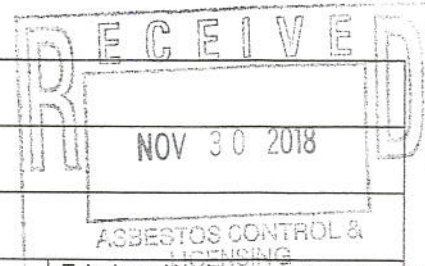
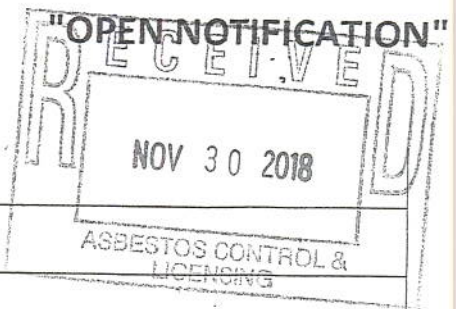


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                    |                                         |        |             |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br>6/13/2018                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                                              |                                                                    |                                         |        |             |           |
| 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><input checked="" type="checkbox"/> DOH<br><input 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 | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068                                                                                                                                                                       |                                                                    |                                         |        |             |           |
|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | Name of Contact<br>JEFFREY GAZICK                                                                                                                                                                                         | Telephone Number<br>856-628-2477                                   |                                         |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                    |                                         |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>PSEG - <i>Essex Switch &amp; MH 11A</i>                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | 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 & commercial buildings, homes, etc.) |                                                                    |                                         |        |             |           |
| Street Address<br><i>155 Raymond Blvd.</i>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                  | Square Feet<br>N/A                                                                                                                                                                                                        | # of Floors<br>N/A                                                 |                                         |        |             |           |
| City (5)<br><i>NEWARK</i>                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Bldg. Age<br>N/A                                                                                                                                                                                                          |                                                                    |                                         |        |             |           |
| County (6)<br>ESSEX                                                                                                                                                                                                                                                                                | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                              | Current Use (Prior if being demolished)<br>N/A                                                                                                                                                                            |                                                                    |                                         |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | ASCM No.<br>0045                                                                                                                                                                                                          | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC |                                         |        |             |           |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                      |                                                                    |                                         |        |             |           |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                            |                                                                    |                                         |        |             |           |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  | Telephone No.<br>732-290-2217                                                                                                                                                                                             | Telephone No.<br>732-432-8350                                      |                                         |        |             |           |
|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | License No.<br>01111                                                                                                                                                                                                      |                                                                    |                                         |        |             |           |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br>9/30/2018                                                                                                                                                                                      | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                         |                                                                    |                                         |        |             |           |
| 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: <i>OUTDOORS</i> |                                                                                                                                                                                                                                  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                      |                                                                    |                                         |        |             |           |
|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                            |                                                                    |                                         |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                    |                                         |        |             |           |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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><i>TO BE ABATED In Facility (13)</i>                                                                                                                                                                                                             | 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)<br>200 LF                                | Abatement Type                          |        |             |           |
|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                    | Removal                                 | Repair | Encapsulate | Enclosure |
| OUTDOORS                                                                                                                                                                                                                                                                                           | Yes No N/A<br>X                                                                                                                                                                                                                  | PIPE SOMASTIC                                                                                                                                                                                                             |                                                                    | X                                       |        |             |           |
|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                    |                                         |        |             |           |
|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                    |                                         |        |             |           |
|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                    |                                         |        |             |           |
| Name of Registered Waste Hauler<br>WAST MANAGEMENT                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                         | Cubic Yards of Waste<br>APPX. 10                                   | Name of Registered Landfill<br>FAIRLESS |        |             |           |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | Disposal Date<br>TBD                                                                                                                                                                                                      |                                                                    | City, State<br>MORRISVILLE, PA          |        |             |           |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | Title<br>OFFICE MGR.                                                                                                                                                                                                      | Signature<br><i>Carol Raimo</i>                                    | Date<br>6/13/2018                       |        |             |           |

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



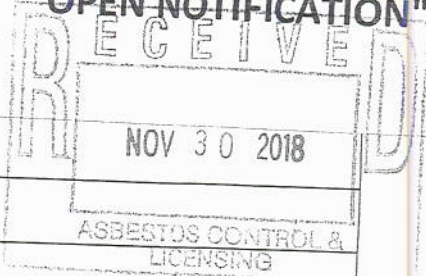
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1)<br>9/19/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                                              |                                                |                   |        |             |           |
| Agencies Notified<br><br><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                                                                                                                                                                                                                                                                               | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>4000 HADLEY ROAD                                                                                                                                                                                        |                                                |                   |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068                                                                                                                                                                            |                                                                                                                                                                                                                           |                                                |                   |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name of Contact<br>JEFFREY GAZICK                                                                                                                                                                                              |                                                                                                                                                                                                                           | Telephone Number<br>856-628-2477               |                   |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FACILITY INFORMATION                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>PSE&G - MH 10A & MH 10                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                | 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 & commercial buildings, homes, etc.) |                                                |                   |        |             |           |
| Street Address<br>RR TRACK'S OFF BLANCHARD ST.                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                | Square Feet<br>N/A                                                                                                                                                                                                        | # of Floors<br>N/A                             |                   |        |             |           |
| City (5)<br>NEWARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                | Bldg. Age<br>N/A                                                                                                                                                                                                          |                                                |                   |        |             |           |
| County (6)<br>ESSEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                            |                                                                                                                                                                                                                           | Current Use (Prior if being demolished)<br>N/A |                   |        |             |           |
| Name of Monitoring Firm<br>ENVIRONMENTAL ACTICS                                                                                                                                                                                                                                                                                                                                                                                                                                               | Hired by Building Owner (8)<br>ASCM No.<br>0045                                                                                                                                                                                | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC.                                                                                                                                                       |                                                |                   |        |             |           |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                      |                                                |                   |        |             |           |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                            |                                                |                   |        |             |           |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                | Telephone No.<br>732-290-2217                                                                                                                                                                                             | Telephone No.<br>732-432-8350                  |                   |        |             |           |
| License No.<br>01111                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                | Start Date (10)<br>6/25/2018                                                                                                                                                                                              |                                                |                   |        |             |           |
| Sched. Completion Date (11)<br>11/30/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                         |                                                |                   |        |             |           |
| 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: OUTDOORS                                                                                                                                                                                                   |                                                                                                                                                                                                                                | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                      |                                                |                   |        |             |           |
| City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                |                   |        |             |           |
| Scope of Work (Check All that Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                |                   |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br>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    |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                | Removal           | Repair | Encapsulate | Enclosure |
| OUTDOORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes No N/A<br>X                                                                                                                                                                                                                | PIPE SOMASTIC                                                                                                                                                                                                             | 200 LF                                         | X                 |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                |                   |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                |                   |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                |                   |        |             |           |
| Name of Registered Waste Hauler<br>WASTE MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                           | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                              | Cubic Yards of Waste<br>APPX 10                                                                                                                                                                                           | Name of Registered Landfill<br>FAIRLESS        |                   |        |             |           |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                | Disposal Date<br>TBD                                                                                                                                                                                                      | City, State<br>MORRISVILLE, PA                 |                   |        |             |           |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                | Title<br>OFFICE MGR.                                                                                                                                                                                                      | Signature<br><i>Carol Raimo</i>                | Date<br>9/19/2018 |        |             |           |



CK # 9012

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

"OPEN NOTIFICATION"

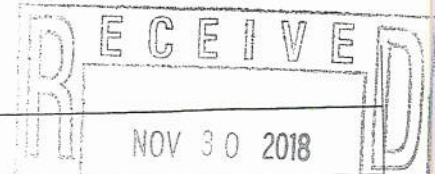


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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br>6/13/2018                                                                                                                                                                                                                                                       |  | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                                                                          |  |
| Agencies Notified<br><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                                                                                 |  | Type Notification<br><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 |  |
| Name of Facility Where Abatement is Taking Place (3)<br>PSEG - MH10A & MH10                                                                                                                                                                                                                 |  | Street Address<br>4000 HADLEY ROAD                                                                                                                                                                                                                    |  |
| Street Address<br>RR TRACKS OFF BLANCHARD ST.                                                                                                                                                                                                                                               |  | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068                                                                                                                                                                                                   |  |
| City (5)<br>NEWARK                                                                                                                                                                                                                                                                          |  | Name of Contact<br>JEFFREY GAZICK                                                                                                                                                                                                                     |  |
| County (6)<br>ESSEX                                                                                                                                                                                                                                                                         |  | Telephone Number<br>856-628-2477                                                                                                                                                                                                                      |  |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                       |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS                                                                                                                                                                                                                |  | 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 & commercial buildings, homes, etc.)                             |  |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                                                                           |  | Square Feet<br>N/A                                                                                                                                                                                                                                    |  |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                                                                  |  | # of Floors<br>N/A                                                                                                                                                                                                                                    |  |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                                                                           |  | Bldg. Age<br>N/A                                                                                                                                                                                                                                      |  |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                                                                |  | Current Use (Prior if being demolished)<br>N/A                                                                                                                                                                                                        |  |
| 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: OUTDOORS |  | ASCM No.<br>0045                                                                                                                                                                                                                                      |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                   |  | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC                                                                                                                                                                                    |  |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                                                                                                         |  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                                                  |  |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                                                 |  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                                        |  |
| Amount (Specify SF or LF)                                                                                                                                                                                                                                                                   |  | Telephone No.<br>732-432-8350                                                                                                                                                                                                                         |  |
| Abatement Type<br>Removal Repair Encapsulate Enclosure                                                                                                                                                                                                                                      |  | License No.<br>01111                                                                                                                                                                                                                                  |  |
| Name of Registered Waste Hauler<br>WAST MANAGEMENT                                                                                                                                                                                                                                          |  | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                                                     |  |
| NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                                                                                           |  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                                                  |  |
| Cubic Yards of Waste<br>APPX. 10                                                                                                                                                                                                                                                            |  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                                        |  |
| Name of Registered Landfill<br>FAIRLESS                                                                                                                                                                                                                                                     |  | Disposal Date<br>TBD                                                                                                                                                                                                                                  |  |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                                                                |  | City, State<br>MORRISVILLE, PA                                                                                                                                                                                                                        |  |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                                                                 |  | Signature<br>Carol Raimo                                                                                                                                                                                                                              |  |
| Title<br>OFFICE MGR.                                                                                                                                                                                                                                                                        |  | Date<br>6/13/2018                                                                                                                                                                                                                                     |  |



**"OPEN NOTIFICATION"**

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



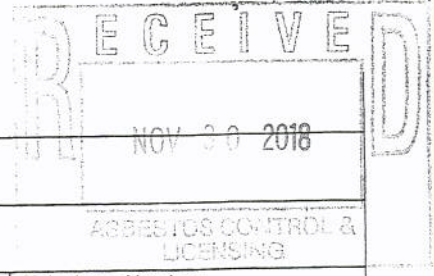
NO. 001

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                                  |                                                                                                                                |                                                |                           |         |        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------|---------|--------|-------------|
| Date of Notification (1)<br><b>11/29/2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | Name of Building Owner/Operator (2)<br><b>PSE&amp;G</b>                                                                                                                                                                                          |                                                                                                                                |                                                |                           |         |        |             |
| 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 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>4000 HADLEY ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | City, State, Zip Code<br><b>SOUTH PLAINFIELD, NJ 07068</b>                                                                                                                                                                                       |                                                                                                                                |                                                |                           |         |        |             |
| Name of Contact<br><b>JEFFREY GAZICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | Telephone Number<br><b>856-628-2477</b>                                                                                                                                                                                                          |                                                                                                                                |                                                |                           |         |        |             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                  |                                                                                                                                |                                                |                           |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE&amp;G - MH 9A</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 & commercial buildings, homes, etc.)                        |                                                                                                                                |                                                |                           |         |        |             |
| Street Address<br><b>34 MANUFACTURERS PLACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | Square Feet<br><b>N/A</b>                                                                                                                                                                                                                        | # of Floors<br><b>N/A</b>                                                                                                      |                                                |                           |         |        |             |
| City (5)<br><b>NEWARK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | Bldg. Age<br><b>N/A</b>                                                                                                                                                                                                                          |                                                                                                                                |                                                |                           |         |        |             |
| County (6)<br><b>ESSEX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | County Code (7)<br>(STATE USE ONLY)                                   | Current Use (Prior if being demolished)<br><b>N/A</b>                                                                                                                                                                                            |                                                                                                                                |                                                |                           |         |        |             |
| Name of Monitoring Firm<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 07047</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>6/25/2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | License No.<br><b>01111</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<br>Other - Describe: <b>OUTDOORS</b>                                                                                                                                                                                                                                  |                                                                       | Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA</b>                                                                                                                                                                                         |                                                                                                                                |                                                |                           |         |        |             |
| Street Address<br><b>396 WHITEHEAD AVE.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>                                                                                                                                                                                            |                                                                                                                                |                                                |                           |         |        |             |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input 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)<br><b>TO BE ABATED</b><br>In Facility<br>(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)<br><b>200 LF</b>     | Abatement Type            |         |        |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                                                                   | No                                                                                                                                                                                                                                               |                                                                                                                                |                                                | N/A                       | Removal | Repair | Encapsulate |
| <b>OUTDOORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | <b>X</b>                                                                                                                                                                                                                                         |                                                                                                                                | <b>PIPE SOMASTIC</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>APPX 10</b>                                                                                         | Name of Registered Landfill<br><b>FAIRLESS</b> |                           |         |        |             |
| City, State<br><b>ELIZABETH, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | Disposal Date<br><b>TBD</b>                                                                                                                                                                                                                      |                                                                                                                                | City, State<br><b>MORRISVILLE, PA</b>          |                           |         |        |             |
| Completed by<br><b>CAROL RAIMO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Title<br><b>OFFICE MGR.</b>                                                                                                                                                                                                                      | Signature<br><i>Carol Raimo</i>                                                                                                |                                                | Date<br><b>11/29/2018</b> |         |        |             |



# "OPEN NOTIFICATION"

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



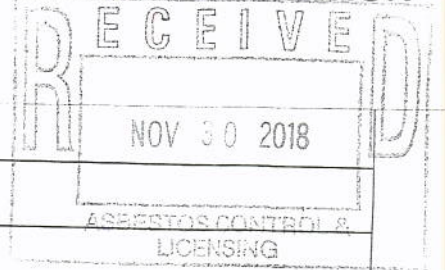
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                            |                                                                                                                                                                                                                           |                                         |                |        |                   |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------|--------|-------------------|-----------|
| Date of Notification (1)<br>9/19/2016                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br>PSE&G                                               |                                                                                                                                                                                                                           |                                         |                |        |                   |           |
| Agencies Notified<br><br><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                                                                                                                                                                                                                                                                    | Type of Notification<br><br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                            | Street Address<br>4000 HADLEY ROAD<br><br>City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068<br><br>Name of Contact<br>JEFFREY GAZICK<br><br>Telephone Number<br>856-628-2477                                            |                                         |                |        |                   |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FACILITY INFORMATION                                                                                                                                                                                                                  |                                                                                            |                                                                                                                                                                                                                           |                                         |                |        |                   |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name of Facility Where Abatement is Taking Place (3)<br>PSE&G - MH 9A                                                                                                                                                                 |                                                                                            | 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 & commercial buildings, homes, etc.) |                                         |                |        |                   |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Street Address<br>34 MANUFACTURERS PLACE                                                                                                                                                                                              |                                                                                            | Square Feet<br>N/A<br># of Floors<br>N/A<br>Bldg. Age<br>N/A                                                                                                                                                              |                                         |                |        |                   |           |
| City (5)<br>NEWARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       | County (6)<br>ESSEX                                                                        | County Code (7)<br>(STATE USE ONLY)<br>Current Use (Prior if being demolished)<br>N/A                                                                                                                                     |                                         |                |        |                   |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | ASCM No.<br>0045                                                                           | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC.                                                                                                                                                       |                                         |                |        |                   |           |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | Street Address<br>396 WHITEHEAD AVE.                                                       |                                                                                                                                                                                                                           |                                         |                |        |                   |           |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                             |                                                                                                                                                                                                                           |                                         |                |        |                   |           |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | Telephone No.<br>732-290-2217                                                              | Telephone No.<br>732-432-8350<br>License No.<br>01111                                                                                                                                                                     |                                         |                |        |                   |           |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br>11/30/2018                                               | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                         |                                         |                |        |                   |           |
| 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: OUTDOORS                                                                                                                                                                                        |                                                                                                                                                                                                                                       | Street Address<br>396 WHITEHEAD AVE.<br><br>City, State, Zip Code<br>SOUTH RIVER, NJ 08882 |                                                                                                                                                                                                                           |                                         |                |        |                   |           |
| Scope of Work (Check All that Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><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)<br><br>OUTDOORS                                                                                                                                                                                                                                                                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                                                   |                                                                                            | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                               | Amount (Specify SF or LF)<br><br>200 LF | Abatement Type |        |                   |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                            |                                                                                                                                                                                                                           |                                         | Removal        | Repair | Encapsulate       | Enclosure |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                            |                                                                                                                                                                                                                           |                                         |                |        |                   |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                            |                                                                                                                                                                                                                           |                                         |                |        |                   |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                            |                                                                                                                                                                                                                           |                                         |                |        |                   |           |
| Name of Registered Waste Hauler<br>WASTE MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       | NJDEP Waste Hauler ID No.<br>1125                                                          | Cubic Yards of Waste<br>APPX 10                                                                                                                                                                                           | Name of Registered Landfill<br>FAIRLESS |                |        |                   |           |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | Disposal Date<br>TBD                                                                       |                                                                                                                                                                                                                           | City, State<br>MORRISVILLE, PA          |                |        |                   |           |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | Title<br>OFFICE MGR.                                                                       |                                                                                                                                                                                                                           | Signature<br><i>Carol Raimo</i>         |                |        | Date<br>9/19/2018 |           |



CK # 901.5

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

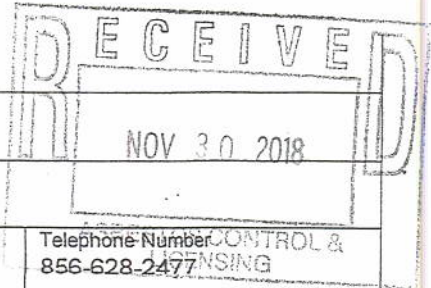
"OPEN NOTIFICATION"



