlehem	, PA	7		. 11		
Completed By (Print or Ty	pe)	Title					Signature	1 2/		Date	9 /		/	,
Zvonko Veskov		Pre	side	nt			Polis	n/ll	Ci	7	1/0	18/	19	1
ASB-41						727	19-40	11/200		/	_	1		
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Date of Notification (1)	24	/ 14		-			Owner/Operator (Property Manage		ructon 2014						
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	-				FAC	ILITY IN	FORMATION	A MARINE TO		!	_	VII.		_	
Name of Pacifity Where	Abatama	nt in Taking	Place	(3)				Type of Pacility	(4)						
Residential House			8 3					School (K-12) (Other than K-	101					
Street Address 88 MasArthur Aver	100)V 10	Other (i.e., p	rivate and comm	narcial	bul	lding	3,		
City (5) Sayreville		***	••					Square Feel	of Floors		Bid	g. Ag	0		
County (8) Middlesez					Cour	ly Code (7	(STATE USE ONLY)	Current Use (Pr	ar if being dem	allahed)	-			
Name of Montoring Firm	Hirad by	Bullding C) ranwi	8)	ASCM	No.	Name of Abatem	ent Contractor (9)		- '	-		-	_	
Blo Terra Solution:	Course a service a	•		,			ALL PRO MA	MAGEMENT L	LC						
Street Address							Street Address		***************************************	-	•	·	-		
P.O. Box 1224				76			27 Outwater								
City, State, Zip Code .							City, State, Zlp O	od s							
Union, NJ			•		16	,	UM biefraD	07026							
Project Manager for Mon Rick Eustaquio	itaring F	im ·	٠.		ephons 73-494		Talephone No. 273-928-4388	(A) (C) (A)	Licensa No. 1188		Ì		•		
08 / 28 /	14				eð note		Name of OSHA N	Monitor	LO .		•				
Occupancy Status Durin	g Abalon	rent (Check	qnty c	(en			Street Address.			-	Ť				
图 Facility Closed/Vacate							27 Outwater	Lane				,			
Abstement Performed Time of Abatement:							Olty, State, Zip C Garffeld, NJ				T				
Scope of Work (Chack &	I that ap	(עוֹכ			•		Cat tracaj tra	01040			-		-		
☐ ≥8 af or ≥3 lf ☑ ≥160 af or ≥260 lf	8.2						Mini-End Glovaba	isiniment with Ne dosure ig Procedurs impled (*) and No							
	OUTE COMMENSATION			Loca		Γ					Ab	atorn.	ent T	ура	
Location Asbastos-Containing TO BE ABL IN Facili	Material ATEO		Uaa Ma	natri	lely by angel Staff?	Asbe (i.s	Description store Containing Mineral systems surfacing, VAT	atensi (ACM) insulation, , or	ruletion, (Specify SF or LF)			Respects	Encegation	Enclosussa	
(13)			Yes	No	1		other miscellen	#JU8)							
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Interior Various Loca	dons				図	Floor T	ile & Mastic		500 af	-	8		因		
]				
(8)	-														
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Oity, State					04609	1	As Nesded Disposal Date	City, State			-				
Newark, NJ		40					TEO	Bethleher	n, PA						
Completed By (Print or T	Vest	TTIB					Signatura	1, 2		Date	1	-	+		
Zvonko Veskov) hat		realds	prož			5.1	Berli		6	1	QU		14	
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