



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

|   |   |  |  |  |                |                                     |                          |                          |                          |
|---|---|--|--|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>11 / 17 / 15</b>   |   | Name of Building Owner/Operator (2)<br><b>Penske Truck Leasing Co., LP</b>   |  |  |                |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>2</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>Rt. 10 Green Hills, P.O. Box 7635</b>   |  |  |                |                                     |                          |                          |                          |
|   |   | City, State, Zip Code<br><b>Reading, PA 19606</b>  |  |  |                |                                     |                          |                          |                          |
|   |   | Name of Contact<br><b>Chris Hawk</b>   | Telephone Number   |  |                |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |  |  |  |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Penske</b>   |   | Type of Facility (4)<br><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 and commercial buildings, homes, etc.)                 |  |  |                |                                     |                          |                          |                          |
| Street Address<br><b>1800 Hylton Rd.</b>  |   | Square Feet<br><b>19,500</b>   | # of Floors<br><b>1</b>  |  |                |                                     |                          |                          |                          |
| City (5)<br><b>Pennsauken, NJ 08110</b>   |   | Bldg. Age<br><b>35+</b>  |  |  |                |                                     |                          |                          |                          |
| County (6)  | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Commercial Truck Rental</b>  |  |  |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Atlas Environmental Inspections</b>   |   | ASCM No.<br><b>NA</b>  | Name of Abatement Contractor (9)<br><b>Alliance Environmental Systems</b>  |  |                |                                     |                          |                          |                          |
| Street Address<br><b>PO Box 11645</b>   |   | Street Address<br><b>550 East Union St.</b>  |  |  |                |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Phila., PA 19116</b>  |   | City, State, Zip Code<br><b>West Chester, PA 19382</b>   |  |  |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Jason Dua</b>   |   | Telephone No.<br><b>267-784-4693</b>   | License No.<br><b>00508</b>  |  |                |                                     |                          |                          |                          |
| Start Date (10)<br><b>11 / 23 / 15</b>  | Scheduled Completion Date (11)<br><b>11 / 25 / 15</b>   | Name of OSHA Monitor<br><b>AET</b>   |  |  |                |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7AM-3:30PM</b> |   | Street Address<br><b>28 N. Pennel Road</b>   |  |  |                |                                     |                          |                          |                          |
|   |   | City, State, Zip Code<br><b>Media, PA 19063</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) <b>TO BE ABATED</b> 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                |
| Office Area   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | VAT  | 2200 SF        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office Bathroom   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | Pipe Fittings  | 20 EA          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Richard Burns &amp; Co.</b>   |   | NJDEP Waste Hauler ID No.<br><b>19955</b>  | Cubic Yards of Waste<br><b>2</b>   | Name of Registered Landfill<br><b>Western Berks Community Landfill</b> |                |                                     |                          |                          |                          |
| City, State<br><b>Phila., PA</b>  |   | Disposal Date<br><b>TBD</b>  |  | City, State<br><b>Birdsboro, PA</b>                                    |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Mark Griffin</b>   | Title<br><b>Estimator</b>   |  | Signature<br>                            |  |                |                                     | Date<br><b>11/17/15</b>  |                          |                          |