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                    |                                                                                                                                |                           |                |                   |             |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|-------------------|-------------|-----------|
| Date of Notification (1)<br>6/13/2018                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                                              |                                                                    |                                                                                                                                |                           |                |                   |             |           |
| Agencies Notified                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Type of 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><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068                                                                                                                                                                       |                                                                    |                                                                                                                                |                           |                |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                  | Name of Contact<br>JEFFREY GAZICK                                                                                                                                                                                         | Telephone Number<br>856-628-2477                                   |                                                                                                                                |                           |                |                   |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                    |                                                                                                                                |                           |                |                   |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>PSEG - <i>MH 9A</i>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | 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 & commercial buildings, homes, etc.) |                                                                    |                                                                                                                                |                           |                |                   |             |           |
| Street Address<br><i>34 MANUFACTURERS PLACE</i>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                  | Square Feet<br>N/A                                                                                                                                                                                                        | # of Floors<br>N/A                                                 |                                                                                                                                |                           |                |                   |             |           |
| City (5)<br><i>NEWARK</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  | Bldg. Age<br>N/A                                                                                                                                                                                                          |                                                                    |                                                                                                                                |                           |                |                   |             |           |
| County (6)<br>ESSEX                                                                                                                                                                                                                                                                                                                                                                                                                                                        | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                              | Current Use (Prior if being demolished)<br>N/A                                                                                                                                                                            |                                                                    |                                                                                                                                |                           |                |                   |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  | ASCM No.<br>0045                                                                                                                                                                                                          | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC |                                                                                                                                |                           |                |                   |             |           |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                      |                                                                    |                                                                                                                                |                           |                |                   |             |           |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                            |                                                                    |                                                                                                                                |                           |                |                   |             |           |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Telephone No.<br>732-290-2217                                                                                                                                                                                             | Telephone No.<br>732-432-8350                                      |                                                                                                                                |                           |                |                   |             |           |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  | License No.<br>01111                                                                                                                                                                                                      |                                                                    |                                                                                                                                |                           |                |                   |             |           |
| Scheduled Completion Date (11)<br>9/30/2018                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                         |                                                                    |                                                                                                                                |                           |                |                   |             |           |
| 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: <i>OUTDOORS</i>                                                                                                                                                                         |                                                                                                                                                                                                                                  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                      |                                                                    |                                                                                                                                |                           |                |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                            |                                                                    |                                                                                                                                |                           |                |                   |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                    |                                                                                                                                |                           |                |                   |             |           |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><br><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)<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 |
| OUTDOORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                  | X                                                                                                                                                                                                                         |                                                                    | PIPE SOMASTIC                                                                                                                  | 200 LF                    | X              |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                    |                                                                                                                                |                           |                |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                    |                                                                                                                                |                           |                |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                    |                                                                                                                                |                           |                |                   |             |           |
| Name of Registered Waste Handler<br>WAST MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                         | Cubic Yards of Waste<br>APPX. 10                                   | Name of Registered Landfill<br>FAIRLESS                                                                                        |                           |                |                   |             |           |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  | Disposal Date<br>TBD                                                                                                                                                                                                      |                                                                    | City, State<br>MORRISVILLE, PA                                                                                                 |                           |                |                   |             |           |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | Title<br>OFFICE MGR.                                                                                                                                                                                                      |                                                                    | Signature<br><i>Carol Raimo</i>                                                                                                |                           |                | Date<br>6/13/2018 |             |           |



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

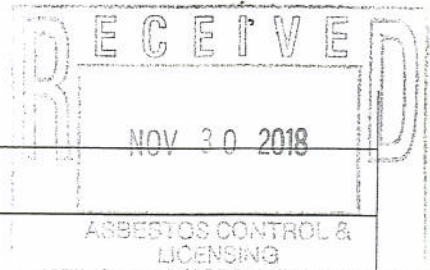


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                                                                                                                                                                                                                       |                                                                            |                                                |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>11/29/2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | Name of Building Owner/Operator (2)<br><b>PSE&amp;G</b>                                                                                                                                                                               |                                                                            |                                                |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                 |                                                                                     | 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>4000 HADLEY ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     | City, State, Zip Code<br><b>SOUTH PLAINFIELD, NJ 07068</b>                                                                                                                                                                            |                                                                            |                                                |        |             |           |
| Name of Contact<br><b>JEFFREY GAZICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | Telephone Number<br><b>856-628-2477</b>                                                                                                                                                                                               |                                                                            |                                                |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                                                                                                                                                                                                                       |                                                                            |                                                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE&amp;G - MH 9B</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 & commercial buildings, homes, etc.)             |                                                                            |                                                |        |             |           |
| Street Address<br><b>RR TRACK'S NEAR 91 ROANOKE AVE.</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | Square Feet<br><b>N/A</b>                                                                                                                                                                                                             | # of Floors<br><b>N/A</b>                                                  |                                                |        |             |           |
| City (5)<br><b>NEWARK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     | Bldg. Age<br><b>N/A</b>                                                                                                                                                                                                               |                                                                            |                                                |        |             |           |
| County (6)<br><b>ESSEX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | County Code (7)<br>(STATE USE ONLY)                                                 | Current Use (Prior if being demolished)<br><b>N/A</b>                                                                                                                                                                                 |                                                                            |                                                |        |             |           |
| Name of Monitoring Firm<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>                                       |                                                |        |             |           |
| License No.<br><b>01111</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     | Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA</b>                                                                                                                                                                              |                                                                            |                                                |        |             |           |
| Start Date (10)<br><b>6/25/2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                | Scheduled Completion Date (11)<br><b>1/31/2019</b>                                  |                                                                                                                                                                                                                                       |                                                                            |                                                |        |             |           |
| 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: <b>OUTDOORS</b>                                                                                                                                                                                 |                                                                                     | Street Address<br><b>396 WHITEHEAD AVE.</b>                                                                                                                                                                                           |                                                                            |                                                |        |             |           |
| City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                                                                       |                                                                            |                                                |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input 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)<br><b>TO BE ABATED In Facility (13)</b>                                                                                                                                                                                                                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                        | Amount (Specify SF or LF)<br><b>200 LF</b>                                 | Abatement Type                                 |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                                                                                                                                                                                                                       |                                                                            | Removal                                        | Repair | Encapsulate | Enclosure |
| <b>OUTDOORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>X</b>                                                                            | <b>PIPE SOMASTIC</b>                                                                                                                                                                                                                  | <b>200 LF</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>APPX 10</b>                                     | Name of Registered Landfill<br><b>FAIRLESS</b> |        |             |           |
| City, State<br><b>ELIZABETH, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | Disposal Date<br><b>TBD</b>                                                                                                                                                                                                           |                                                                            | City, State<br><b>MORRISVILLE, PA</b>          |        |             |           |
| Completed by<br><b>CAROL RAIMO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     | Title<br><b>OFFICE MGR.</b>                                                                                                                                                                                                           | Signature<br><i>Carol Raimo</i>                                            | Date<br><b>11/29/2018</b>                      |        |             |           |



# "OPEN NOTIFICATION"

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



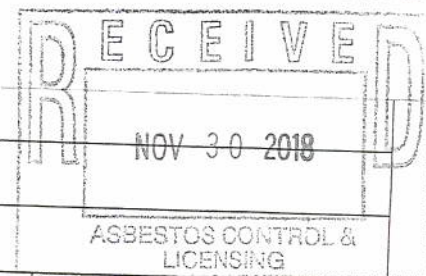
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br>9/19/2016                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                                              |                                                                     |                                         |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                 | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>4000 HADLEY ROAD<br>City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068<br>Name of Contact<br>JEFFREY GAZICK<br>Telephone Number<br>856-628-2477                                                        |                                                                     |                                         |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                     |                                         |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>PSE&G - MH 9B                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                | 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 & commercial buildings, homes, etc.) |                                                                     |                                         |        |             |           |
| Street Address<br>RR TRACKS NEAR 91 ROANOKE AVE.                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                | Square Feet<br>N/A                                                                                                                                                                                                        | # of Floors<br>N/A                                                  |                                         |        |             |           |
| City (5)<br>NEWARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                | Bldg. Age<br>N/A                                                                                                                                                                                                          |                                                                     |                                         |        |             |           |
| County (6)<br>ESSEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                            | Current Use (Prior if being demolished)<br>N/A                                                                                                                                                                            |                                                                     |                                         |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                | ASCM No.<br>0045                                                                                                                                                                                                          | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC. |                                         |        |             |           |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                      |                                                                     |                                         |        |             |           |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                            |                                                                     |                                         |        |             |           |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                | Telephone No.<br>732-290-2217                                                                                                                                                                                             | Telephone No.<br>732-432-8350                                       |                                         |        |             |           |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                | Scheduled Completion Date (11)<br>11/30/2018                                                                                                                                                                              | License No.<br>01111                                                |                                         |        |             |           |
| 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: OUTDOORS                                                                                                                                                                                        |                                                                                                                                                                                                                                | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                         |                                                                     |                                         |        |             |           |
| Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                            |                                                                     |                                         |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><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>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                          |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                     | Removal                                 | Repair | Encapsulate | Enclosure |
| OUTDOORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes No N/A                                                                                                                                                                                                                     | PIPE SOMASTIC                                                                                                                                                                                                             | 200 LF                                                              | X                                       |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                     |                                         |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                     |                                         |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                     |                                         |        |             |           |
| Name of Registered Waste Hauler<br>WASTE MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                         | Cubic Yards of Waste<br>APPX 10                                     | Name of Registered Landfill<br>FAIRLESS |        |             |           |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                | Disposal Date<br>TBD                                                                                                                                                                                                      |                                                                     | City, State<br>MORRISVILLE, PA          |        |             |           |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                | Title<br>OFFICE MGR.                                                                                                                                                                                                      | Signature<br><i>Carol Raimo</i>                                     | Date<br>9/19/2018                       |        |             |           |



C/K # 9016

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

"OPEN NOTIFICATION"



|                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                                                                                                       |                                  |                                         |        |             |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br>6/13/2018                                                                                                                                                                                                                                                       |                                                                       | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                                                                          |                                  |                                         |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input 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><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                  |                                         |        |             |           |
| Street Address<br>4000 HADLEY ROAD                                                                                                                                                                                                                                                          |                                                                       | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068                                                                                                                                                                                                   |                                  |                                         |        |             |           |
| Name of Contact<br>JEFFREY GAZICK                                                                                                                                                                                                                                                           |                                                                       | Telephone Number<br>856-628-2477                                                                                                                                                                                                                      |                                  |                                         |        |             |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                       |                                  |                                         |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>PSEG - MH 9B                                                                                                                                                                                                                        |                                                                       | 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 & commercial buildings, homes, etc.)                             |                                  |                                         |        |             |           |
| Street Address<br>RR TRACKS NEAR 91 ROANOKE AVE.                                                                                                                                                                                                                                            |                                                                       | Square Feet<br>N/A                                                                                                                                                                                                                                    |                                  |                                         |        |             |           |
| City (5)<br>NEWARK                                                                                                                                                                                                                                                                          |                                                                       | # of Floors<br>N/A                                                                                                                                                                                                                                    |                                  |                                         |        |             |           |
| County (6)<br>ESSEX                                                                                                                                                                                                                                                                         |                                                                       | Bldg. Age<br>N/A                                                                                                                                                                                                                                      |                                  |                                         |        |             |           |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                         |                                                                       | Current Use (Prior if being demolished)<br>N/A                                                                                                                                                                                                        |                                  |                                         |        |             |           |
| Name of Monitoring Firm hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS                                                                                                                                                                                                                |                                                                       | ASCM No.<br>0045                                                                                                                                                                                                                                      |                                  |                                         |        |             |           |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                                                                           |                                                                       | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC                                                                                                                                                                                    |                                  |                                         |        |             |           |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                                                                  |                                                                       | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                                                  |                                  |                                         |        |             |           |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                                                                           |                                                                       | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                                        |                                  |                                         |        |             |           |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                                                                |                                                                       | Telephone No.<br>732-432-8350                                                                                                                                                                                                                         |                                  |                                         |        |             |           |
| Scheduled Completion Date (11)<br>9/30/2018                                                                                                                                                                                                                                                 |                                                                       | License No.<br>01111                                                                                                                                                                                                                                  |                                  |                                         |        |             |           |
| 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: OUTDOORS |                                                                       | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                                                     |                                  |                                         |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                   |                                                                       | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                                                  |                                  |                                         |        |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                                                       |                                                                       | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                                        |                                  |                                         |        |             |           |
| <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                          |        |             |           |
|                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                                                                                                       |                                  | Removal                                 | Repair | Encapsulate | Enclosure |
| OUTDOORS                                                                                                                                                                                                                                                                                    | Yes No N/A                                                            | PIPE SOMASTIC                                                                                                                                                                                                                                         | 200 LF                           | X                                       |        |             |           |
|                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                                                                                                       |                                  |                                         |        |             |           |
|                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                                                                                                       |                                  |                                         |        |             |           |
|                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                                                                                                       |                                  |                                         |        |             |           |
| Name of Registered Waste Hauler<br>WAST MANAGEMENT                                                                                                                                                                                                                                          |                                                                       | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                                                     | Cubic Yards of Waste<br>APPX. 10 | Name of Registered Landfill<br>FAIRLESS |        |             |           |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                                                                |                                                                       | Disposal Date<br>TBD                                                                                                                                                                                                                                  |                                  | City, State<br>MORRISVILLE, PA          |        |             |           |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                                                                 |                                                                       | Title<br>OFFICE MGR.                                                                                                                                                                                                                                  | Signature<br><i>Carol Raimo</i>  | Date<br>6/13/2018                       |        |             |           |



# "OPEN NOTIFICATION"

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

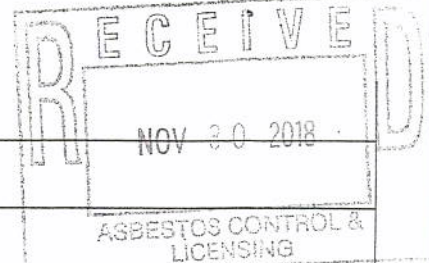
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| ASBESTOS CONTROL & LICENSING |  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Date of Notification (1)<br><b>11/29/2018</b>                                                                                                                                                                                                |                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                      |                                         |
| Agencies Notified                                                                                                                                                                                                                            | Type Notification                                                                                                                                                                                                | Street Address                                                                                                                                                                                    |                                         |
| <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 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 | 4000 HADLEY ROAD                                                                                                                                                                                  |                                         |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                  | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068                                                                                                                                               |                                         |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                  | Name of Contact<br>JEFFREY GAZICK                                                                                                                                                                 | Telephone Number<br>856-628-2477        |
| FACILITY INFORMATION                                                                                                                                                                                                                         |                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                         |
| Name of Facility Where Abatement is Taking Place (3)<br>PSE&G - <b>MT 9C</b>                                                                                                                                                                 |                                                                                                                                                                                                                  | Type of Facility (4)                                                                                                                                                                              |                                         |
| Street Address<br><b>RR TRACKS NEAR MANUFACTURERS PL</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>N/A                                                                                                                                                                                | # of Floors<br>N/A                      |
| County (6)<br>ESSEX                                                                                                                                                                                                                          |                                                                                                                                                                                                                  | Bldg. Age<br>N/A                                                                                                                                                                                  |                                         |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                          |                                                                                                                                                                                                                  | Current Use (Prior if being demolished)<br>N/A                                                                                                                                                    |                                         |
| Name of Monitoring Firm<br>ENVIRONMENTAL FACTICS                                                                                                                                                                                             | Hired by Building Owner (8)<br>ASCM No.<br>0045                                                                                                                                                                  | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC.                                                                                                                               |                                         |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                            |                                                                                                                                                                                                                  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                              |                                         |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                   |                                                                                                                                                                                                                  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                    |                                         |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                            |                                                                                                                                                                                                                  | Telephone No.<br>732-290-2217                                                                                                                                                                     | Telephone No.<br>732-432-8350           |
| License No.<br>01111                                                                                                                                                                                                                         |                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                         |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                 | Scheduled Completion Date (11)<br><b>1/31/2019</b>                                                                                                                                                               | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                 |                                         |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                           |                                                                                                                                                                                                                  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                              |                                         |
| <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: <b>OUTDOORS</b> |                                                                                                                                                                                                                  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                    |                                         |
| 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><b>TO BE ABATED In Facility (13)</b>                                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                              | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                    | Amount (Specify SF or LF)               |
| OUTDOORS                                                                                                                                                                                                                                     | X                                                                                                                                                                                                                | PIPE SOMASTIC                                                                                                                                                                                     | 200 LF                                  |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                         |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                         |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                         |
| Name of Registered Waste Hauler<br>WASTE MANAGEMENT                                                                                                                                                                                          | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                | Cubic Yards of Waste<br>APPX 10                                                                                                                                                                   | Name of Registered Landfill<br>FAIRLESS |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                 | Disposal Date<br>TBD                                                                                                                                                                                             | City, State<br>MORRISVILLE, PA                                                                                                                                                                    |                                         |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                  | Title<br>OFFICE MGR.                                                                                                                                                                                             | Signature<br><i>Carol Raimo</i>                                                                                                                                                                   | Date<br><b>11/29/2018</b>               |



# "OPEN NOTIFICATION"

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



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br>9/19/2016                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                                                   |  |
| 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 type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>4000 HADLEY ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068                                                                                                                                                                            |  |
| Name of Contact<br>JEFFREY GAZICK                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Telephone Number<br>856-628-2477                                                                                                                                                                                               |  |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                |  |
| Name of Facility Where Abatement is Taking Place (3)<br>PSE&G - MH 9C                                                                                                                                                                                                                                                                                                                                                                                                              |  | 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 & commercial buildings, homes, etc.)      |  |
| Street Address<br>RR TRACKS NEAR MANUFACTURERS PL                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Square Feet<br>N/A                                                                                                                                                                                                             |  |
| City (5)<br>NEWARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | # of Floors<br>N/A                                                                                                                                                                                                             |  |
| County (6)<br>ESSEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Bldg. Age<br>N/A                                                                                                                                                                                                               |  |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Current Use (Prior if being demolished)<br>N/A                                                                                                                                                                                 |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS                                                                                                                                                                                                                                                                                                                                                                                                       |  | ASCM No.<br>0045                                                                                                                                                                                                               |  |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC.                                                                                                                                                            |  |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                           |  |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                 |  |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Telephone No.<br>732-290-2217                                                                                                                                                                                                  |  |
| Scheduled Completion Date (11)<br>11/30/2018                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Telephone No.<br>732-432-8350                                                                                                                                                                                                  |  |
| 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: OUT OF DOORS                                                                                                                                                                                    |  | License No.<br>01111                                                                                                                                                                                                           |  |
| Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                           |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><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 |  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                 |  |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                    |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                                            |  |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                                                                                                                                                                                                                                        |  | Amount (Specify SF or LF)                                                                                                                                                                                                      |  |
| OUTDOORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | PIPE SOMASTIC                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 200 LF                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                |  |
| Name of Registered Waste Hauler<br>WASTE MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                |  | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                              |  |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Cubic Yards of Waste<br>APPX 10                                                                                                                                                                                                |  |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Name of Registered Landfill<br>FAIRLESS                                                                                                                                                                                        |  |
| Title<br>OFFICE MGR.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Disposal Date<br>TBD                                                                                                                                                                                                           |  |
| Signature<br>Carol Raimo                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | City, State<br>MORRISVILLE, PA                                                                                                                                                                                                 |  |
| Date<br>9/19/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                |  |



