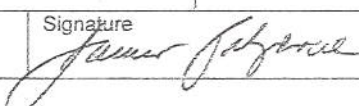


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|  |  |  |  |   |                |         |        |                    |           |
|--|--|--|--|---|----------------|---------|--------|--------------------|-----------|
| Date of Notification (1)<br>10/06/2015   |  | Name of Building Owner/Operator (2)<br>Matteo Appicella  |  |   |                |         |        |                    |           |
| Agencies Notified  | Type Notification  | Street Address<br>2 East Main St.  |  |   |                |         |        |                    |           |
| <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>Clinton, NJ 08809   |  |   |                |         |        |                    |           |
|  |  | Name of Contact<br>Matteo Appicella  | Telephone Number<br>5  |   |                |         |        |                    |           |
| <b>FACILITY INFORMATION</b>  |  |  |  |   |                |         |        |                    |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Private 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 & commercial buildings, homes, etc.)  |  |   |                |         |        |                    |           |
| Street Address<br>12-14 Leigh Street   |  | Square Feet<br>1500  | # of Floors<br>2   |   |                |         |        |                    |           |
| City (5)<br>Clinton  |  | Bldg. Age<br>50+   |  |   |                |         |        |                    |           |
| County (6)<br>Hunterdon  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>House   |  |   |                |         |        |                    |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | Name of Abatement Contractor (9)<br>Bako Construction & Restoration, Inc.  |  |   |                |         |        |                    |           |
| Street Address   |  | Street Address<br>265A Route 46 Suite 3D   |  |   |                |         |        |                    |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Totowa, NJ 07512  |  |   |                |         |        |                    |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-256-7010  | License No.<br>0666  |   |                |         |        |                    |           |
| Start Date (10)<br>10/17/2015  | Scheduled Completion Date (11)<br>10/18/2015   | Name of OSHA Monitor<br>Bako Construction & Restoration, Inc.  |  |   |                |         |        |                    |           |
| 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: _____ |  | Street Address<br>265A Route 46 Suite 3D   |  |   |                |         |        |                    |           |
|  |  | City, State, Zip Code<br>Totowa, NJ 07512  |  |   |                |         |        |                    |           |
| 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  |  | <input checked="" type="checkbox"/> <b>WRAP + CUT METHOD</b><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)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)   | Abatement Type |         |        |                    |           |
|  | Yes  | No   |  |   | N/A            | Removal | Repair | Encapsulate        | Enclosure |
| Basement   |  | X  |  | TSI (wrap and cut)  | 145LF          | X       |        |                    |           |
|  |  |  |  |   |                |         |        |                    |           |
|  |  |  |  |   |                |         |        |                    |           |
|  |  |  |  |   |                |         |        |                    |           |
| Name of Registered Waste Hauler<br>Bako Construction & Restoration, Inc.   |  | NJDEP Waste Hauler ID No.<br>20889   | Cubic Yards of Waste<br>7  | Name of Registered Landfill<br>Tullytown Resource Recovery Facility                               |                |         |        |                    |           |
| City, State<br>Totowa, NJ  |  | Disposal Date<br>10/19/2015  |  | City, State<br>Tullytown, PA  |                |         |        |                    |           |
| Completed by<br>Damir Valjevack  |  | Title<br>Project Manager   |  | Signature<br> |                |         |        | Date<br>10/06/2015 |           |

CK 008051

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

|   |   |   |   |   |   |         |        |
|---|---|---|---|---|---|---------|--------|
| Date of Notification (1)<br>10-5-15   |   | Name of Building Owner/Operator (2)<br>Dupont Nemours Company                         |   | 2015 OCT -8 AM 2:59   |   |         |        |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> X DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                         | Notification Type<br><br>Initial x<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (Including<br>Justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>Rt 130 South  |   |   |         |        |
|   |   |   | City, State, Zip Co<br>Deepwater, NJ 08023  |   |   |         |        |
|   |   |   | Name of Contact<br>Chris Orange   |   | Telephone Number                        |         |        |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |   |         |        |
| Name of Facility Where Abatement is Taking Place (3) -Chamber Works Plant   |   |   |   | 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>Rt 130 South  |   |   |   |   |   |         |        |
| City (5)<br>Deepwater   |   |   |   | Square Feet<br>14,000   | # of Floors<br>1                        |         |        |
| County (6)<br>Salem   |   |   |   | County Code (7) (STATE USE ONLY)  | Current Use (prior if being demolished) |         |        |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>Harvard Environmental Inc.  |   | ASCM No.  | Name of Contractor (9)<br>County Environmental  |   |   |         |        |
| Street Address<br>760 Pulaski Highway   |   | Street Address<br>461 New Churchmans Rd.  |   |   |   |         |        |
| City, State, Zip Code<br>New Castle, DE 19720   |   | City State, Zip Code<br>New Castle, DE 19720  |   |   |   |         |        |
| Project Manager for Monitoring Firm<br>Wesley Morrison  |   | Telephone No.<br>(302) 326-2333   | Telephone Number<br>(302) 322-8946  | License Number<br>00578   |   |         |        |
| Scheduled Start Date (10)<br>10-19-15   | Scheduled Completion Date<br>01-29-16   |   | Name of OSHA Monitor<br>County Environmental  |   |   |         |        |
| Occupancy Status During Abatement (Check only one)<br><br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours -<br><input type="checkbox"/> Other - Describe: |   |   | Street Address<br>461 New Churchmans Road   |   |   |         |        |
|   |   |   | City, State, Zip Code<br>New Castle, DE 19720   |   |   |         |        |
| Scope of Work (Check all that apply)  |   |   |   |   |   |         |        |
| X ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 160 sf or ≥ 260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |   | Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure    Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |   |         |        |
| Location of<br>Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)  | Is Location<br>Normally<br>Used Solely by<br>Maintenance/<br>Custodial<br>Staff?<br>(12)  |   | Description of<br>Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation,<br>surfacing, VAT, or<br>other miscellaneous) | Amount<br>(Specify<br>SF or LF)   | Abatement<br>Type                       |         |        |
|   | Yes   | No  |   |   | N/A                                     | Removal | Repair |
| Roofing & flashing  | x   |   | Roofing & flashing  | 14,000  | x                                       |         |        |
|   |   |   |   |   |   |         |        |
|   |   |   |   |   |   |         |        |
| Name of Reg. Waste Hauler<br>S&J Transport.   |   | NJDEP Waste Hauler<br>ID No.03217   | Cubic Yards of<br>Waste >30   | Name of Reg. Landfill<br>Constoga   |   |         |        |
| City, State<br>Woodstown, NJ  |   |   | Disposal Date<br>TBD  | City, State<br>Morgantown PA  |   |         |        |
| Completed by<br><i>Charles Flowers</i>  | Title<br>PM   |   | Signature<br><i>Charles H. Flowers</i>  |   | Date<br>10-05-15                        |         |        |