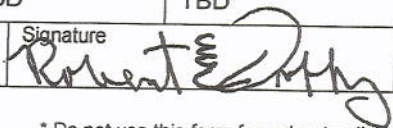
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)<br><div style="text-align: center;">11 / 18 / 15</div>   |  | Name of Building Owner/Operator (2)<br><b>Verizon</b>  |  |  |                           |                                     |                          |                          |                          |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | 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><b>641 Memorial Parkway</b>  |  |  |                           |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>Phillipsburg, NJ 08865</b>   |  |  |                           |                                     |                          |                          |                          |
|   |  | Name of Contact<br><b>Alex Baylor</b>  | Telephone Number   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Verizon</b>  |  | Type of Facility (4)<br><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 and commercial buildings, homes, etc.)                                       |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>641 Memorial Parkway</b>   |  |  |  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Phillipsburg, NJ 08865</b>   |  | Square Feet<br><b>10,000</b>   | # of Floors<br><b>3</b>  |  |                           |                                     |                          |                          |                          |
|   |  | Bldg. Age<br><b>50</b>   |  |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Warren</b>   | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)  |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental</b>   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>JVN Restoration Inc</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>8436 Enterprise Avenue</b>   |  | Street Address<br><b>47 Foster Road</b>  |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Philadelphia, PA 19153</b>  |  | City, State, Zip Code<br><b>Staten Island NY 10309</b>   |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mark Jenkins</b>  | Telephone No.<br><b>215-365-5870</b>   | Telephone No.<br><b>718-605-6256</b>   | License No.<br><b>00774</b>                                    |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">12 / 03 / 15</div>  | Scheduled Completion Date (11)<br><div style="text-align: center;">12 / 13 / 15</div>  | Name of OSHA Monitor<br><b>Testor Tech</b>   |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM <b>5:00 PM-2:30 AM</b> |  | Street Address<br><b>10 59 Jackson Avenue</b>  |  |  |                           |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>LIC NY 11101</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 checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|   | Yes  | No   | N/A  |  |                           | Removal                             | Repair                   | Encapsulate              | Enclose                  |
| Basement A/C Room One   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                                       | Pipe Fittings  | 17 LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement A/C Room Two   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                                       | Floor Tile and Mastic  | 30 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                                       |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                                       |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>  |  | NJDEP Waste Hauler ID No.<br><b>NJ-566</b>   | Cubic Yards of Waste<br><b>10</b>                              | Name of Registered Landfill<br><b>G.R.O.W.S., Inc.</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>Hackettstown, NJ</b>  |  | Disposal Date<br><b>12/06/15</b>   |  | City, State<br><b>Morrisville, PA</b>  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Ralph Barnhardt</b>  |  | Title<br><b>Project Manager</b>  |  | Signature<br>                            |                           | Date<br><b>11-18-2015</b>           |                          |                          |                          |



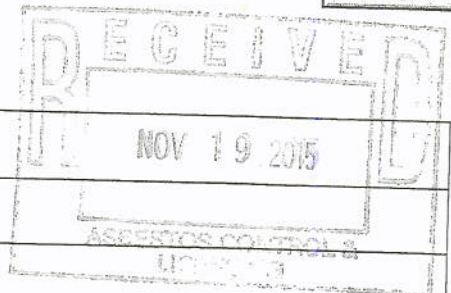
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

|  |  |   |  |   |                           |                  |        |             |           |
|--|--|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>11/11/15 original; 11/18/15 amended  |  | Name of Building Owner/Operator (2)<br>Chevron Environmental Management Company   |  |   |                           |                  |        |             |           |
| Agencies Notified  | Type Notification  | Street Address  |  |   |                           |                  |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                       | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #2<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | 6101 Bollinger Canyon Road  |  |   |                           |                  |        |             |           |
|  |  | City, State, Zip Code<br>San Ramon, CA 94583  |  |   |                           |                  |        |             |           |
|  |  | Name of Contact<br>Lucia Chung  |  |   |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Former Pirelli Cable Company Property  |  | Type of Facility (4)  |  |   |                           |                  |        |             |           |
| Street Address<br>236 West 1st Street  |  | <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>Bayonne  |  | Square Feet<br>900  | # of Floors<br>1   |   |                           |                  |        |             |           |
| County (6)<br>Hudson   |  | Bldg. Age<br>+/- 60   |  |   |                           |                  |        |             |           |
| County Code (7)<br>(STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br>Pump House/Shed  |  |   |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Arcadis   |  | ASCM No.<br>NA  | Name of Abatement Contractor (9)<br>ABSCOPE Environmental, Inc.  |   |                           |                  |        |             |           |
| Street Address<br>35 Columbia Road   |  | Street Address<br>7086 Commercial Drive, PO Box 487   |  |   |                           |                  |        |             |           |
| City, State, Zip Code<br>Branchburg, NJ 08876  |  | City, State, Zip Code<br>Canastota, NY 13032  |  |   |                           |                  |        |             |           |
| Project Manager for Monitoring Firm<br>Spencer Hawkins   |  | Telephone No.<br>908.526.1000   | Telephone No.<br>315-697-8437  |   |                           |                  |        |             |           |
| Start Date (10)<br>12/07/15  |  | Scheduled Completion Date (11)<br>09/05/16  | License No.<br>01194   |   |                           |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Name of OSHA Monitor<br>ECMC  |  |   |                           |                  |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |  | Street Address<br>115 Genesee Street  |  |   |                           |                  |        |             |           |
|  |  | City, State, Zip Code<br>Chittenango, NY 13037  |  |   |                           |                  |        |             |           |
| 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 type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  | <input 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) 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 |
| Roof   |  |   | X  | Roofing, Flashing   | 900                       | X                |        |             |           |
|  |  |   |  | Flange Gaskets <1% ACM  |                           |                  |        |             |           |
|  |  |   |  |   |                           |                  |        |             |           |
|  |  |   |  |   |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>Horwith Trucking, LLC   |  | NJDEP Waste Hauler ID No.<br>07110 & 16227  | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>TBD  |                           |                  |        |             |           |
| City, State<br>Route 329 Northampton, PA   |  | Disposal Date<br>TBD  |  | City, State<br>TBD  |                           |                  |        |             |           |
| Completed by<br>Robert E. Duffy  |  | Title<br>Vice President   |  | Signature<br>                           |                           | Date<br>11/18/15 |        |             |           |