CK # 9017

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

"OPEN NOTIFICATION"

|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                       |  |                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|--|
| Date of Notification (1)<br>6/13/2018                                                                                                                                                                                                        |  | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                                                     |  | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED<br/>NOV 30 2018<br/>ASBESTOS CONTROL &amp; LICENSING </div>                                                                                                                                                                                         |  |                                                                    |  |
| 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><input checked="" type="checkbox"/> DOH<br><input 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 |  |                                                                                                                                                                                                                                                                                                                                       |  | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068                |  |
|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |  | Name of Contact<br>JEFFREY GAZICK                                                                                                                                                                                                                                                                                                     |  | Telephone Number<br>856-628-2477                                   |  |
| FACILITY INFORMATION                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                       |  |                                                                    |  |
| Name of Facility Where Abatement is Taking Place (3)<br>PSEG - <u>MH 9C</u>                                                                                                                                                                  |  |                                                                                                                                                                                                                                  |  | Type of Facility (4)                                                                                                                                                                                                                                                                                                                  |  |                                                                    |  |
| Street Address<br><u>R/R TRACKS NEAR 66 MANUFACTURERS PI</u>                                                                                                                                                                                 |  |                                                                                                                                                                                                                                  |  | <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><u>NEWARK</u>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                  |  | Square Feet<br>N/A                                                                                                                                                                                                                                                                                                                    |  | # of Floors<br>N/A                                                 |  |
| County (6)<br>ESSEX                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                  |  | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                                                                   |  | Current Use (Prior if being demolished)<br>N/A                     |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS                                                                                                                                                                 |  |                                                                                                                                                                                                                                  |  | ASCM No.<br>0045                                                                                                                                                                                                                                                                                                                      |  | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC |  |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                  |  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                                                                                                                                  |  |                                                                    |  |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                  |  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                                                                                                                        |  |                                                                    |  |
| Project Manager for Monitoring<br>TOM GEIGER                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                  |  | Telephone No.<br>732-290-2217                                                                                                                                                                                                                                                                                                         |  | Telephone No.<br>732-432-8350                                      |  |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                  |  | Scheduled Completion Date (11)<br>9/30/2018                                                                                                                                                                                                                                                                                           |  | License No.<br>01111                                               |  |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                           |  |                                                                                                                                                                                                                                  |  | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                                                                                                                                     |  |                                                                    |  |
| <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>OUTDOORS</u> |  |                                                                                                                                                                                                                                  |  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                                                                                                                                  |  |                                                                    |  |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                  |  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                                                                                                                        |  |                                                                    |  |
| <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<br><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)<br><br>OUTDOORS                                                                                                                                    |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                                              |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                                                                                        |  | Amount (Specify SF or LF)                                          |  |
|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |  | PIPE SOMASTIC                                                                                                                                                                                                                                                                                                                         |  | 200 LF                                                             |  |
|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                       |  |                                                                    |  |
|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                       |  |                                                                    |  |
|                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                       |  |                                                                    |  |
| Name of Registered Waste Hauler<br>WAST MANAGEMENT                                                                                                                                                                                           |  | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                                |  | Cubic Yards of Waste<br>APPX. 10                                                                                                                                                                                                                                                                                                      |  | Name of Registered Landfill<br>FAIRLESS                            |  |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                  |  | Disposal Date<br>TBD                                                                                                                                                                                                                                                                                                                  |  | City, State<br>MORRISVILLE, PA                                     |  |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                  |  | Title<br>OFFICE MGR.                                                                                                                                                                                                             |  | Signature<br><i>Carol Raimo</i>                                                                                                                                                                                                                                                                                                       |  | Date<br>6/13/2018                                                  |  |

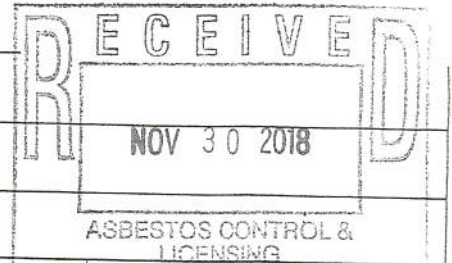


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

|                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br><b>11/29/2018</b>                                                                                                                                                                                                                             |  | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                                                          |  |
| Agencies Notified<br><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                                                               |  | Type Notification<br><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 |  |
| Street Address<br><b>4000 HADLEY ROAD</b>                                                                                                                                                                                                                                 |  | City, State, Zip Code<br><b>SOUTH PLAINFIELD, NJ 07080</b>                                                                                                                                                                            |  |
| Name of Contact<br><b>JEFFREY GAZICK</b>                                                                                                                                                                                                                                  |  | Telephone Number<br><b>856-628-2477</b>                                                                                                                                                                                               |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE&amp;G</b>                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                       |  |
| Street Address<br><b>95 Willow ST.</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 & commercial buildings, homes, etc.)             |  |
| City (5)<br><b>EAST RUTHERFORD</b>                                                                                                                                                                                                                                        |  | Square Feet<br><b>N/A</b>                                                                                                                                                                                                             |  |
| County (6)<br><b>BERGEN</b>                                                                                                                                                                                                                                               |  | # of Floors<br><b>N/A</b>                                                                                                                                                                                                             |  |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                       |  | Bldg. Age<br><b>N/A</b>                                                                                                                                                                                                               |  |
| Name of Monitoring Firm<br><b>ENVIRONMENTAL TACTICS</b>                                                                                                                                                                                                                   |  | Current Use (Prior if being demolished)<br><b>N/A</b>                                                                                                                                                                                 |  |
| Street Address<br><b>64 BROAD STREET</b>                                                                                                                                                                                                                                  |  | Name of Abatement Contractor (9)<br><b>UNIQUE SYSTEMS OF AMERICA INC</b>                                                                                                                                                              |  |
| City, State, Zip Code<br><b>MATAWAN, NJ 07747</b>                                                                                                                                                                                                                         |  | Street Address<br><b>396 WHITEHEAD AVE.</b>                                                                                                                                                                                           |  |
| Project Manager for Monitoring Firm<br><b>TOM GEIGER</b>                                                                                                                                                                                                                  |  | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>                                                                                                                                                                                 |  |
| Start Date (10)<br><b>9/17/18</b>                                                                                                                                                                                                                                         |  | Telephone No.<br><b>732-432-8350</b>                                                                                                                                                                                                  |  |
| Scheduled Completion Date (11)<br><b>12/30/18</b>                                                                                                                                                                                                                         |  | License No.<br><b>01111</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<br>Other - Describe: <b>outdoors</b> |  | Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA INC.</b>                                                                                                                                                                         |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                 |  | Street Address<br><b>396 WHITEHEAD AVE.</b>                                                                                                                                                                                           |  |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                                     |  | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>                                                                                                                                                                                 |  |
| <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) In Facility (1)                                                                                                                                                                                                            |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                 |  |
| <b>OUTDOORS</b>                                                                                                                                                                                                                                                           |  | <b>X</b>                                                                                                                                                                                                                              |  |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                               |  | Amount (Specify SF or LF)                                                                                                                                                                                                             |  |
| <b>PIPE SOMASTIC</b>                                                                                                                                                                                                                                                      |  | <b>200 LF</b>                                                                                                                                                                                                                         |  |
| Abatement Type                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                       |  |
| Removal                                                                                                                                                                                                                                                                   |  | <b>X</b>                                                                                                                                                                                                                              |  |
| Repair                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                       |  |
| Encapsulate                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                       |  |
| Enclosure                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                       |  |
| Name of Registered Waste Hauler<br><b>WASTE MANAGEMENT</b>                                                                                                                                                                                                                |  | NJDEP Waste Hauler ID No.<br><b>1125</b>                                                                                                                                                                                              |  |
| City, State<br><b>ELIZABETH, NJ</b>                                                                                                                                                                                                                                       |  | Cubic Yards of Waste<br><b>APPX 10</b>                                                                                                                                                                                                |  |
| Disposal Date<br><b>TBD</b>                                                                                                                                                                                                                                               |  | Name of Registered Landfill<br><b>FAIRLESS</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>11/29/18</b>                                                                                                                                                                                                               |  |



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

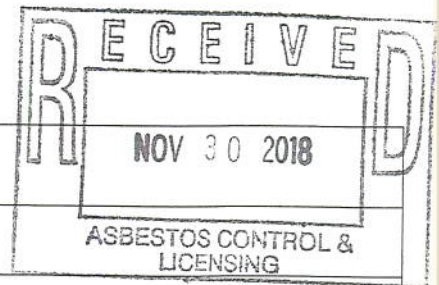


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br><b>9/4/2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Name of Building Owner/Operator (2)<br><b>PSE&amp;G</b>                                                                                                                                                                                               |  |
| Agencies Notified<br><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                                                                                                                                                                                                                                                                                |  | Type Notification<br><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 |  |
| Street Address<br><b>4000 HADLEY ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | City, State, Zip Code<br><b>SOUTH PLAINFIELD, NJ 07080</b>                                                                                                                                                                                            |  |
| Name of Contact<br><b>JEFFREY GAZICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Telephone Number<br><b>856-628-2477</b>                                                                                                                                                                                                               |  |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                       |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE&amp;G</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 & commercial buildings, homes, etc.)                             |  |
| Street Address<br><b>95 Willow ST.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Square Feet<br><b>N/A</b>                                                                                                                                                                                                                             |  |
| City (5)<br><b>EAST RUTHERFORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | # of Floors<br><b>N/A</b>                                                                                                                                                                                                                             |  |
| County (6)<br><b>BERGEN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Bldg. Age<br><b>N/A</b>                                                                                                                                                                                                                               |  |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Current Use (Prior if being demolished)<br><b>N/A</b>                                                                                                                                                                                                 |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ENVIRONMENTAL TACTICS</b>                                                                                                                                                                                                                                                                                                                                                                                                        |  | ASCM No.<br><b>0045</b>                                                                                                                                                                                                                               |  |
| Street Address<br><b>64 BROAD STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Name of Abatement Contractor (9)<br><b>UNIQUE SYSTEMS OF AMERICA INC</b>                                                                                                                                                                              |  |
| City, State, Zip Code<br><b>MATAWAN, NJ 07747</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Street Address<br><b>396 WHITEHEAD AVE.</b>                                                                                                                                                                                                           |  |
| Project Manager for Monitoring Firm<br><b>TOM GEIGER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>                                                                                                                                                                                                 |  |
| Telephone No.<br><b>732-290-2217</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Telephone No.<br><b>732-432-8350</b>                                                                                                                                                                                                                  |  |
| Start Date (10)<br><b>9/17/18</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | License No.<br><b>01111</b>                                                                                                                                                                                                                           |  |
| Scheduled Completion Date (11)<br><b>11/30/18</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA INC.</b>                                                                                                                                                                                         |  |
| 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: <b>outdoors</b>                                                                                                                                                                                         |  | Street Address<br><b>396 WHITEHEAD AVE.</b>                                                                                                                                                                                                           |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><br><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 |  | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>                                                                                                                                                                                                 |  |
| Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)<br><b>OUTDOORS</b>                                                                                                                                                                                                                                                                                                                                                                                            |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br><b>X</b>                                                                                                                                                                     |  |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                                                                                                                                                                                                                                                |  | Amount (Specify SF or LF)<br><b>PIPE SOMASTIC 200 LF</b>                                                                                                                                                                                              |  |
| Abatement Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Removal<br><b>X</b>                                                                                                                                                                                                                                   |  |
| Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Encapsulate                                                                                                                                                                                                                                           |  |
| Enclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                       |  |
| 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>APPX 10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Name of Registered Landfill<br><b>FAIRLESS</b>                                                                                                                                                                                                        |  |
| City, State<br><b>ELIZABETH, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Disposal Date<br><b>TBD</b>                                                                                                                                                                                                                           |  |
| City, State<br><b>MORRISVILLE, PA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Signature<br><b>Carol Raimo</b>                                                                                                                                                                                                                       |  |
| Completed by<br><b>CAROL RAIMO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Date<br><b>9/4/18</b>                                                                                                                                                                                                                                 |  |



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



|                                                                                                                                                                                                        |                                                                                                                      |                                                                  |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------|
| Date of Notification (1)<br>11 / 21 / 18                                                                                                                                                               |                                                                                                                      | Name of Building Owner/Operator (2)<br>General Growth Properties |                                  |
| 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 #1 | Street Address<br>585 From Road                                  |                                  |
|                                                                                                                                                                                                        | <input type="checkbox"/> Emergency (including justification)                                                         | City, State, Zip Code<br>Paramus, NJ 07652                       |                                  |
|                                                                                                                                                                                                        | <input type="checkbox"/> Cancellation                                                                                | Name of Contact<br>Lynee S. Stella                               | Telephone Number<br>312-420-5719 |

**FACILITY INFORMATION**

|                                                                           |                                 |                                                                                                                                                                                                                              |                                         |
|---------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Sears Auto Center |                                 | 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>585 Form Road                                           |                                 | Square Feet<br>10,000                                                                                                                                                                                                        | # of Floors<br>2                        |
| City (5)<br>Paramus, NJ 07652                                             |                                 | Bldg. Age<br>45                                                                                                                                                                                                              |                                         |
| County (6)<br>Bergen                                                      | County Code (7)(STATE USE ONLY) |                                                                                                                                                                                                                              | Current Use (Prior if being demolished) |

|                                                                            |                                                 |                                                         |                                     |
|----------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|-------------------------------------|
| Name of Monitoring Firm Hired by Building Owner (8)<br>Hillmann Consulting | ASCM No.<br>62252                               | Name of Abatement Contractor (9)<br>JVN Restoration Inc |                                     |
| Street Address<br>1600 Route 22 East                                       | Street Address<br>47 Foster Road                |                                                         |                                     |
| City, State, Zip Code<br>Union NJ 07083                                    | City, State, Zip Code<br>Staten Island NY 10309 |                                                         |                                     |
| Project Manager for Monitoring Firm<br>Tammy Lomax                         | Telephone No.<br>908-577-6171                   | Telephone No.<br>718-605-6256                           | License No.<br>00774                |
| Start Date (10)<br>12 / 01 / 18                                            | Scheduled Completion Date (11)<br>12 / 03 / 18  |                                                         | Name of OSHA Monitor<br>Testor Tech |

|                                                                                                                                                                                                                                                                                                                     |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Occupancy Status During Abatement (Check only one)<br><input checked="" 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: 7:00 AM-7:00 PM / ____ PM- ____ AM | Street Address<br>10 59 Jackson Avenue |
|                                                                                                                                                                                                                                                                                                                     | City, State, Zip Code<br>LIC NY 11101  |

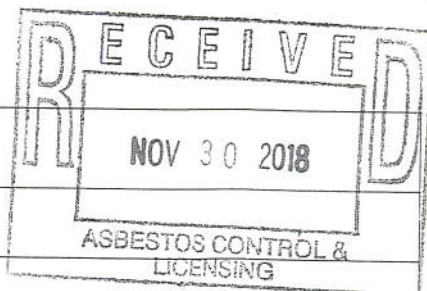
|                                                                                                                                           |                                                                                       |                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scope of Work (Check all that apply)<br><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>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                |
| Battery Room                                                                    | <input type="checkbox"/>                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT and Mastic                                                                                                               | 450 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"/> |
|                                                                                 | <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>Newark Carting | NJDEP Waste Hauler ID No.<br>NJ-566 | Cubic Yards of Waste<br>100  | Name of Registered Landfill<br>IESI |
| City, State<br>Newark, NJ                         | Disposal Date<br>05/31 /18          | City, State<br>Bethlehem, PA |                                     |
| Completed By (Print or Type)<br>Ralph Barnhardt   | Title<br>Project Manager            | Signature<br>                | Date<br>11/29/18                    |



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

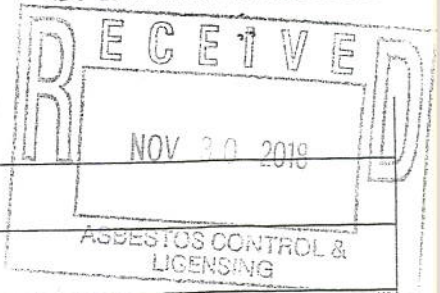


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1)<br><b>11 / 21 / 18</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br><b>General Growth Properties</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><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                                                                                               | Street Address<br><b>585 From Road</b><br>City, State, Zip Code<br><b>Paramus, NJ 07652</b><br>Name of Contact<br><b>Lynne S. Stella</b><br>Telephone Number<br><b>312-420-5719</b>                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FACILITY INFORMATION</b>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name of Facility Where Abatement is Taking Place (3)<br><b>Sears Auto Center</b><br>Street Address<br><b>585 Form Road</b><br>City (5)<br><b>Paramus, NJ 07652</b><br>County (6)<br><b>Bergen</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.)<br>Square Feet<br><b>10,000</b><br># of Floors<br><b>2</b><br>Bldg. Age<br><b>45</b><br>County Code (7) (STATE USE ONLY)<br>Current Use (Prior if being demolished) |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Hillmann Consulting</b><br>Street Address<br><b>1600 Route 22 East</b><br>City, State, Zip Code<br><b>Union NJ 07083</b><br>Project Manager for Monitoring Firm<br><b>Tammy Lomax</b><br>Start Date (10)<br><b>12 / 01 / 18</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                               | ASCM No.<br><b>62252</b><br>Name of Abatement Contractor (9)<br><b>JVN Restoration Inc</b><br>Street Address<br><b>47 Foster Road</b><br>City, State, Zip Code<br><b>Staten Island NY 10309</b><br>Telephone No.<br><b>908-577-6171</b><br><b>718-605-6256</b><br>License No.<br><b>00774</b> |                                                                                                                                                                                                                                                                                                                                                                                                  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM 12:00 PM 7:00 PM 7:00 AM</b>                                                                                                                                                                                           |                                                                                                                                                                                                               | Name of OSHA Monitor<br><b>Testor Tech</b><br>Street Address<br><b>10 59 Jackson Avenue</b><br>City, State, Zip Code<br><b>LIC NY 11101</b>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                  |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" 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)<br><b>TO BE ABATED IN Facility (13)</b><br><b>Battery Room</b>                                                                                                                                                                                                                                                                                                                                                                                              | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>                                  |                                                                                                                                                                                                                                                                                               | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><b>VAT and Mastic</b><br>Amount (Specify SF or LF)<br><b>450 SF</b>                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               | Abatement Type<br>Removal Repair Encapsulate Enclosure<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                  |
| Name of Registered Waste Hauler<br><b>Newark Carting</b><br>City, State<br><b>Newark, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br><b>NJ-566</b><br>Cubic Yards of Waste<br><b>100</b><br>Disposal Date<br><b>05/31 /18</b>                                                                                                                                                                         | Name of Registered Landfill<br><b>IESI</b><br>City, State<br><b>Bethlehem, PA</b>                                                                                                                                                                                                                                                                                                                |
| Completed By (Print or Type)<br><b>Ralph Barnhardt</b><br>Title<br><b>Project Manager</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               | Signature<br><br>Date<br><b>11/21</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                  |



