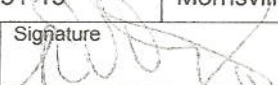


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11-6-15		Name of Building Owner/Operator (2) PSEG Transmission Company							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road							
		City, State, Zip Code South Plainfield, New Jersey 07080							
		Name of Contact Steven Burrows	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bayway Switching Station		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 602 Trenton Avenue		Square Feet 20,000	# of Floors 1975						
City (5) Elizabeth NJ 07202		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Not in use							
Name of Monitoring Firm Hired by Building Owner (8) PSEG Utility Operation		ASCM No.	Name of Abatement Contractor (9) Gramercy Group Inc.						
Street Address 234 Pierson Avenue, Annex Building		Street Address 3000 Burns Avenue							
City, State, Zip Code Edison NJ 08837		City, State, Zip Code Wantagh NY 11793							
Project Manager for Monitoring Firm Douglas McGarity		Telephone No. 732-417-2781	Telephone No. 516-876-0020						
License No. 01085									
Start Date (10) 11-11-15	Scheduled Completion Date (11) 12-31-15	Name of OSHA Monitor Gramercy Group Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Facility scheduled for demolition. No occupancy</u>		Street Address 3000 Burns Avenue							
		City, State, Zip Code Wantagh, NY 11793							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) <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
Exterior Wall in between bricks			X	Waterproofing membrane	9,500 sf	X			
Name of Registered Waste Hauler Waste Management Services		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 700	Name of Registered Landfill Grows North Landfill					
City, State 100 Ave A Newark NJ, 07114			Disposal Date 12-31-15	City, State Morrisville PA, 19067					
Completed by Robert Lewin		Title Environmental Coordinator	Signature 			Date 11-6-15			

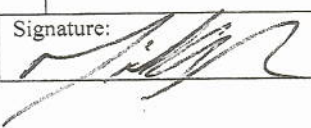
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) November 6, 2015		Name of Building Owner/Operator (2) Mill One		2015 NOV 9 PM 1:57					
Agencies Notified		Type Notification		Street Address					
<input 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 <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1 Johnston Avenue					
				City, State, Zip Code Hamilton Township, NJ 08609					
		Name of Contact Mr. John Barr		Telephone Number 3L					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Isles Facility				Type of Facility (4)					
Street Address 1 N Johnston Street				<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) Trenton				Square Feet 100,000+	# of Floors 3				
				Bldg. Age 80+					
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Admin / Commercial					
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 700 Turner Way				Street Address 407 West Lincoln Highway, Suite 500					
City, State, Zip Code Aston, PA 19014				City, State, Zip Code Exton, PA 19341					
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902		Telephone No. 484-872-8884	License No. 01161				
Start Date (10) 11/30/15		Scheduled Completion Date (11) 12/31/15		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Exterior Work				200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ					
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 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 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
Window		X		Glaze and Caulk	150 SF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 6	Name of Registered Landfill GROWS				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 11/6/15			

NO CK

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

2015 NOV -9 PM 1:28

Date of Notification (1): 11/03/15		Name of Building Owner/Operator (2): NAVAL WEAPONS STATION-EARLE							
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH () DCA	Type Notification (X) Initial Notification () Amendment Notification () Emergency () Cancellation	Street Address: 201 STATE HIGHWAY 34 SOUTH							
		City, State, Zip Code: COLTS NECK, NEW JERSEY 07722							
		Name of Contact: ADEWALE ADEOGUN	Telephone Num:						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3): BUILDING C-3 CORRIDOR & VESTIBULE		Type of Facility (4): () School (K-12) () Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)							
Street Address: 201 STATE HIGHWAY 34 SOUTH									
City & State (5): COLTS NECK, NJ		Square Feet: NA	# of Floors: 1 Bldg. Age: NA						
County (6): MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): VACANT							
Name of Monitoring Firm Hired by Building Owner:(8) HEALTH & SAFETY SERVICES, INC		ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.						
Street Address: PO BOX 365		Street Address: 339 North 6 th Street							
City, State, Zip Code: BERLIN, NJ 08009		City, State, Zip Code: Prospect Park, NJ 07508							
Project Manager for Monitoring Firm: N/A JIM PROCTOR		Telephone No.: 609-839-2432	Telephone No.: (973) 595-6955 License No.: 00641						
Start Date (10): 11/13/15	Scheduled Completion Date (11): 12/20/15	Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.							
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe:		Street Address: 339 N. 6 TH . STREET City, State, Zip Code: PROSPECT PARK, NJ 07538							
Scope of Work (Check all that apply): () ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf () Renovation (X) Demolition () Full Containment with Negative Pressure () Wrapping () Glovebag Procedure (X) 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	Wrap&Cut	Encapsulat	Enclosure
CORRIDOR & VESTIBULE		X		FLOOR TILES. GLUE DOTS. WALLS. AND CEILING	4,000 SF	X			
Name of Registered Waste Hauler: NEWARK CARTING, INC.		NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered landfill: IESI					
City, State: PO BOX 5670, NEWARK NJ 07105		Disposal Date: 12/20/15		City, State: BETHLEHEM, PA 18015					
Completed By: MIKE ALTADOUKA		Title: PRESIDENT	Signature: 			Date: 11/03/15			

Oct 14 2015 07:28am

P001/001

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 10/14/15 Time: 7:20

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

Check # 8863

Date of Notification (1) 10/13/2015		Name of Building Owner/Operator (2) Greg Doench							
Agencies Notified <input type="checkbox"/> EPA <input checked="" 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 161 6th Street		City, State, Zip Code Cresskill NJ 07626							
Name of Contact Greg		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) home		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 161 6th Street		Square Feet 11000							
City (5) Cresskill		# of Floors 2							
County (5) Bergen		Bldg. Age 60							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Res							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, N.J.							
Telephone No.		Telephone No. 201-262-5841							
Start Date (10) 10/14/2015		License No. 00156							
Scheduled Completion Date (11) 10/21/2015		Name of OSHA Monitor Omega Environmental Services Inc.							
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 Other - Describe:		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, N.J. 07606							
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	Pipe	150LF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, N.J. 07105		Disposal Date 10/14/15		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 10/13/15			

Oct 22 2015 07:56am

P001/001

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 10/22/15 Time: 2:05

CK 8877

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

Check # 8877

Date of Notification (1) 10/22/15		Name of Building Owner/Operator (2) GLF REALTY							
Agencies Notified	Type Notification	Street Address 204 WEST PASSAIC AVE.							
<input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ROCHELLE PARK, NJ 07602							
		Name of Contact MIKE ROSENBERG	Telephone Number 1007						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL HOME		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 51-57 JAMES STREET									
City (5) ENGLEWOOD		Square Feet 4000	# of Floors 3						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age 60						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior, if being demolished) RES / DEMO							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, N.J.							
Telephone No.		Telephone No. 201-262-5841	License No. 00156						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor Omega Environmental Services Inc.							
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 280 Huyler Street							
		City, State, Zip Code Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥180 sf or ≥250 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 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
OUTSIDE			X	SHINGLES	4100 SF	X			
1 ST + 2 ND FLOOR			X	FLOORING	700 SF	X			
3 RD FL			X	FLOORING	500 SF	X			
KITCHEN			X	CABINETS/SINK	8 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 18	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, N.J. 07105		Disposal Date 10/22/15		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 10/22/15			