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



|  |   |  |   |   |                           |                |        |             |           |
|--|---|--|---|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>11/11/15   |   | Name of Building Owner/Operator (2)<br>PSE&G Transmission Company  |   |   |                           |                |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>4000 Hadley Road   |   |   |                           |                |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><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>South Plainfield, NJ 07080  |   |   |                           |                |        |             |           |
|  |   | Name of Contact<br>Dawn Neville  | Telephone Number  |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Bayway Switching Station   |   | Type of Facility (4)   |   |   |                           |                |        |             |           |
| Street Address<br>602 Trenton Avenue   |   | <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>Elizabeth NJ 07202   |   | Square Feet<br>200   | # of Floors<br>1  |   |                           |                |        |             |           |
| County (6)<br>Union  |   | Bldg. Age<br>50  |   |   |                           |                |        |             |           |
| County Code (7)<br>(STATE USE ONLY)  |   | Current Use (Prior if being demolished)<br>Electrical Control House  |   |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.<br>N/A  | Name of Abatement Contractor (9)<br>WRS Environmental Services Inc. |   |                           |                |        |             |           |
| Street Address<br>N/A  |   | Street Address<br>17 Old Dock Rd   |   |   |                           |                |        |             |           |
| City, State, Zip Code<br>N/A   |   | City, State, Zip Code<br>Yaphank NY 11980  |   |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>N/A   |   | Telephone No.<br>N/A   | Telephone No.<br>631-924-8111                                       |   |                           |                |        |             |           |
| Start Date (10)<br>11/23/15  |   | Scheduled Completion Date (11)<br>12/23/15   | License No.<br>01136  |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Name of OSHA Monitor<br>same as above  |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>N/A  |   |   |                           |                |        |             |           |
|  |   | City, State, Zip Code<br>N/A   |   |   |                           |                |        |             |           |
| 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 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)<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) (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 |
| Electrical Control House   |   |  | X   | Transite Panels   | 150 SF                    | X              |        |             |           |
|  |   |  |   |   |                           |                |        |             |           |
|  |   |  |   |   |                           |                |        |             |           |
|  |   |  |   |   |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>Waste Management Services   |   | NJDEP Waste Hauler ID No.<br>17273   | Cubic Yards of Waste<br>5   | Name of Registered Landfill<br>GROWS North Landfill   |                           |                |        |             |           |
| City, State<br>100 Avenue A, Newark, NJ 07114  |   |  | Disposal Date<br>TBD  | City, State<br>Morrisville, PA 19067  |                           |                |        |             |           |
| Completed by<br>Michael J DiMaria  |   | Title<br>Proj Mgr/ Site Supervisor   | Signature<br><i>Michael J DiMaria</i>                               | Date<br>11/11/15  |                           |                |        |             |           |