"OPEN NOTIFICATION"

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



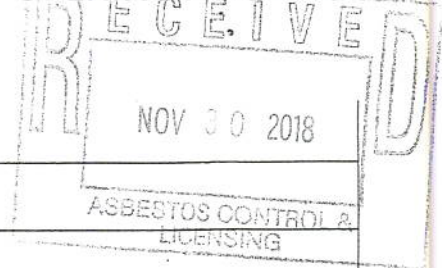
WDC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                       |                                                                                                                             |                                                |                           |         |        |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------|---------|--------|-------------|
| Date of Notification (1)<br><b>11/29/2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | Name of Building Owner/Operator (2)<br><b>PSE&amp;G</b>                                                                                                                                                                               |                                                                                                                             |                                                |                           |         |        |             |
| Agencies Notified<br><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                                                                                                                                                                                                                                                                                                        |                                                                       | 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>4000 HADLEY ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | City, State, Zip Code<br><b>SOUTH PLAINFIELD, NJ 07068</b>                                                                                                                                                                            |                                                                                                                             |                                                |                           |         |        |             |
| Name of Contact<br><b>JEFFREY GAZICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | Telephone Number<br><b>856-628-2477</b>                                                                                                                                                                                               |                                                                                                                             |                                                |                           |         |        |             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                       |                                                                                                                             |                                                |                           |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE&amp;G - Foundry ST.</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 & commercial buildings, homes, etc.)             |                                                                                                                             |                                                |                           |         |        |             |
| Street Address<br><b>143 ROANOKE AVE.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Square Feet<br><b>N/A</b>                                                                                                                                                                                                             | # of Floors<br><b>N/A</b>                                                                                                   |                                                |                           |         |        |             |
| City (5)<br><b>NEWARK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Bldg. Age<br><b>N/A</b>                                                                                                                                                                                                               |                                                                                                                             |                                                |                           |         |        |             |
| County (6)<br><b>ESSEX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | County Code (7)<br>(STATE USE ONLY)                                   | Current Use (Prior if being demolished)<br><b>N/A</b>                                                                                                                                                                                 |                                                                                                                             |                                                |                           |         |        |             |
| Name of Monitoring Firm<br><b>ENVIRONMENTAL TACTICS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Hired by Building Owner (8)<br><b>ASCM No. 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 07047</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>6/25/2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | License No.<br><b>01111</b>                                                                                                                                                                                                           |                                                                                                                             |                                                |                           |         |        |             |
| Scheduled Completion Date (11)<br><b>7/31/2019</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA</b>                                                                                                                                                                              |                                                                                                                             |                                                |                           |         |        |             |
| 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: <b>OUTDOORS</b>                                                                                                                                                                                                                 |                                                                       | Street Address<br><b>396 WHITEHEAD AVE.</b>                                                                                                                                                                                           |                                                                                                                             |                                                |                           |         |        |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>                                                                                                                                                                                 |                                                                                                                             |                                                |                           |         |        |             |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><br><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><b>TO BE ABATED In Facility (13)</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 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)<br><b>200 LF</b>     | Abatement Type            |         |        |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                                                                   | No                                                                                                                                                                                                                                    |                                                                                                                             |                                                | N/A                       | Removal | Repair | Encapsulate |
| <b>OUTDOORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <b>X</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>APPX 10</b>                                                                                      | Name of Registered Landfill<br><b>FAIRLESS</b> |                           |         |        |             |
| City, State<br><b>ELIZABETH, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Disposal Date<br><b>TBD</b>                                                                                                                                                                                                           |                                                                                                                             | City, State<br><b>MORRISVILLE, PA</b>          |                           |         |        |             |
| Completed by<br><b>CAROL RAIMO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | Title<br><b>OFFICE MGR.</b>                                                                                                                                                                                                           | Signature<br><i>Carol Raimo</i>                                                                                             |                                                | Date<br><b>11/29/2018</b> |         |        |             |



**"OPEN NOTIFICATION"**

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

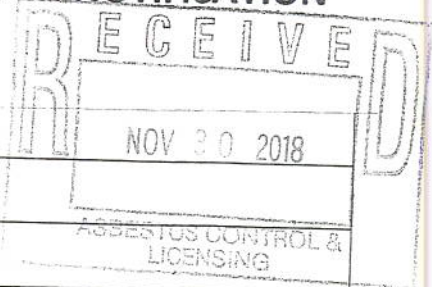


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                             |                                         |                   |         |        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------|---------|--------|-------------|
| Date of Notification (1)<br>9/19/2016                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                                              |                                                                                                                             |                                         |                   |         |        |             |
| Agencies Notified<br><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                                                                                                                                                                                                                                                                        | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>4000 HADLEY ROAD<br>City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068<br>Name of Contact<br>JEFFREY GAZICK<br>Telephone Number<br>856-628-2477                                                        |                                                                                                                             |                                         |                   |         |        |             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                             |                                         |                   |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>PSE&G - <u>Foundry ST.</u>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       | 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 & commercial buildings, homes, etc.) |                                                                                                                             |                                         |                   |         |        |             |
| Street Address<br><u>143 ROANOKE AVE.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       | Square Feet<br>N/A                                                                                                                                                                                                        |                                                                                                                             |                                         |                   |         |        |             |
| City (5)<br><u>NEWARK</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       | # of Floors<br>N/A                                                                                                                                                                                                        |                                                                                                                             |                                         |                   |         |        |             |
| County (6)<br>ESSEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       | Bldg. Age<br>N/A                                                                                                                                                                                                          |                                                                                                                             |                                         |                   |         |        |             |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       | Current Use (Prior if being demolished)<br>N/A                                                                                                                                                                            |                                                                                                                             |                                         |                   |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | ASCM No.<br>0045                                                                                                                                                                                                          |                                                                                                                             |                                         |                   |         |        |             |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC.                                                                                                                                                       |                                                                                                                             |                                         |                   |         |        |             |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                      |                                                                                                                             |                                         |                   |         |        |             |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                            |                                                                                                                             |                                         |                   |         |        |             |
| Telephone No.<br>732-290-2217                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                       | Telephone No.<br>732-432-8350                                                                                                                                                                                             |                                                                                                                             |                                         |                   |         |        |             |
| License No.<br>01111                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                         |                                                                                                                             |                                         |                   |         |        |             |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br>11/30/2018                                                                                                                                                                              |                                                                                                                             |                                         |                   |         |        |             |
| 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>OUTDOORS</u>                                                                                                                                                                                 |                                                                                                                                                                                                                                       | Street Address<br>396 WHITEHEAD AVE.<br>City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                    |                                                                                                                             |                                         |                   |         |        |             |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><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<br>(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 |
| OUTDOORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                       | X                                                                                                                                                                                                                         | PIPE SOMASTIC                                                                                                               | 200 LF                                  | X                 |         |        |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                             |                                         |                   |         |        |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                             |                                         |                   |         |        |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                             |                                         |                   |         |        |             |
| Name of Registered Waste Hauler<br>WASTE MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                                     |                                                                                                                                                                                                                           | Cubic Yards of Waste<br>APPX 10                                                                                             | Name of Registered Landfill<br>FAIRLESS |                   |         |        |             |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Disposal Date<br>TBD                                                                                                                                                                                                                  |                                                                                                                                                                                                                           | City, State<br>MORRISVILLE, PA                                                                                              |                                         |                   |         |        |             |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title<br>OFFICE MGR.                                                                                                                                                                                                                  |                                                                                                                                                                                                                           | Signature<br><i>Carol Raimo</i>                                                                                             |                                         | Date<br>9/19/2018 |         |        |             |



CK # 9018

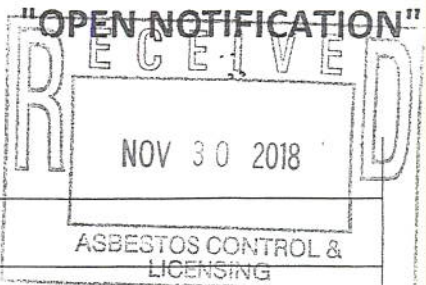
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**"OPEN NOTIFICATION"**

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1)<br>6/13/2018                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                      |                                                                                                                                |
| 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><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068                                                                                                                                               |                                                                                                                                |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | Name of Contact<br>JEFFREY GAZICK                                                                                                                                                                 | Telephone Number<br>856-628-2477                                                                                               |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                                                                                                                |
| Name of Facility Where Abatement is Taking Place (3)<br>PSEG - <u>Foundry ST.</u>                                                                                                                                                            |                                                                                                                                                                                                                                  | Type of Facility (4)                                                                                                                                                                              |                                                                                                                                |
| Street Address<br><u>143 ROANOKE AVE.</u>                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | <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><u>NEWARK</u>                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | Square Feet<br>N/A                                                                                                                                                                                | # of Floors<br>N/A                                                                                                             |
| County (6)<br>ESSEX                                                                                                                                                                                                                          | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                              | Bldg. Age<br>N/A                                                                                                                                                                                  |                                                                                                                                |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS                                                                                                                                                                 |                                                                                                                                                                                                                                  | ASCM No.<br>0045                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC                                                             |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                            |                                                                                                                                                                                                                                  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                              |                                                                                                                                |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                   |                                                                                                                                                                                                                                  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                    |                                                                                                                                |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                            |                                                                                                                                                                                                                                  | Telephone No.<br>732-290-2217                                                                                                                                                                     | Telephone No.<br>732-432-8350                                                                                                  |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  | License No.<br>01111                                                                                                                                                                              |                                                                                                                                |
| Scheduled Completion Date (11)<br>9/30/2018                                                                                                                                                                                                  |                                                                                                                                                                                                                                  | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                 |                                                                                                                                |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                           |                                                                                                                                                                                                                                  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                              |                                                                                                                                |
| <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>OUTDOORS</u> |                                                                                                                                                                                                                                  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                    |                                                                                                                                |
| 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)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
|                                                                                                                                                                                                                                              | Yes                                                                                                                                                                                                                              | No                                                                                                                                                                                                |                                                                                                                                |
| OUTDOORS                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                  | X                                                                                                                                                                                                 |                                                                                                                                |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   | PIPE SOMASTIC                                                                                                                  |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   | 200 LF                                                                                                                         |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   | X                                                                                                                              |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                                                                                                                |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                                                                                                                |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                                                                                                                |
| Name of Registered Waste Hauler<br>WAST MANAGEMENT                                                                                                                                                                                           |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                 | Cubic Yards of Waste<br>APPX. 10                                                                                               |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  | Name of Registered Landfill<br>FAIRLESS                                                                                                                                                           |                                                                                                                                |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  | Disposal Date<br>TBD                                                                                                                                                                              | City, State<br>MORRISVILLE, PA                                                                                                 |
| Title<br>OFFICE MGR.                                                                                                                                                                                                                         |                                                                                                                                                                                                                                  | Signature<br><i>Carol Raimo</i>                                                                                                                                                                   | Date<br>6/13/2018                                                                                                              |



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

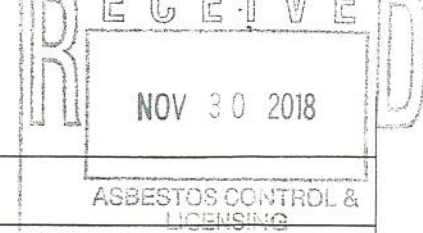


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                     |                |                    |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1)<br><b>11/29/2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                                              |                                                                     |                |                    |             |           |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                        | 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>4000 HADLEY ROAD                                                                                                                                                                                        |                                                                     |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068                                                                                                                                                                                   |                                                                                                                                                                                                                           |                                                                     |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | Name of Contact<br>JEFFREY GAZICK                                                                                                                                                                                         | Telephone Number<br>856-628-2477                                    |                |                    |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                     |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>PSE&G - <b>ESSEX SWITCH &amp; MH 11A</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 & commercial buildings, homes, etc.) |                                                                     |                |                    |             |           |
| Street Address<br><b>155 RAYMOND BLVD.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       | Square Feet<br>N/A                                                                                                                                                                                                        | # of Floors<br>N/A                                                  |                |                    |             |           |
| City (5)<br><b>NEWARK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       | Bldg. Age<br>N/A                                                                                                                                                                                                          |                                                                     |                |                    |             |           |
| County (6)<br>ESSEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                   | Current Use (Prior if being demolished)<br>N/A                                                                                                                                                                            |                                                                     |                |                    |             |           |
| Name of Monitoring Firm<br>ENVIRONMENTAL TACTICS                                                                                                                                                                                                                                                                                                                                                                                                                                   | Hired by Building Owner (8)<br>TACTICS                                                                                                                                                                                                | ASCM No.<br>0045                                                                                                                                                                                                          | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC. |                |                    |             |           |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                      |                                                                     |                |                    |             |           |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                            |                                                                     |                |                    |             |           |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | Telephone No.<br>732-290-2217                                                                                                                                                                                             | Telephone No.<br>732-432-8350                                       |                |                    |             |           |
| License No.<br>01111                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                     |                |                    |             |           |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br><b>7/31/2019</b>                                                                                                                                                                                    | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                         |                                                                     |                |                    |             |           |
| 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<br><input checked="" type="checkbox"/> Other - Describe: <b>OUTDOORS</b>                                                                                                                                                                      |                                                                                                                                                                                                                                       | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                      |                                                                     |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                            |                                                                     |                |                    |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input 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)<br><b>TO BE ABATED In Facility (13)</b>                                                                                                                                                                                                                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                                                   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                            | Amount (Specify SF or LF)<br>200 LF                                 | Abatement Type |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                     | Removal        | Repair             | Encapsulate | Enclosure |
| <b>OUTDOORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X                                                                                                                                                                                                                                     | <b>PIPE SOMASTIC</b>                                                                                                                                                                                                      |                                                                     | X              |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                     |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                     |                |                    |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |                                                                     |                |                    |             |           |
| Name of Registered Waste Hauler<br>WASTE MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                                     | Cubic Yards of Waste<br>APPX 10                                                                                                                                                                                           | Name of Registered Landfill<br>FAIRLESS                             |                |                    |             |           |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | Disposal Date<br>TBD                                                                                                                                                                                                      | City, State<br>MORRISVILLE, PA                                      |                |                    |             |           |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | Title<br>OFFICE MGR.                                                                                                                                                                                                      | Signature<br><i>Carol Raimo</i>                                     |                | Date<br>11/29/2018 |             |           |



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

**"OPEN NOTIFICATION"**



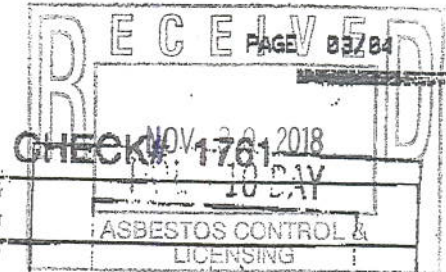
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                                                                                                                                           |                                                                     |                                  |                                         |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------|-----------------------------------------|-----------|
| Date of Notification (1)<br>9/19/2016                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br>PSE&G                                                                                |                                                                                                                                                                                                                           |                                                                     |                                  |                                         |           |
| Agencies Notified<br><br><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                                                                                                                                                                                                                                                                    | Type of Notification<br><br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                             | Street Address<br>4000 HADLEY ROAD                                                                                                                                                                                        |                                                                     | Telephone Number<br>856-628-2477 |                                         |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                             | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068                                                                                                                                                                       |                                                                     |                                  |                                         |           |
| Name of Contact<br>JEFFREY GAZICK                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                                                                                                                                           |                                                                     |                                  |                                         |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                                                                                                                                           |                                                                     |                                  |                                         |           |
| Name of Facility Where Abatement is Taking Place (3)<br>PSE&G - ESSEX SWITCH & MH 11A                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                       |                                                                                                                             | 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 & commercial buildings, homes, etc.) |                                                                     |                                  |                                         |           |
| Street Address<br>155 RAYMOND BLVD.                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                             | Square Feet<br>N/A                                                                                                                                                                                                        |                                                                     |                                  |                                         |           |
| City (5)<br>NEWARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       |                                                                                                                             | # of Floors<br>N/A                                                                                                                                                                                                        |                                                                     |                                  |                                         |           |
| County (6)<br>ESSEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                             | Bldg. Age<br>N/A                                                                                                                                                                                                          |                                                                     |                                  |                                         |           |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                             | Current Use (Prior if being demolished)<br>N/A                                                                                                                                                                            |                                                                     |                                  |                                         |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | ASCM No.<br>0045                                                                                                            |                                                                                                                                                                                                                           | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC. |                                  |                                         |           |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                                                                                                                                           | Street Address<br>396 WHITEHEAD AVE.                                |                                  |                                         |           |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                                                                                                                                           | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                      |                                  |                                         |           |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | Telephone No.<br>732-290-2217                                                                                               |                                                                                                                                                                                                                           | Telephone No.<br>732-432-8350                                       |                                  |                                         |           |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br>11/30/2018                                                                                |                                                                                                                                                                                                                           | License No.<br>01111                                                |                                  |                                         |           |
| 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: OUTDOORS                                                                                                                                                                                        |                                                                                                                                                                                                                                       |                                                                                                                             | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                         |                                                                     |                                  |                                         |           |
| Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       |                                                                                                                             | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                            |                                                                     |                                  |                                         |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><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>TO BE ABATED In Facility (13)<br><br>OUTDOORS                                                                                                                                                                                                                                                                                                                                                                                    | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br><br>Yes No N/A                                                                                                                                               | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)<br><br>200 LF                                                                                                                                                                                   | Abatement Type                                                      |                                  |                                         |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                                                                                                                                           | Removal                                                             | Repair                           | Encapsulate                             | Enclosure |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X                                                                                                                                                                                                                                     | PIPE SOMASTIC                                                                                                               |                                                                                                                                                                                                                           | X                                                                   |                                  |                                         |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                                                                                                                                           |                                                                     |                                  |                                         |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                                                                                                                                           |                                                                     |                                  |                                         |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                                                                                                                                           |                                                                     |                                  |                                         |           |
| Name of Registered Waste Hauler<br>WASTE MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       | NJDEP Waste Hauler ID No.<br>1125                                                                                           |                                                                                                                                                                                                                           | Cubic Yards of Waste<br>APPX 10                                     |                                  | Name of Registered Landfill<br>FAIRLESS |           |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | Disposal Date<br>TBD                                                                                                        |                                                                                                                                                                                                                           | City, State<br>MORRISVILLE, PA                                      |                                  |                                         |           |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | Title<br>OFFICE MGR.                                                                                                        |                                                                                                                                                                                                                           | Signature<br><i>Carol Raimo</i>                                     |                                  | Date<br>9/19/2018                       |           |



11/26/2018 02:49PM 18562248799

ASSURED SERVICE

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 6:26 and 12:26)



|                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br>11/26/2018                                                                                                                                                                                                                                                                          |  | Name of Building Owner/Operator (2)<br>JOE LOKAJ                                                                                                                                                                                                                 |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                              |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                                    |  | City, State, Zip Code<br>SWEDESBORO NJ 08085                                                                                                                                                                                                                     |  |
| Name of Facility Where Abatement is Taking Place (3)<br>RESIDENTIAL                                                                                                                                                                                                                                             |  | Name of Contact<br>JOE LOKAJ                                                                                                                                                                                                                                     |  |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                  |  |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                                    |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter B (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                        |  |
| City (5)<br>SWEDESBORO                                                                                                                                                                                                                                                                                          |  | Squ. Feet<br>1571                                                                                                                                                                                                                                                |  |
| County (6)<br>GLOUCESTER                                                                                                                                                                                                                                                                                        |  | # of Floors<br>1.5                                                                                                                                                                                                                                               |  |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                                             |  | Bldg. Age<br>88                                                                                                                                                                                                                                                  |  |
| Name of Monitoring Firm<br>ACER ASSOC.                                                                                                                                                                                                                                                                          |  | Current Use (Prior if being demolished)<br>RESIDENTIAL                                                                                                                                                                                                           |  |
| ASCM No.                                                                                                                                                                                                                                                                                                        |  | Name of Abatement Contractor (8)<br>ASSURED ENVIRONMENTAL SERVICES INC.                                                                                                                                                                                          |  |
| Street Address<br>1012 INDUSTRIAL DRIVE                                                                                                                                                                                                                                                                         |  | Street Address<br>570 CLEVERIS RUN                                                                                                                                                                                                                               |  |
| City, State, Zip Code<br>WEST BERLIN NJ 08091                                                                                                                                                                                                                                                                   |  | City, State, Zip Code<br>MULLICA HILL NJ 08062                                                                                                                                                                                                                   |  |
| Project Manager for Monitoring Firm<br>MATT DEPALMA                                                                                                                                                                                                                                                             |  | Telephone No.<br>856-809-1202                                                                                                                                                                                                                                    |  |
| Start Date (10)<br>11/26/2018                                                                                                                                                                                                                                                                                   |  | Telephone No.<br>610-304-678                                                                                                                                                                                                                                     |  |
| Scheduled Completion Date (11)<br>11/29/2018                                                                                                                                                                                                                                                                    |  | License No.<br>01145                                                                                                                                                                                                                                             |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed During Normal Facility Hours<br><input type="checkbox"/> Other - Describe: RESIDENTIAL-VACANT DURING REMOVAL |  | Name of OSHA Monitor<br>EMSL                                                                                                                                                                                                                                     |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> 23 or more SF<br><input type="checkbox"/> 23 or less SF<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                    |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Full Enclosure<br><input type="checkbox"/> Wet Bag Procedure<br><input type="checkbox"/> Not Exempted (*) and Non-Frangible Procedure                    |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)                                                                                                                                                                                                                                    |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                                            |  |
| BASEMENT                                                                                                                                                                                                                                                                                                        |  | Yes No N/A                                                                                                                                                                                                                                                       |  |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                                                                     |  | Amount (Specify SF or LF)                                                                                                                                                                                                                                        |  |
| DUCT PAPER                                                                                                                                                                                                                                                                                                      |  | 60 SF                                                                                                                                                                                                                                                            |  |
| Abatement Type                                                                                                                                                                                                                                                                                                  |  | Removal Repair Encapsulate Enclosure                                                                                                                                                                                                                             |  |
| Name of Registered Waste Hauler<br>ASSURED ENVIRONMENTAL SERVICES                                                                                                                                                                                                                                               |  | NJDEP Waste Hauler ID No.<br>0034695                                                                                                                                                                                                                             |  |
| City, State<br>MULLICA HILL NJ                                                                                                                                                                                                                                                                                  |  | Cubic Yards of Waste<br>0                                                                                                                                                                                                                                        |  |
| Name of Registered Landfill<br>MINERVA LANDFILL                                                                                                                                                                                                                                                                 |  | Disposal Date<br>11/29/2018                                                                                                                                                                                                                                      |  |
| City, State<br>WAYNESBURG, OH                                                                                                                                                                                                                                                                                   |  | Signature<br>Ron Swanson                                                                                                                                                                                                                                         |  |
| Completed by<br>RON SWANSON                                                                                                                                                                                                                                                                                     |  | Date<br>11/26/2018                                                                                                                                                                                                                                               |  |

ASB-41 (R-03-08)

\* Do not use this form for asbestos abatement exempted activities.



CK 1761

PAID

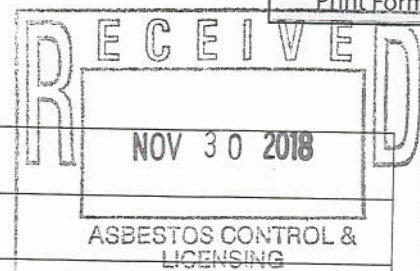
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CHECK# 1761

|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |  |                                                                                                                             |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Date of Notification (1)<br>11/26/2018                                                                                                                                                                                                                         |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>JOE LOKAJ                                                                                                                                                  |  | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED<br/>NOV 30 2018<br/>ROL &amp; </div>      |                                                 |
| Agencies Notified                                                                                                                                                                                                                                              | Type of Notification                                                                                                                                                                                                             | Street Address<br>[REDACTED]                                                                                                                                                                      |  |                                                                                                                             |                                                 |
| <input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>SWEDESBORO NJ 08085                                                                                                                                                      |  |                                                                                                                             |                                                 |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | Name of Contact<br>JOE LOKAJ                                                                                                                                                                      |  | Telephone Number                                                                                                            |                                                 |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |  |                                                                                                                             |                                                 |
| Name of Facility Where Abatement is Taking Place (3)<br>RESIDENTIAL                                                                                                                                                                                            |                                                                                                                                                                                                                                  | Type of Facility (4)                                                                                                                                                                              |  |                                                                                                                             |                                                 |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                  | <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>SWEDESBORO                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                  | Square Feet<br>1573                                                                                                                                                                               |  | # of Floors<br>1.5                                                                                                          | Bldg. Age<br>88                                 |
| County (6)<br>GLOUCESTER                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                               |  | Current Use (Prior if being demolished)<br>RESIDENTIAL                                                                      |                                                 |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ACER ASSOC.                                                                                                                                                                                             |                                                                                                                                                                                                                                  | ASCM No.                                                                                                                                                                                          |  | Name of Abatement Contractor (9)<br>ASSURED ENVIRONMENTAL SERVICES INC.                                                     |                                                 |
| Street Address<br>1012 INDUSTRIAL DRIVE                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |  | Street Address<br>570 CLEMS RUN                                                                                             |                                                 |
| City, State, Zip Code<br>WEST BERLIN NJ 08091                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |  | City, State, Zip Code<br>MULLICA HILL NJ 08062                                                                              |                                                 |
| Project Manager for Monitoring Firm<br>MATT DEPALMA                                                                                                                                                                                                            |                                                                                                                                                                                                                                  | Telephone No.<br>856-809-1202                                                                                                                                                                     |  | Telephone No.<br>610-304-4676                                                                                               | License No.<br>01145                            |
| Start Date (10)<br>11/28/2018                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  | Scheduled Completion Date (11)<br>11/29/2018                                                                                                                                                      |  | Name of OSHA Monitor<br>EMSL                                                                                                |                                                 |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                                             |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |  | Street Address<br>200 RT. 130 NORTH                                                                                         |                                                 |
| <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: RESIDENTIAL-VACANT DURING REMOVAL |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |  | City, State, Zip Code<br>CINNAMINSON NJ 08077                                                                               |                                                 |
| 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 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) |                                                 |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | Yes No N/A                                                                                                                                                                                        |  | Amount (Specify SF or LF)                                                                                                   |                                                 |
| BASEMENT                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | X                                                                                                                                                                                                 |  | 60 SF                                                                                                                       |                                                 |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |  |                                                                                                                             |                                                 |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |  |                                                                                                                             |                                                 |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |  |                                                                                                                             |                                                 |
| Name of Registered Waste Hauler<br>ASSURED ENVIRONMENTAL SERVICES                                                                                                                                                                                              |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br>0034895                                                                                                                                                              |  | Cubic Yards of Waste<br>6                                                                                                   | Name of Registered Landfill<br>MINERVA LANDFILL |
| City, State<br>MULLICA HILL NJ                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  | Disposal Date<br>11/29/2018                                                                                                                                                                       |  | City, State<br>WAYNESBURG, OH                                                                                               |                                                 |
| Completed by<br>RON SWANSON                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | Title<br>GENERAL MANAGER                                                                                                                                                                          |  | Signature<br><i>Ron Swanson</i>                                                                                             | Date<br>11/26/2018                              |



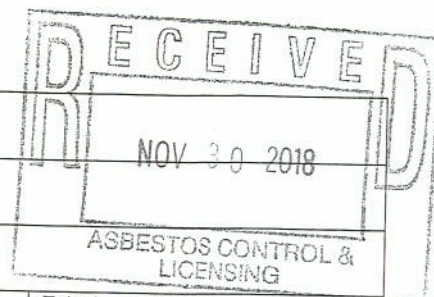
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



|                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                 |  |                                                                                                                             |  |                                                                                                                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br>11/16/2018                                                                                                                                                                                        |  | Name of Building Owner/Operator (2)<br>Lidl US, LLC                                                                                                                                                                                                   |  | Street Address<br>3500 South Clark Street                                                                                                                                                                                                                                          |  | City, State, Zip Code<br>Arlington, VA 22202                                                                                                                                    |  | Name of Contact<br>Mr. Stephen Demico                                                                                       |  | Telephone Number<br>(844) 747-5435                                                                                                                                                                                                                             |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input checked="" type="checkbox"/> Cancellation |  | FACILITY INFORMATION                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                 |  |                                                                                                                             |  |                                                                                                                                                                                                                                                                |  |
| Name of Facility Where Abatement is Taking Place (3)<br>A's Home Center                                                                                                                                                       |  | 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 & commercial buildings, homes, etc.)                             |  | Square Feet<br>25,000                                                                                                                                                                                                                                                              |  | # of Floors<br>1                                                                                                                                                                |  | Bldg. Age<br>60                                                                                                             |  | Current Use (Prior if being demolished)<br>Commercial                                                                                                                                                                                                          |  |
| Street Address<br>514 North Main Street                                                                                                                                                                                       |  | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                   |  | Name of Monitoring Firm Hired by Building Owner (8)<br>TBD                                                                                                                                                                                                                         |  | ASCM No.                                                                                                                                                                        |  | Name of Abatement Contractor (9)<br>Sky Contracting, LLC                                                                    |  | Street Address<br>1385 Valley Road, Suite K                                                                                                                                                                                                                    |  |
| City (5)<br>Lacey Township                                                                                                                                                                                                    |  | County (6)<br>Ocean                                                                                                                                                                                                                                   |  | City, State, Zip Code<br>Wayne, New Jersey 07470                                                                                                                                                                                                                                   |  | Telephone No.<br>(973) 928-5040                                                                                                                                                 |  | License No.<br>00874                                                                                                        |  | City, State, Zip Code<br>Wayne, New Jersey 07470                                                                                                                                                                                                               |  |
| Project Manager for Monitoring Firm                                                                                                                                                                                           |  | Telephone No.                                                                                                                                                                                                                                         |  | Name of OSHA Monitor<br>Sky Contracting, LLC                                                                                                                                                                                                                                       |  | Street Address<br>1385 Valley Road, Suite K                                                                                                                                     |  | City, State, Zip Code<br>Wayne, New Jersey 07470                                                                            |  | Amount (Specify SF or LF)                                                                                                                                                                                                                                      |  |
| Start Date (10)                                                                                                                                                                                                               |  | Scheduled Completion Date (11)                                                                                                                                                                                                                        |  | 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<br><input type="checkbox"/> Other - Describe: |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> N/A |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |  | Abatement Type<br><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 |  |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                     |  | Location of Asbestos-Containing Material (ACM)<br>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<br><input type="checkbox"/> Removal<br><input type="checkbox"/> Repair<br><input type="checkbox"/> Encapsulate<br><input type="checkbox"/> Enclosure                                                                                            |  |
| Ground Floor South                                                                                                                                                                                                            |  | Yes                                                                                                                                                                                                                                                   |  | No                                                                                                                                                                                                                                                                                 |  | N/A                                                                                                                                                                             |  | 12"x12" Floor Tiles & mastic                                                                                                |  | 720 SF                                                                                                                                                                                                                                                         |  |
| Roof                                                                                                                                                                                                                          |  | Yes                                                                                                                                                                                                                                                   |  | No                                                                                                                                                                                                                                                                                 |  | N/A                                                                                                                                                                             |  | Miscellaneous Tar                                                                                                           |  | 80 SF                                                                                                                                                                                                                                                          |  |
| Name of Registered Waste Hauler<br>Service Transport Group Inc.                                                                                                                                                               |  | NJDEP Waste Hauler ID No.<br>20990                                                                                                                                                                                                                    |  | Cubic Yards of Waste<br>TBD                                                                                                                                                                                                                                                        |  | Name of Registered Landfill<br>Minerva Enterprises, LLC                                                                                                                         |  | City, State<br>Waynesburg, Ohio                                                                                             |  | Disposal Date<br>TBD                                                                                                                                                                                                                                           |  |
| City, State<br>New Castle, Delaware                                                                                                                                                                                           |  | Title<br>Vice President                                                                                                                                                                                                                               |  | Signature                                                                                                                                                                                                                                                                          |  | Date<br>11/16/2018                                                                                                                                                              |  | Completed by<br>Predrag Sarcev                                                                                              |  |                                                                                                                                                                                                                                                                |  |



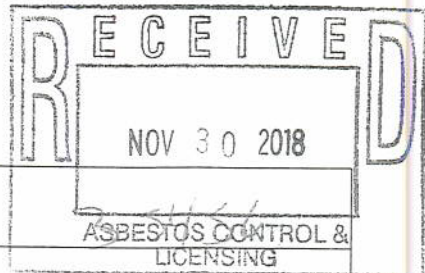
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                       |                                    |                                                         |        |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------|--------|-------------|-----------|
| Date of Notification (1)<br>11/16/2018                                                                                                                                                                                       |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>Lidl US, LLC                                                                                                                                                                                                                                                                                   |                                    |                                                         |        |             |           |
| Agencies Notified                                                                                                                                                                                                            | Type Notification                                                                                                                                                                                                                | Street Address<br>3500 South Clark Street                                                                                                                                                                                                                                                                                             |                                    |                                                         |        |             |           |
| <input type="checkbox"/> EPA<br><input checked="" 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 type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input checked="" type="checkbox"/> Cancellation | City, State, Zip Code<br>Arlington, VA 22202                                                                                                                                                                                                                                                                                          |                                    |                                                         |        |             |           |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | Name of Contact<br>Mr. Stephen Demico                                                                                                                                                                                                                                                                                                 | Telephone Number<br>(844) 747-5435 |                                                         |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                       |                                    |                                                         |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Property                                                                                                                                                 | Type of Facility (4)                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                       |                                    |                                                         |        |             |           |
| Street Address<br>[REDACTED]                                                                                                                                                                                                 | <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>Lacey Township                                                                                                                                                                                                   | Square Feet<br>2,000                                                                                                                                                                                                             | # of Floors<br>1                                                                                                                                                                                                                                                                                                                      | Bldg. Age<br>70                    |                                                         |        |             |           |
| County (6)<br>Ocean                                                                                                                                                                                                          | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                              | Current Use (Prior if being demolished)<br>Residential                                                                                                                                                                                                                                                                                |                                    |                                                         |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TBD                                                                                                                                                                   | ASCM No.                                                                                                                                                                                                                         | Name of Abatement Contractor (9)<br>Sky Contracting, LLC                                                                                                                                                                                                                                                                              |                                    |                                                         |        |             |           |
| Street Address                                                                                                                                                                                                               | Street Address<br>1385 Valley Road, Suite K                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                       |                                    |                                                         |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                        | City, State, Zip Code<br>Wayne, New Jersey 07470                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                       |                                    |                                                         |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                          | Telephone No.                                                                                                                                                                                                                    | Telephone No.<br>(973) 928-5040                                                                                                                                                                                                                                                                                                       | License No.<br>00874               |                                                         |        |             |           |
| Start Date (10)                                                                                                                                                                                                              | Scheduled Completion Date (11)                                                                                                                                                                                                   | Name of OSHA Monitor<br>Sky Contracting, LLC                                                                                                                                                                                                                                                                                          |                                    |                                                         |        |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                           |                                                                                                                                                                                                                                  | Street Address<br>1385 Valley Road, Suite K                                                                                                                                                                                                                                                                                           |                                    |                                                         |        |             |           |
| <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: |                                                                                                                                                                                                                                  | City, State, Zip Code<br>Wayne, New Jersey 07470                                                                                                                                                                                                                                                                                      |                                    |                                                         |        |             |           |
| 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 type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><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)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                                                                                        | Amount (Specify SF or LF)          | Abatement Type                                          |        |             |           |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                       |                                    | Removal                                                 | Repair | Encapsulate | Enclosure |
| Kitchen                                                                                                                                                                                                                      | Yes No N/A                                                                                                                                                                                                                       | Sink Undercoat                                                                                                                                                                                                                                                                                                                        | 4 SF                               | x                                                       |        |             |           |
| Beneath Exterior Roof                                                                                                                                                                                                        | Yes No N/A                                                                                                                                                                                                                       | Drain Pipe                                                                                                                                                                                                                                                                                                                            | 10 SF                              | x                                                       |        |             |           |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                       |                                    |                                                         |        |             |           |
| Name of Registered Waste Hauler<br>Service Transport Group, Inc.                                                                                                                                                             |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br>20990                                                                                                                                                                                                                                                                                                    | Cubic Yards of Waste<br>TBD        | Name of Registered Landfill<br>Minerva Enterprises, LLC |        |             |           |
| City, State<br>New Castle, Delaware                                                                                                                                                                                          |                                                                                                                                                                                                                                  | Disposal Date<br>TBD                                                                                                                                                                                                                                                                                                                  |                                    | City, State<br>Waynesburg, Ohio                         |        |             |           |
| Completed by<br>Predrag Sarcev                                                                                                                                                                                               |                                                                                                                                                                                                                                  | Title<br>Vice President                                                                                                                                                                                                                                                                                                               | Signature<br>                      | Date<br>11/16/2018                                      |        |             |           |



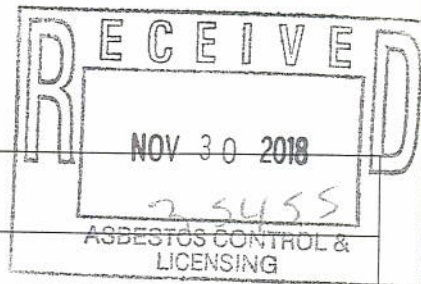
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                |                                         |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>11 / 27 / 18                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>Katsianis Brothers, LLC                                                                                                                                                               |                                                                |                                         |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<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>700-3 Old Shore Road                         |                                         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              | City, State, Zip Code<br>Forked River, NJ 08731                |                                         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Name of Contact<br>Spyro                                                                                                                                                                                                     | Telephone Number<br>732-496-1691                               |                                         |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                |                                         |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | 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>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                |                                         |                          |                          |                          |
| City (5)<br>North Beach Haven                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Square Feet<br>1250 sf                                                                                                                                                                                                       | # of Floors<br>1                                               |                                         |                          |                          |                          |
| County (6)<br>Ocean                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Bldg. Age<br>65                                                                                                                                                                                                              |                                                                |                                         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | County Code (7) (STATE USE ONLY)<br>Residence                                                                                                                                                                                |                                                                |                                         |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | ASCM No.                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc. |                                         |                          |                          |                          |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Street Address<br>1889 Route 9, Unit 61                                                                                                                                                                                      |                                                                |                                         |                          |                          |                          |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Toms River, New Jersey 08755                                                                                                                                                                        |                                                                |                                         |                          |                          |                          |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Telephone No.<br>732-349-9932                                                                                                                                                                                                | License No.<br>00624                                           |                                         |                          |                          |                          |
| Start Date (10)<br>12 / 07 / 18                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Scheduled Completion Date (11)<br>12 / 10 / 18                                                                                                                                                                               |                                                                |                                         |                          |                          |                          |
| 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 Time of Abatement: ____ AM-____ PM/____ PM-____ AM                                                                                                                                                                 |                                                                                                                                                                                                                                    | Name of OSHA Monitor<br>E.M.S.L. Analytical                                                                                                                                                                                  |                                                                |                                         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Street Address<br>1056 Stelton                                                                                                                                                                                               |                                                                |                                         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Piscataway, New Jersey 08854                                                                                                                                                                        |                                                                |                                         |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                |                                         |                          |                          |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><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>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                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                | Removal                                 | Repair                   | Encapsulate              | Enclosure                |
| exterior                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>                                                                                                                                   | asbestos siding                                                                                                                                                                                                              | 1250 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"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <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>Guardian Contracting, Inc.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br>20223                                                                                                                                                                                           | Cubic Yards of Waste<br>3                                      | Name of Registered Landfill<br>T.R.R.F. |                          |                          |                          |
| City, State<br>Toms River, New Jersey                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Disposal Date<br>12/10/18                                                                                                                                                                                                    |                                                                | City, State<br>Tullytown, Pennsylvania  |                          |                          |                          |
| Completed By (Print or Type)<br>Nicholas Fernicola                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Title<br>Project Manager                                                                                                                                                                                                     |                                                                | Signature<br>[Signature]                |                          | Date<br>11/27/18         |                          |



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



|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |                                               |                                                |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>11 / 2 / 18</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><b>Timster Trucking</b>                                                                                                                                                                               |                                               |                                                |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (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>128 Bartlett Avenue</b>                                                                                                                                                                                                 |                                               |                                                |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>West Creek, NJ 08092</b>                                                                                                                                                                                         |                                               |                                                |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | Name of Contact<br><b>Linda</b>                                                                                                                                                                                                              | Telephone Number<br><b>609-294-4900</b>       |                                                |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |                                               |                                                |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</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>[REDACTED]                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Square Feet<br><b>2000</b>                                                                                                                                                                                                                   |                                               |                                                |                          |                          |                          |
| City (5)<br><b>Beach Haven</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | # of Floors<br><b>2</b>                                                                                                                                                                                                                      |                                               |                                                |                          |                          |                          |
| County (6)<br><b>Ocean</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Bldg. Age<br><b>65</b>                                                                                                                                                                                                                       |                                               |                                                |                          |                          |                          |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Current Use (Prior if being demolished)<br><b>Residence</b>                                                                                                                                                                                  |                                               |                                                |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>                                                                                                                                                                                                                                      | ASCM No.                                                                                                                                                                                                                           | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                        |                                               |                                                |                          |                          |                          |
| Street Address                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                               |                                               |                                                |                          |                          |                          |
| City, State, Zip Code                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                                 |                                               |                                                |                          |                          |                          |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Telephone No.<br><b>732-349-9932</b>                                                                                                                                                                                                         | License No.<br><b>00624</b>                   |                                                |                          |                          |                          |
| Start Date (10)<br><b>12 / 07 / 18</b>                                                                                                                                                                                                                                                                 | Scheduled Completion Date (11)<br><b>12 / 10 / 18</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 Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM |                                                                                                                                                                                                                                    | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                                                                                                                                                                                           |                                               |                                                |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                              |                                                                                                                                                                                                                                    | <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><b>TO BE ABATED IN Facility (13)</b>                                                                                                                                                                                                                 | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                                                | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                 | Amount (Specify SF or LF)<br><b>2200 sf</b>   | Abatement Type                                 |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |                                               | Removal                                        | Repair                   | Encapsulate              | Enclosure                |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |                                               | <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"/> |
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>20223</b>                                                                                                                                                                                                    | Cubic Yards of Waste<br><b>3</b>              | Name of Registered Landfill<br><b>T.R.R.F.</b> |                          |                          |                          |
| City, State<br><b>Toms River, New Jersey</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Disposal Date<br><b>12/10/18</b>                                                                                                                                                                                                             | City, State<br><b>Tullytown, Pennsylvania</b> |                                                |                          |                          |                          |
| Completed By (Print or Type)<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Title<br><b>Project Manager</b>                                                                                                                                                                                                              | Signature<br>                                 | Date<br><b>11/27/18</b>                        |                          |                          |                          |

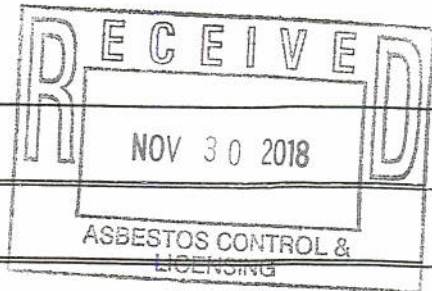
\* Do not use this form for asbestos licensure exempted activities.



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 18-252

PAID



Date of Notification (1)  
11/12/2018

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification  
☒ Initial  
☐ Amended  
Amendment #:  
☐ Emergency  
(including justification)  
☐ Cancellation

Name of Building Owner/Operator (2)

JULIAN HALISEK

Street Address

City, State, Zip Code

MAPLEWOOD, NJ 07040

Name of Contact

JULIAN HALISEK

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

JULIAN HALISEK

Street Address

City (5)

MAPLEWOOD

Name of Monitoring Firm Hired by Bldg. Owner (8)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Start Date (10)

12/05/1818

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
Describe:  
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf  
☐ ≥160 sf or ≥260 lf
- ☒ Renovation  
☐ Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

Is location normally used solely for maintenance/custodial staff (12)

Yes No N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

| Remove                              | Repair                   | Encap                    | Encl                     |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |

GARAGE

duct INSULATION

14 SQ FT

Registered Waste Hauler  
D & S RESTORATION, INC.

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
1 yd

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATERSON, NJ 07503

Disposal Date

12/06/18

City, State

TULLYTOWN, PA

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

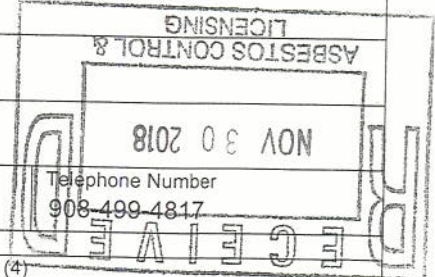
11/20/2018



PAID

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

Check 18285



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                                          |                                     |                                                                                                                                |                           |                |                  |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1)<br>11/26/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | Name of Building Owner/Operator (2)<br>SP Construction & Son, LLC                                                                                                                                                                                        |                                     |                                                                                                                                |                           |                |                  |             |           |
| Agencies Notified<br><input checked="" 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                       |                                     |                                                                                                                                |                           |                |                  |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>home                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | Street Address<br>41 Largo Lane<br>City, State, Zip Code<br>Clark, NJ 07066<br>Name of Contact<br>Steve Pelardis                                                                                                                                         |                                     |                                                                                                                                |                           |                |                  |             |           |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | <b>FACILITY INFORMATION</b><br>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 & commercial buildings, homes, etc.) |                                     |                                                                                                                                |                           |                |                  |             |           |
| City (5)<br>Metuchen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | County (6)<br>Middlesex                                               | Square Feet<br>2500                                                                                                                                                                                                                                      | # of Floors<br>2<br>Bldg. Age<br>70 |                                                                                                                                |                           |                |                  |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Street Address<br>City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | County Code (7)<br>(STATE USE ONLY) _____<br>Current Use (Prior if being demolished)<br>home                                                                                                                                                             |                                     |                                                                                                                                |                           |                |                  |             |           |
| Project Manager for Monitoring Firm<br>Telephone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC<br>Street Address<br>4 E Gate Drive, PO Box 483<br>City, State, Zip Code<br>Glenwood, NJ 07418<br>Telephone No.<br>973-764-2276<br>License No.<br>703                                |                                     |                                                                                                                                |                           |                |                  |             |           |
| Start Date (10)<br>12/4/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Scheduled Completion Date (11)<br>12/18/18                            | 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: exterior                                                                                                                                                                                                     |                                                                       | Street Address<br>City, State, Zip Code                                                                                                                                                                                                                  |                                     |                                                                                                                                |                           |                |                  |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><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>TO BE ABATED 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 |
| exterior                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                          | x                                   | siding                                                                                                                         | 450 SF                    | x              |                  |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                                          |                                     |                                                                                                                                |                           |                |                  |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                                          |                                     |                                                                                                                                |                           |                |                  |             |           |
| Name of Registered Waste Hauler<br>Tonys Cleanup & Hauling                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | NJDEP Waste Hauler ID No.<br>17787                                                                                                                                                                                                                       | Cubic Yards of Waste<br>TBD         | Name of Registered Landfill<br>Chrin Brothers Sanitary Landfill                                                                |                           |                |                  |             |           |
| City, State<br>Bridgewater, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | Disposal Date<br>TBD                                                                                                                                                                                                                                     |                                     | City, State<br>Easton PA                                                                                                       |                           |                |                  |             |           |
| Completed by<br>A. Scott Higgins                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | Title<br>President                                                                                                                                                                                                                                       |                                     | Signature<br>                                                                                                                  |                           |                | Date<br>11/26/18 |             |           |



2018-11-26 14:00

Shade Environmental 1 &gt;&gt; 609 633 0664

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 8:16)

ASBESTOS CONTROL &  
 LICENSING

P 2/4

NOV 0 2018

CK5288 PAID

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1)<br>11 / 26 / 18                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>Eunice Morris                                                                                                                                                                         |                                                                                                                                |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 8:23-8)                                                                                                                                                                                                                                                                                   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                              | Street Address<br>[REDACTED]                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              | City, State, Zip Code<br>Willingboro, NJ 08046                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              | Name of Contact<br>Eunice Morris                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              | Telephone Number                                                                                                               |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                |
| Name of Facility Where Abatement is Taking Place (3)<br>Morris Residence                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Substructure (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                                                                                |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                               | Squares Feet<br>1,400                                                                                                                                                                                                        |                                                                                                                                |
| City (5)<br>Willingboro                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                               | # of Floors<br>2                                                                                                                                                                                                             |                                                                                                                                |
| County (6)<br>Burlington                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               | Bldg. Age<br>70                                                                                                                                                                                                              |                                                                                                                                |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                               | Current Use (Prior if being demolished)<br>Residence                                                                                                                                                                         |                                                                                                                                |
| Name of Monitoring Firm<br>Enviro. Consulting Services                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                               | ASDM No.                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>Shade Environmental, LLC                                                                   |
| Street Address<br>PO Box 341                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                               | Street Address<br>623 Cutler Avenue                                                                                                                                                                                          |                                                                                                                                |
| City, State, Zip Code<br>Chesterfield, NJ 08615                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               | City, State, Zip Code<br>Maple Shade, NJ 08052                                                                                                                                                                               |                                                                                                                                |
| Project Manager<br>Bill Weisgarber                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                               | Telephone No.<br>609-298-4070                                                                                                                                                                                                | Telephone No.<br>856-755-0098                                                                                                  |
| License No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               | License No.<br>00842                                                                                                                                                                                                         |                                                                                                                                |
| Start Date (10)<br>11 / 2 / 18                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                               | Scheduled Completion Date (11)<br>11 / 28 / 18                                                                                                                                                                               |                                                                                                                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                               | Street Address<br>200 Route 130 North<br>City, State, Zip Code<br>Cinnaminson, NJ 08037                                                                                                                                      |                                                                                                                                |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> <160 sf or <26 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><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 (i.e., and Non-Frangible Procedure) |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                |
| Location of Asbestos-Containing Material (ACM) in Facility (13)<br>TOILET                                                                                                                                                                                                                                                                                                                                                                                                               | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)                                                                                                                                                                      |                                                                                                                                                                                                                              | Description of Asbestos Containing Material (14)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes                                                                                                                                                                                                                                           | No                                                                                                                                                                                                                           |                                                                                                                                |
| Living Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                          | Floor Tile and Mastic                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <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>Freehold Cargo                                                                                                                                                                                                                                                                                                                                                                                                                                       | NJDEP Waste Hauler ID No.<br>15838                                                                                                                                                                                                            | Cubic Yards of Waste<br>1                                                                                                                                                                                                    | Name of Registered Landfill<br>Freehold Landfill                                                                               |
| City, State<br>Freehold, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Disposal Date<br>11/28/2018                                                                                                                                                                                                                   | City, State<br>Morrisville, PA                                                                                                                                                                                               |                                                                                                                                |
| Completed By (Print Name)<br>Christina Lynn                                                                                                                                                                                                                                                                                                                                                                                                                                             | Title<br>Vice President of Operations                                                                                                                                                                                                         | Signature<br>[Signature]                                                                                                                                                                                                     | Date<br>11/26/18                                                                                                               |

ASB-41  
 JAN 17

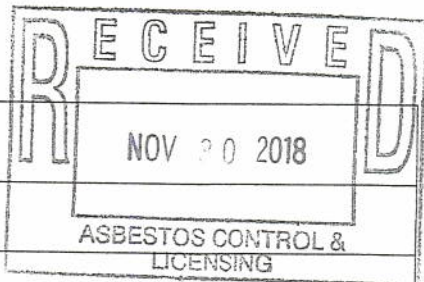
\* Do not use this form for asbestos licensure exempted activities.



OK 27717

**PAID**  
**PAT**

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



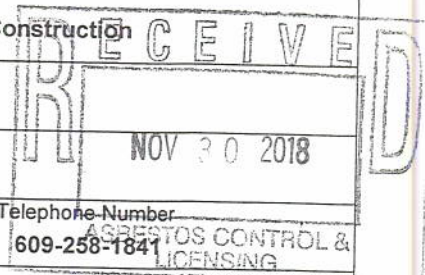
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                   |                                                 |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>11 / 2 / 18                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>Provco Sicklerville LLC.                                                                                                                                                              |                                   |                                                 |                          |                          |                          |
| 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 (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>795 E. Lancaster Avenue                                                                                                                                                                                    |                                   |                                                 |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Villanova Pa. 19085                                                                                                                                                                                 |                                   |                                                 |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | Name of Contact<br>Rich Rycharski                                                                                                                                                                                            | Telephone Number<br>215-2805876   |                                                 |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                   |                                                 |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Vacant Building                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | 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>3421 Black Horse Pike                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Square Feet<br>20,000                                                                                                                                                                                                        |                                   |                                                 |                          |                          |                          |
| City (5)<br>Sicklerville                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | # of Floors<br>1                                                                                                                                                                                                             | Bldg. Age<br>+/- 70               |                                                 |                          |                          |                          |
| County (6)<br>Gloucester                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | County Code (7) (STATE USE ONLY)<br>Current Use (Prior if being demolished)<br>Vacant                                                                                                                                        |                                   |                                                 |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Health & Safety Services                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | Name of Abatement Contractor (9)<br>USA Environmental Management, Inc.                                                                                                                                                       |                                   |                                                 |                          |                          |                          |
| Street Address<br>PO Box 365                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Street Address<br>8436 Enterprise Avenue                                                                                                                                                                                     |                                   |                                                 |                          |                          |                          |
| City, State, Zip Code<br>Berlin, NJ 08009                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Philadelphia, PA 19153                                                                                                                                                                              |                                   |                                                 |                          |                          |                          |
| Project Manager for Monitoring Firm<br>James Proctor                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Telephone No.<br>856-452-1311                                                                                                                                                                                                | Telephone No.<br>215-365-5810     |                                                 |                          |                          |                          |
| Start Date (10)<br>12 / 10 / 18                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | Scheduled Completion Date (11)<br>12 / 26 / 18                                                                                                                                                                               | License No.<br>1156               |                                                 |                          |                          |                          |
| 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 Time of Abatement: 7:00 AM-11:00PM/ _____ PM- _____ AM |                                                                                                                                                                                                                                    | Name of OSHA Monitor<br>USA Environmental Management, Inc.                                                                                                                                                                   |                                   |                                                 |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf                                                                                                                                                              |                                                                                                                                                                                                                                    | Street Address<br>8436 Enterprise Avenue                                                                                                                                                                                     |                                   |                                                 |                          |                          |                          |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Philadelphia, PA 19153                                                                                                                                                                              |                                   |                                                 |                          |                          |                          |
| <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)<br>Yes No N/A                                                                                                                                                | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                 | Amount (Specify SF or LF)         | Abatement Type                                  |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                   | Removal                                         | Repair                   | Encapsulate              | Enclosure                |
| Upper Roof                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                                                                              | Tar Flashing Non Friable                                                                                                                                                                                                     | 1500 SF                           | <input checked="" type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lower Roof                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                                                                              | Tar Sealants Non Friable                                                                                                                                                                                                     | 500                               | <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>Service Transport                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.                                                                                                                                                                                                    | Cubic Yards of Waste<br>30        | Name of Registered Landfill<br>Minerva Landfill |                          |                          |                          |
| City, State<br>New Castle De.                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Disposal Date<br>12-26-18                                                                                                                                                                                                    |                                   | City, State<br>Waynesburg OH.                   |                          |                          |                          |
| Completed By (Print or Type)<br>Kevin Meldrum                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Title<br>Project Manager                                                                                                                                                                                                     | Signature<br><i>Kevin Meldrum</i> | Date<br>November 26, 2018                       |                          |                          |                          |



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

*Pg 2*  
*Ch # 3473*

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1)<br>9 / 2 / 18                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)<br>Princeton University-Office of Design and Construction                                                                                                                                |                                                                                                                              |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                                                                          | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #2-11/27/18<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>200 Elm Dr.                                                                                                                                                                                                |                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            | City, State, Zip Code<br>Princeton, NJ 08544                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name of Contact<br>Robert Ortego                                                                                                                                                                                                       | Telephone Number<br>609-258-1841                                                                                                                                                                                             |                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FACILITY INFORMATION</b>                                                                                                                                                                                                            |                                                                                                                                                                                                                              |                                                                                                                              |
| Name of Facility Where Abatement is Taking Place (3)<br>Princeton University-Jadwin Hall 4 <sup>th</sup> Floor                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                                                                              |
| Street Address<br>Washington Rd                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | Square Feet                                                                                                                                                                                                                  | # of Floors<br>70                                                                                                            |
| City (5)<br>Princeton                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        | Bldg. Age                                                                                                                                                                                                                    |                                                                                                                              |
| County (6)<br>MERCER                                                                                                                                                                                                                                                                                                                                                                                                                       | County Code (7)(STATE USE ONLY)                                                                                                                                                                                                        | Current Use (Prior if being demolished)<br>Office/Classrooms                                                                                                                                                                 |                                                                                                                              |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental Inc                                                                                                                                                                                                                                                                                                                                                               | ASCM No.<br>00003                                                                                                                                                                                                                      | Name of Abatement Contractor (9)<br>BRISTOL ENVIRONMENTAL, INC.                                                                                                                                                              |                                                                                                                              |
| Street Address<br>1253 North Church Rd                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        | Street Address<br>1123 BEAVER STREET                                                                                                                                                                                         |                                                                                                                              |
| City, State, Zip Code<br>Moorestown, NJ 08057                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | City, State, Zip Code<br>BRISTOL, PA 19007                                                                                                                                                                                   |                                                                                                                              |
| Project Manager for Monitoring Firm<br>Michael Keehn                                                                                                                                                                                                                                                                                                                                                                                       | Telephone No.<br>609-386-8800                                                                                                                                                                                                          | Telephone No.<br>215-788-6040                                                                                                                                                                                                | License No.<br>00509                                                                                                         |
| Start Date (10)<br>11 / 28 / 18                                                                                                                                                                                                                                                                                                                                                                                                            | Scheduled Completion Date (11)<br>11 / 30 / 18                                                                                                                                                                                         | Name of OSHA Monitor<br>BRISTOL ENVIRONMENTAL, INC.                                                                                                                                                                          |                                                                                                                              |
| 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 - Describe<br>Time of Abatement: 7:00 AM-3:30 PM / ____ PM- ____ AM                                                                                                                                              |                                                                                                                                                                                                                                        | Street Address<br>1123 BEAVER STREET                                                                                                                                                                                         |                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        | City, State, Zip Code<br>BRISTOL, PA 19007                                                                                                                                                                                   |                                                                                                                              |
| 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 checked="" 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)<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) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                                                                                                                                                                                                                                    | No                                                                                                                                                                                                                           |                                                                                                                              |
| Work area #4(Labs 452, 453 & 456)                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                     | Floortile and mastic                                                                                                         |
| Work area #5(Labs 440 & 442)                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                     | Floortile and mastic                                                                                                         |
| Room B16                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                               | <input checked="" type="checkbox"/>                                                                                                                                                                                          | Pipe Fittings (Wrap & Cut)                                                                                                   |
| Rooms 452, 460, 476                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                               | <input checked="" type="checkbox"/>                                                                                                                                                                                          | Pipe Fittings (Wrap & Cut)                                                                                                   |
| Name of Registered Waste Hauler<br>BRISTOL ENVIRONMENTAL, INC.                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br>18706                                                                                                                                                                                           | Cubic Yards of Waste                                                                                                         |
| City, State<br>BRISTOL, PA 19007                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | Disposal Date                                                                                                                                                                                                                | Name of Registered Landfill<br>FAIRLESS LANDFILL                                                                             |
| Completed By (Print or Type)<br>Brian Scafiro                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | Title<br>Estimator                                                                                                                                                                                                           | Signature<br><i>Brian Scafiro</i> / <i>jl</i>                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              | Date<br>11/27/18                                                                                                             |



ASB-41  
MAY 11  
*BS 18118*  
*\* \* \* NOV. 30*

\* Do not use this form for asbestos licensure exempted activities.  
**PROJECT WILL GO BACK ON HOLD**



Pg 2

Construction RECEIVED

NOV 30 2018

Telephone Number 609-258-1841

ASBESTOS CONTROL & LICENSING



Pg 2

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

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              |                                          |                          |                                                         |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------|---------------------------------------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>9</u> / <u>2</u> / <u>18</u>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                | Name of Building Owner/Operator (2)<br><b>Princeton University-Office of Design and Construction</b>                                                                                                                                         |                                                                                                                                                                                                                              |                                          |                          |                                                         |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                        | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # <u>1-10/24/18</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                                                                                                                                                                              | Street Address<br><b>200 Elm Dr.</b><br>City, State, Zip Code<br><b>Princeton, NJ 08544</b><br>Name of Contact<br><b>Robert Ortego</b><br>Telephone Number<br><b>609-258-1841</b>                                            |                                          |                          |                                                         |                          |                          |
|                                                                                                                                                                                                                                                                                                          | <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              |                                          |                          |                                                         |                          |                          |
|                                                                                                                                                                                                                                                                                                          | Name of Facility Where Abatement is Taking Place (3)<br><b>Princeton University-Adwin Hall 4<sup>th</sup> Floor</b>                                                                                                                            |                                                                                                                                                                                                                                              | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                          |                          |                                                         |                          |                          |
| Street Address<br><b>Washington Rd</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                | Square Feet                                                                                                                                                                                                                                  | # of Floors                                                                                                                                                                                                                  |                                          |                          |                                                         |                          |                          |
| City (5)<br><b>Princeton</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                | Bldg. Age<br><b>70</b>                                                                                                                                                                                                                       |                                                                                                                                                                                                                              |                                          |                          |                                                         |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                             |                                                                                                                                                                                                                              |                                          |                          |                                                         |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>TTI Environmental Inc</b>                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                | ASCM No.<br><b>00003</b>                                                                                                                                                                                                                     |                                                                                                                                                                                                                              |                                          |                          |                                                         |                          |                          |
| Street Address<br><b>1253 North Church Rd</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                       |                                                                                                                                                                                                                              |                                          |                          |                                                         |                          |                          |
| City, State, Zip Code<br><b>Moorestown, NJ 08057</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                              |                                          |                          |                                                         |                          |                          |
| Project Manager for Monitoring Firm<br><b>Michael Keehn</b>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                         |                                                                                                                                                                                                                              |                                          |                          |                                                         |                          |                          |
| Start Date (10)<br><u>10</u> / <u>8</u> / <u>18</u>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                | Scheduled Completion Date (11)<br><u>ON HOLD</u>                                                                                                                                                                                             |                                                                                                                                                                                                                              |                                          |                          |                                                         |                          |                          |
| 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 - Describe<br>Time of Abatement: <u>7:00</u> <u>PM</u> - <u>3:30</u> <u>PM</u> |                                                                                                                                                                                                                                                | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                                   |                                                                                                                                                                                                                              |                                          |                          |                                                         |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                |                                                                                                                                                                                                                                                | <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><b>TO BE ABATED IN Facility (13)</b>                                                                                                                                                                                                                   | 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                |                          |
|                                                                                                                                                                                                                                                                                                          | Workarea #4(Labs 452, 453 & 456)                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                          | Workarea #5(Labs 440 & 442)                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              | <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"/> |
| Name of Registered Waste Hauler<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                | NJDEP Waste Hauler ID No.<br><b>18706</b>                                                                                                                                                                                                    |                                                                                                                                                                                                                              | Cubic Yards of Waste                     |                          | Name of Registered Landfill<br><b>FAIRLESS LANDFILL</b> |                          |                          |
| City, State<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                | Disposal Date                                                                                                                                                                                                                                |                                                                                                                                                                                                                              | City, State<br><b>FAIRLESS HILLS, PA</b> |                          |                                                         |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                | Title<br><b>Estimator</b>                                                                                                                                                                                                                    |                                                                                                                                                                                                                              | Signature<br><i>Brian Scafiro</i>        |                          | Date<br><u>10/24/18</u>                                 |                          |                          |



Pg. 1

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

Chk# 3443

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1)<br>9 / 21 / 18                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>Princeton University-Office of Design and Construction                                                                                                                                |                                                                                                                              |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA 9210<br><input checked="" type="checkbox"/> DOLWD 9234<br><input checked="" type="checkbox"/> DHSS 9227<br><input checked="" type="checkbox"/> DCA 9203<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>200 Elm Dr.                                                                                                                                                                                                |                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Princeton, NJ 08544                                                                                                                                                                                 |                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Name of Contact<br>Robert Ortego                                                                                                                                                                                             | Telephone Number<br>609-258-1841                                                                                             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                              |
| Name of Facility Where Abatement is Taking Place (3)<br>Princeton University-Jadwin Hall 4 <sup>th</sup> Floor                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                                                                              |
| Street Address<br>Washington Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | Square Feet                                                                                                                                                                                                                  | # of Floors<br>70                                                                                                            |
| City (5)<br>Princeton                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | Bldg. Age                                                                                                                                                                                                                    |                                                                                                                              |
| County (6)<br>MERCER                                                                                                                                                                                                                                                                                                                                                                                                                                                               | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                   | Current Use (Prior if being demolished)<br>Office/Classrooms                                                                                                                                                                 |                                                                                                                              |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental Inc                                                                                                                                                                                                                                                                                                                                                                                                       | ASCM No.<br>00003                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>BRISTOL ENVIRONMENTAL, INC.                                                                                                                                                              |                                                                                                                              |
| Street Address<br>1253 North Church Rd                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Street Address<br>1123 BEAVER STREET                                                                                                                                                                                         |                                                                                                                              |
| City, State, Zip Code<br>Moorestown, NJ 08057                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | City, State, Zip Code<br>BRISTOL, PA 19007                                                                                                                                                                                   |                                                                                                                              |
| Project Manager for Monitoring Firm<br>Michael Keehn                                                                                                                                                                                                                                                                                                                                                                                                                               | Telephone No.<br>609-386-8800                                                                                                                                                                                                      | Telephone No.<br>215-788-6040                                                                                                                                                                                                | License No.<br>00509                                                                                                         |
| Start Date (10)<br>10 / 8 / 18                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Scheduled Completion Date (11)<br>2 / 3 / 19                                                                                                                                                                                       | Name of OSHA Monitor<br>BRISTOL ENVIRONMENTAL, INC.                                                                                                                                                                          |                                                                                                                              |
| 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 - Describe Time of Abatement: 7:00A / 1-3:30PM / _____ PM- _____ AM                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Street Address<br>1123 BEAVER STREET                                                                                                                                                                                         |                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | City, State, Zip Code<br>BRISTOL, PA 19007                                                                                                                                                                                   |                                                                                                                              |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" 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)<br>TO BE ABATED<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) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                                                                                                                                                                                                                                | No                                                                                                                                                                                                                           |                                                                                                                              |
| Workarea #1 (Labs 472, 473 & 474)                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                     | Floortile and mastic                                                                                                         |
| Workarea #2 (Labs 468, 469 & 476)                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                     | Floortile and mastic                                                                                                         |
| Workarea #2 (Labs 468, 469 & 476)                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                     | Pipe saddles                                                                                                                 |
| Workarea #3 (Lab 462)                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                     | Floortile and mastic                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              | Amount (Specify SF or LF)<br>620 SF<br>2,260 SF<br>4 ea<br>100 SF                                                            |
| Name of Registered Waste Hauler<br>BRISTOL ENVIRONMENTAL, INC.                                                                                                                                                                                                                                                                                                                                                                                                                     | NJDEP Waste Hauler ID No.<br>18706                                                                                                                                                                                                 | Cubic Yards of Waste                                                                                                                                                                                                         | Name of Registered Landfill<br>FAIRLESS LANDFILL                                                                             |
| City, State<br>BRISTOL, PA 19007                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | Disposal Date                                                                                                                                                                                                                | City, State<br>FAIRLESS HILLS, PA                                                                                            |
| Completed By (Print or Type)<br>Brian Scafiro                                                                                                                                                                                                                                                                                                                                                                                                                                      | Title<br>Estimator                                                                                                                                                                                                                 | Signature<br>Brian Scafiro /gn                                                                                                                                                                                               | Date<br>9-21-18                                                                                                              |



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

Ch# 3443

|                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |                                                                                                                         |                                                  |                          |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>9 / 2 / 18                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>Princeton University-Office of Design and Construction                                                                                                                                                |                                                                                                                         |                                                  |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input checked="" 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 |                                                                                                                                                                                                                                              | <div style="border: 1px solid black; padding: 5px; float: right; text-align: center;"> RECEIVED<br/> NOV 30 2018 </div> |                                                  |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                | Street Address<br>200 Elm Dr.                                                                                                                                                                                                      |                                                                                                                                                                                                                                              | <div style="border: 1px solid black; padding: 5px; float: right; text-align: center;"> RECEIVED<br/> NOV 30 2018 </div> |                                                  |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                | City, State, Zip Code<br>Princeton, NJ 08544                                                                                                                                                                                       |                                                                                                                                                                                                                                              |                                                                                                                         |                                                  |                          |                          |                          |
| Name of Contact<br>Robert Ortego                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Telephone Number<br>609-258-1841                                                                                                                                                                                                             |                                                                                                                         |                                                  |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |                                                                                                                         |                                                  |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Princeton University-Johnston Hall 4th Floor                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |                                                                                                                         |                                                  |                          |                          |                          |
| Street Address<br>Washington Rd                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Square Feet                                                                                                                                                                                                                                  | # of Floors<br>70                                                                                                       |                                                  |                          |                          |                          |
| City (5)<br>Princeton                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Bldg. Age                                                                                                                                                                                                                                    |                                                                                                                         |                                                  |                          |                          |                          |
| County (6)<br>MERCER                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Current Use (Prior if being demolished)<br>Office/Classrooms                                                                                                                                                                                 |                                                                                                                         |                                                  |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TTI Environmental Inc                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    | ASCM No.<br>00003                                                                                                                                                                                                                            | Name of Abatement Contractor (9)<br>BRISTOL ENVIRONMENTAL, INC.                                                         |                                                  |                          |                          |                          |
| Street Address<br>1253 North Church Rd                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | Street Address<br>1123 BEAVER STREET                                                                                                                                                                                                         |                                                                                                                         |                                                  |                          |                          |                          |
| City, State, Zip Code<br>Moorestown, NJ 08057                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | City, State, Zip Code<br>BRISTOL, PA 19007                                                                                                                                                                                                   |                                                                                                                         |                                                  |                          |                          |                          |
| Project Manager for Monitoring<br>Michael Keehn                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Firm                                                                                                                                                                                                                                         | Telephone No.<br>215-788-6040                                                                                           |                                                  |                          |                          |                          |
| Start Date (10)<br>10 / 8 / 18                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Scheduled Completion Date (11)<br>2 / 3 / 19                                                                                                                                                                                                 | License No.<br>00509                                                                                                    |                                                  |                          |                          |                          |
| 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 - Describe<br>Time of Abatement: 7:00AM - 3:30PM / ____ PM - ____ AM |                                                                                                                                                                                                                                    | Name of OSHA Monitor<br>BRISTOL ENVIRONMENTAL, INC.                                                                                                                                                                                          |                                                                                                                         |                                                  |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf                                                                                                                                                      |                                                                                                                                                                                                                                    | <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>TO BE ABATED<br>IN Facility (13)                                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                                                | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                 | Amount (Specify SF or LF)                                                                                               | Abatement Type                                   |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                              |                                                                                                                         | Removal                                          | Repair                   | Encapsulate              | Enclosure                |
| Workarea #4(Labs 452, 453 & 456)                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                              | Floortile and mastic                                                                                                                                                                                                                         | 315 SF                                                                                                                  | <input checked="" type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workarea #5(Labs 440 & 442)                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                              | Floortile and mastic                                                                                                                                                                                                                         | 465 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>BRISTOL ENVIRONMENTAL, INC.                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br>18706                                                                                                                                                                                                           | Cubic Yards of Waste                                                                                                    | Name of Registered Landfill<br>FAIRLESS LANDFILL |                          |                          |                          |
| City, State<br>BRISTOL, PA 19007                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Disposal Date                                                                                                                                                                                                                                | City, State<br>FAIRLESS HILLS, PA                                                                                       |                                                  |                          |                          |                          |
| Completed By (Print or Type)<br>Brian Scafiro                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | Title<br>Estimator                                                                                                                                                                                                                           | Signature<br>Brian Scafiro / JS                                                                                         |                                                  | Date<br>9-21-18          |                          |                          |

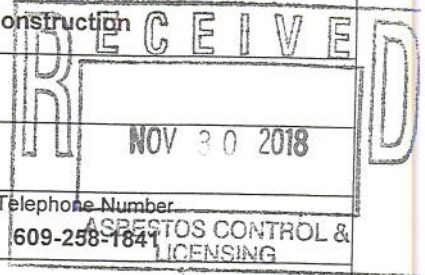


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*Pg 1*

*Ch # 3473*

**PAID**



|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                                        |                                                         |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>9 / 2 / 18</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                           | Name of Building Owner/Operator (2)<br><b>Princeton University-Office of Design and Construction</b>                                                                                                                                         |                                                                        |                                                         |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>2-11/27/18</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>200 Elm Dr.</b>                                                                                                                                                                                                         |                                                                        |                                                         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           | City, State, Zip Code<br><b>Princeton, NJ 08544</b>                                                                                                                                                                                          |                                                                        |                                                         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           | Name of Contact<br><b>Robert Ortego</b>                                                                                                                                                                                                      | Telephone Number<br><b>609-258-1841</b>                                |                                                         |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                                        |                                                         |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Princeton University-Judwin Hall 4th Floor</b>                                                                                                                                                                           |                                                                                                                                                                                                                                                           | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |                                                                        |                                                         |                          |                          |                          |
| Street Address<br><b>Washington Rd</b>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                           | Square Feet                                                                                                                                                                                                                                  | # of Floors<br><b>70</b>                                               |                                                         |                          |                          |                          |
| City (5)<br><b>Princeton</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                           | Bldg. Age                                                                                                                                                                                                                                    |                                                                        |                                                         |                          |                          |                          |
| County (6)<br><b>MERCER</b>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                           | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                             | Current Use (Prior if being demolished)<br><b>Office/Classrooms</b>    |                                                         |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>TTI Environmental Inc</b>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                           | ASCM No.<br><b>00003</b>                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b> |                                                         |                          |                          |                          |
| Street Address<br><b>1253 North Church Rd</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                           | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                                  |                                                                        |                                                         |                          |                          |                          |
| City, State, Zip Code<br><b>Moorestown, NJ 08057</b>                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                           | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                            |                                                                        |                                                         |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Michael Keehn</b>                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                           | Telephone No.<br><b>609-386-8800</b>                                                                                                                                                                                                         | Telephone No.<br><b>215-788-6040</b>                                   |                                                         |                          |                          |                          |
| Start Date (10)<br><b>11 / 28 / 18</b>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                           | Scheduled Completion Date (11)<br><b>11 / 30 / 18</b>                                                                                                                                                                                        | License No.<br><b>00509</b>                                            |                                                         |                          |                          |                          |
| 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 - Describe Time of Abatement: <b>7:00AM-3:30PM</b> PM- AM |                                                                                                                                                                                                                                                           | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                                   |                                                                        |                                                         |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf                                                                                                                   |                                                                                                                                                                                                                                                           | <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><b>TO BE ABATED IN Facility (13)</b>                                                                                                                                                                                              | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                                                                       | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                 | Amount (Specify SF or LF)                                              | Abatement Type                                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |                                                                        | Removal                                                 | Repair                   | Encapsulate              | Enclosure                |
| Workarea #1(Labs 472, 473 & 474)                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                     | Floortile and mastic                                                                                                                                                                                                                         | 620 SF                                                                 | <input checked="" type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workarea #2(Labs 468, 469 & 476)                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                     | Floortile and mastic                                                                                                                                                                                                                         | 2,260 SF                                                               | <input checked="" type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workarea #2(Labs 468, 469 & 476)                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                     | Pipe saddles                                                                                                                                                                                                                                 | 4 ea                                                                   | <input checked="" type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workarea #3(Lab 462)                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                     | Floortile and mastic                                                                                                                                                                                                                         | 100 SF                                                                 | <input checked="" type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                           | NJDEP Waste Hauler ID No.<br><b>18706</b>                                                                                                                                                                                                    | Cubic Yards of Waste                                                   | Name of Registered Landfill<br><b>FAIRLESS LANDFILL</b> |                          |                          |                          |
| City, State<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                           | Disposal Date                                                                                                                                                                                                                                | City, State<br><b>FAIRLESS HILLS, PA</b>                               |                                                         |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                           | Title<br><b>Estimator</b>                                                                                                                                                                                                                    | Signature<br><i>Brian Scafiro</i>                                      |                                                         | Date<br><b>11/27/18</b>  |                          |                          |

ASB-41  
MAY 11

*B 518118*

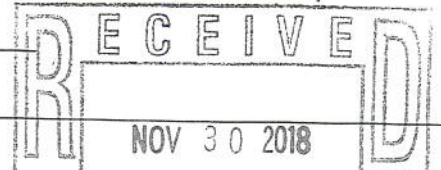
\* Do not use this form for asbestos licensure exempted activities.

**NOTE: NOV-30 PROJECT WILL GO BACK ON HOLD**



"OPEN NOTIFICATION"

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



ASBESTOS CONTROL & LICENSING

Telephone Number  
856-628-2477

FACILITY INFORMATION

Date of Notification (1)  
11/29/2018

Name of Building Owner/Operator (2)  
PSE&G

Agencies Notified

☐ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☒ Initial  
☒ Amended  
Amendment # 2  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
4000 HADLEY ROAD

City, State, Zip Code  
SOUTH PLAINFIELD, NJ 07068

Name of Contact  
JEFFREY GAZICK

Name of Facility Where Abatement is Taking Place (3)

PSE&G - ESSEX RR, MH 10 B & MH 118

Street Address  
183 RAYMOND BLVD.

City (5)  
NEWARK

County (6)  
ESSEX

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
N/A

# of Floors  
N/A

Bldg. Age  
N/A

Current Use (Prior if being demolished)  
N/A

Name of Monitoring Firm Hired by Building Owner (8)  
ENVIRONMENTAL TACTICS

ASCM No.  
0045

Name of Abatement Contractor (9)  
UNIQUE SYSTEMS OF AMERICA, INC.

Street Address  
64 BROAD STREET

Street Address  
396 WHITEHEAD AVE.

City, State, Zip Code  
MATAWAN, NJ 07747

City, State, Zip Code  
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm  
TOM GEIGER

Telephone No.  
732-290-2217

Telephone No.  
732-432-8350

License No.  
01111

Start Date (10)  
6/25/2018

Scheduled Completion Date (11)  
1/31/2019

Name of OSHA Monitor  
UNIQUE SYSTEMS OF AMERICA

Occupancy Status During Abatement (Check Only One)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other - Describe: OUTDOORS

Street Address  
396 WHITEHEAD AVE.

City, State, Zip Code  
SOUTH RIVER, NJ 08882

Scope of Work (Check All That Apply)

☒ ≥ 3 sf or ≥ 3 lf  
☐ ≥ 160 sf or ≥ 260 lf

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ 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)

Yes No N/A

Description of Asbestos Containing Material (ACM)  
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate Enclosure

OUTDOORS

X

PIPE SOMASTIC

200 LF

X

Name of Registered Waste Hauler  
WASTE MANAGEMENT

NJDEP Waste Hauler ID No.  
1125

Cubic Yards of Waste  
APPX 10

Name of Registered Landfill  
FAIRLESS

City, State  
ELIZABETH, NJ

Disposal Date  
TBD

City, State  
MORRISVILLE, PA

Completed by  
CAROL RAIMO

Title  
OFFICE MGR.

Signature

Carol Raimo

Date

11/29/2018



# "OPEN NOTIFICATION"

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

|                              |  |
|------------------------------|--|
| RECEIVED                     |  |
| NOV 30 2018                  |  |
| ASBESTOS CONTROL & LICENSING |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br>9/19/2016                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                                                   |  |
| 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 type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>4000 HADLEY ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068                                                                                                                                                                            |  |
| Name of Contact<br>JEFFREY GAZICK                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Telephone Number<br>856-628-2477                                                                                                                                                                                               |  |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                |  |
| Name of Facility Where Abatement is Taking Place (3)<br>PSE&G - ESSEX RR, MH 10B & MH 118                                                                                                                                                                                                                                                                                                                                                                                          |  | 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 & commercial buildings, homes, etc.)      |  |
| Street Address<br>183 RAYMOND BLVD.                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Square Feet<br>N/A                                                                                                                                                                                                             |  |
| City (5)<br>NEWARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | # of Floors<br>N/A                                                                                                                                                                                                             |  |
| County (6)<br>ESSEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Bldg. Age<br>N/A                                                                                                                                                                                                               |  |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Current Use (Prior if being demolished)<br>N/A                                                                                                                                                                                 |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TACTICS                                                                                                                                                                                                                                                                                                                                                                                                       |  | ASCM No.<br>0045                                                                                                                                                                                                               |  |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC.                                                                                                                                                            |  |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                           |  |
| Project Manager for Monitoring Firm<br>TOM GEIGER                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                 |  |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Telephone No.<br>732-290-2217                                                                                                                                                                                                  |  |
| Scheduled Completion Date (11)<br>11/30/2018                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Telephone No.<br>732-432-8350                                                                                                                                                                                                  |  |
| 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: OUTDOORS                                                                                                                                                                                        |  | License No.<br>01111                                                                                                                                                                                                           |  |
| Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                           |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><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 |  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                 |  |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED In Facility (13)<br>OUTDOORS                                                                                                                                                                                                                                                                                                                                                                                        |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A<br>X                                                                                                                                       |  |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                                                                                                                                                                                                                                        |  | Amount (Specify SF or LF)<br>200 LF                                                                                                                                                                                            |  |
| Abatement Type<br>Removal Repair Encapsulate Enclosure<br>X                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                |  |
| Name of Registered Waste Hauler<br>WASTE MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                |  | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                              |  |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Cubic Yards of Waste<br>APPX 10                                                                                                                                                                                                |  |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Name of Registered Landfill<br>FAIRLESS                                                                                                                                                                                        |  |
| Title<br>OFFICE MGR.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Disposal Date<br>TBD                                                                                                                                                                                                           |  |
| Signature<br>Carol Raimo                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | City, State<br>MORRISVILLE, PA                                                                                                                                                                                                 |  |
| Date<br>9/19/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                |  |



CK#9014

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

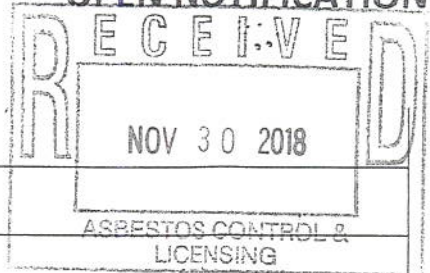
"OPEN NOTIFICATION"

| Date of Notification (1)<br>6/13/2018                                                                                                                                                                                                 |    | Name of Building Owner/Operator (2)<br>PSE&G                                                                                                                                                                                     |  | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED<br/>NOV 30 2018<br/>ASBESTOS CONTROL &amp; LICENSING </div>                                                                                                |    |                                                     |  |   |  |                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------|--|---|--|-------------------------------------|--|
| 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><input checked="" type="checkbox"/> DOH<br><input 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 |  |                                                                                                                                                                                                                                              |    | City, State, Zip Code<br>SOUTH PLAINFIELD, NJ 07068 |  |   |  |                                     |  |
| Name of Facility Where Abatement is Taking Place (3)<br>PSEG - ESSEX RR + MH 10B, MH 118                                                                                                                                              |    | FACILITY INFORMATION                                                                                                                                                                                                             |  | Name of Contact<br>JEFFREY GAZICK                                                                                                                                                                                                            |    |                                                     |  |   |  |                                     |  |
| Street Address<br>183 RAYMOND BLVD.                                                                                                                                                                                                   |    | Type of Facility (4)                                                                                                                                                                                                             |  | Telephone Number<br>856-628-2477                                                                                                                                                                                                             |    |                                                     |  |   |  |                                     |  |
| City (5)<br>NEWARK                                                                                                                                                                                                                    |    | <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.)                                |  |                                                                                                                                                                                                                                              |    |                                                     |  |   |  |                                     |  |
| County (6)<br>ESSEX                                                                                                                                                                                                                   |    | Square Feet<br>N/A                                                                                                                                                                                                               |  | # of Floors<br>N/A                                                                                                                                                                                                                           |    |                                                     |  |   |  |                                     |  |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                   |    | Current Use (Prior if being demolished)<br>N/A                                                                                                                                                                                   |  | Bldg. Age<br>N/A                                                                                                                                                                                                                             |    |                                                     |  |   |  |                                     |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>ENVIRONMENTAL TOXICS                                                                                                                                                           |    | ASCM No.<br>0045                                                                                                                                                                                                                 |  | Name of Abatement Contractor (9)<br>UNIQUE SYSTEMS OF AMERICA, INC                                                                                                                                                                           |    |                                                     |  |   |  |                                     |  |
| Street Address<br>64 BROAD STREET                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                  |  | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                                         |    |                                                     |  |   |  |                                     |  |
| City, State, Zip Code<br>MATAWAN, NJ 07747                                                                                                                                                                                            |    |                                                                                                                                                                                                                                  |  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                               |    |                                                     |  |   |  |                                     |  |
| Project Manager for Monitoring<br>TOM GEIGER                                                                                                                                                                                          |    | Firm                                                                                                                                                                                                                             |  | Telephone No.<br>732-290-2217                                                                                                                                                                                                                |    |                                                     |  |   |  |                                     |  |
| Start Date (10)<br>6/25/2018                                                                                                                                                                                                          |    | Telephone No.<br>732-432-8350                                                                                                                                                                                                    |  | License No.<br>01111                                                                                                                                                                                                                         |    |                                                     |  |   |  |                                     |  |
| Scheduled Completion Date (11)<br>9/30/2018                                                                                                                                                                                           |    | Name of OSHA Monitor<br>UNIQUE SYSTEMS OF AMERICA                                                                                                                                                                                |  |                                                                                                                                                                                                                                              |    |                                                     |  |   |  |                                     |  |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                    |    | Street Address<br>396 WHITEHEAD AVE.                                                                                                                                                                                             |  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882                                                                                                                                                                                               |    |                                                     |  |   |  |                                     |  |
| <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: OUTDOORS |    |                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                              |    |                                                     |  |   |  |                                     |  |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                  |    | <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 |    |                                                     |  |   |  |                                     |  |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                     |    |                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                              |    |                                                     |  |   |  |                                     |  |
| Location of Asbestos-Containing Material (ACM)<br>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)                                                                                                                  |    |                                                     |  |   |  |                                     |  |
| OUTDOORS                                                                                                                                                                                                                              |    | <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td>X</td> <td></td> </tr> </table>                                                                                                           |  | Yes                                                                                                                                                                                                                                          | No | N/A                                                 |  | X |  | Amount (Specify SF or LF)<br>200 LF |  |
| Yes                                                                                                                                                                                                                                   | No | N/A                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                              |    |                                                     |  |   |  |                                     |  |
|                                                                                                                                                                                                                                       | X  |                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                              |    |                                                     |  |   |  |                                     |  |
|                                                                                                                                                                                                                                       |    |                                                                                                                                                                                                                                  |  | PIPE SOMASTIC                                                                                                                                                                                                                                |    |                                                     |  |   |  |                                     |  |
|                                                                                                                                                                                                                                       |    |                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                              |    |                                                     |  |   |  |                                     |  |
|                                                                                                                                                                                                                                       |    |                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                              |    |                                                     |  |   |  |                                     |  |
|                                                                                                                                                                                                                                       |    |                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                              |    |                                                     |  |   |  |                                     |  |
| Name of Registered Waste Hauler<br>WAST MANAGEMENT                                                                                                                                                                                    |    | NJDEP Waste Hauler ID No.<br>1125                                                                                                                                                                                                |  | Cubic Yards of Waste<br>APPX. 10                                                                                                                                                                                                             |    |                                                     |  |   |  |                                     |  |
| City, State<br>ELIZABETH, NJ                                                                                                                                                                                                          |    | Disposal Date<br>TBD                                                                                                                                                                                                             |  | Name of Registered Landfill<br>FAIRLESS                                                                                                                                                                                                      |    |                                                     |  |   |  |                                     |  |
| Completed by<br>CAROL RAIMO                                                                                                                                                                                                           |    | Title<br>OFFICE MGR.                                                                                                                                                                                                             |  | Signature<br>Carol Raimo                                                                                                                                                                                                                     |    |                                                     |  |   |  |                                     |  |
|                                                                                                                                                                                                                                       |    |                                                                                                                                                                                                                                  |  | Date<br>6/13/2018                                                                                                                                                                                                                            |    |                                                     |  |   |  |                                     |  |



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

**"OPEN NOTIFICATION"**



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                                            |                |                           |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------|---------------------------|-------------|-----------|
| Date of Notification (1)<br><b>11/29/2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           | Name of Building Owner/Operator (2)<br><b>PSE&amp;G</b>                                                                                                                                                                   |                                                                            |                |                           |             |           |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                        | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # <b>2</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>4000 HADLEY ROAD</b>                                                                                                                                                                                 |                                                                            |                |                           |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>SOUTH PLAINFIELD, NJ 07068</b>                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                            |                |                           |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name of Contact<br><b>JEFFREY GAZICK</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                            |                |                           |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Telephone Number<br><b>856-628-2477</b>                                                                                                                                                                                                   |                                                                                                                                                                                                                           |                                                                            |                |                           |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                                            |                |                           |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE&amp;G - MH 12A &amp; MH 10</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 & commercial buildings, homes, etc.) |                                                                            |                |                           |             |           |
| Street Address<br><b>RR TRACKS OFF BLANCHARD ST.</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                           | Square Feet<br><b>N/A</b>                                                                                                                                                                                                 | # of Floors<br><b>N/A</b>                                                  |                |                           |             |           |
| City (5)<br><b>NEWARK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                           | Bldg. Age<br><b>N/A</b>                                                                                                                                                                                                   |                                                                            |                |                           |             |           |
| County (6)<br><b>ESSEX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                       | Current Use (Prior if being demolished)<br><b>N/A</b>                                                                                                                                                                     |                                                                            |                |                           |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ENVIRONMENTAL PRACTICES</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>                                       |                |                           |             |           |
| License No.<br><b>01111</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           | Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA</b>                                                                                                                                                                  |                                                                            |                |                           |             |           |
| Start Date (10)<br><b>6/25/2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                | Scheduled Completion Date (11)<br><b>1/31/2019</b>                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                                            |                |                           |             |           |
| 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: <b>OUTDOORS</b>                                                                                                                                                                                 |                                                                                                                                                                                                                                           | Street Address<br><b>396 WHITEHEAD AVE.</b>                                                                                                                                                                               |                                                                            |                |                           |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                           | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>                                                                                                                                                                     |                                                                            |                |                           |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><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><b>TO BE ABATED In Facility (13)</b>                                                                                                                                                                                                                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes    No    N/A                                                                                                                                                 | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                            | Amount (Specify SF or LF)<br><b>200 LF</b>                                 | Abatement Type |                           |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                                            | Removal        | Repair                    | Encapsulate | Enclosure |
| <b>OUTDOORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>X</b>                                                                                                                                                                                                                                  | <b>PIPE SOMASTIC</b>                                                                                                                                                                                                      | <b>200 LF</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>APPX 10</b>                                                                                                                                                                                    | Name of Registered Landfill<br><b>FAIRLESS</b>                             |                |                           |             |           |
| City, State<br><b>ELIZABETH, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                           | Disposal Date<br><b>TBD</b>                                                                                                                                                                                               | City, State<br><b>MORRISVILLE, PA</b>                                      |                |                           |             |           |
| Completed by<br><b>CAROL RAIMO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                           | Title<br><b>OFFICE MGR.</b>                                                                                                                                                                                               | Signature<br><i>Carol Raimo</i>                                            |                | Date<br><b>11/29/2018</b> |             |           |