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-196

Check # 7478

|   |   |   |                                 |
|---|---|---|---------------------------------|
| Date of Notification (1)<br><u>11/01/16</u>   |   | Name of Building Owner/Operator (2)<br><u>Deborah Roe</u> |                                 |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation | Street Address<br><u>2 Birch Road</u>                     |                                 |
|   |   | City, State, Zip Code<br><u>Columbia, NJ 07832</u>        |                                 |
|   |   | Name of Contact<br><u>Deborah Roe</u>                     | Telephone Number<br><u>5605</u> |

FACILITY INFORMATION

|   |                             |  |  |  |                                |
|---|-----------------------------|--|--|--|--------------------------------|
| Name of facility where abatement is taking place (3)<br><u>Deborah Roe</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 (Private/Commercial Bldgs./Homes, etc.) |  |                                |
| Street Address<br><u>2 Birch Road</u>   |                             |  | Square Feet <u>        </u> # of Floors <u>        </u> Bldg. Age <u>        </u>  |  |                                |
| City (5)<br><u>Blairstown</u>   | County (6)<br><u>Warren</u> | County Code (7)<br>(State use only)              | Current Use (Prior if being demolished)<br><u>residential</u>  |  |                                |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><u>n/a</u>  |                             | ASCM No.   | Name of Abatement Contractor (9)<br><u>B &amp; G Restoration, Inc.</u>   |  |                                |
| Street Address<br><u>        </u>   |                             |  | Street Address<br><u>105 Ryerson Road</u>  |  |                                |
| City, State, Zip Code<br><u>        </u>  |                             |  | City, State, Zip Code<br><u>Lincoln Park, NJ 07035</u>   |  |                                |
| Project Manager for Monitoring Firm<br><u>        </u>  |                             | Phone Number<br><u>        </u>                  | Telephone Number<br><u>(973)696-6869</u>   |  | License Number<br><u>00378</u> |
| Scheduled Start Date (10)<br><u>10/19/2015</u>  |                             | Sched. Completion Date (11)<br><u>10/20/2015</u> | Name of OSHA Monitor<br><u>B &amp; G Restoration, Inc.</u>   |  |                                |
| 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>Describe: <u>        </u><br><input type="checkbox"/> Other-Describe: <u>        </u> |                             |  | Street Address<br><u>105 Ryerson Road</u>  |  |                                |
|   |                             |  | City, State, Zip Code<br><u>Lincoln Park, NJ 07035</u>   |  |                                |

Scope of Work (check all that apply)

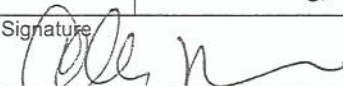
- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input type="checkbox"/> Non-friable procedure         |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                          |                                     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|--|--------------------------|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes  | No                       | N/A                                 |   |                           |                                     |                            |                          |                          |
| Basement   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | pipe insulation                                   | 200 lf                    | <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"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                                     |                                    |  |
|---|-------------------------------------|------------------------------------|--|
| Registered Waste Hauler<br><u>B &amp; G Restoration, Inc.</u> | NJDEP Hauler ID#<br><u>19563</u>    | Cubic Yards of Waste<br><u>4</u>   | Name of Registered Landfill<br><u>Tullytown Resource &amp; Recovery Center</u> |
| City, State<br><u>Lincoln Park, NJ</u>                        |                                     | Disposal Date<br><u>10/20/2015</u> | City, State<br><u>Tullytown, PA</u>  |
| Completed by (Print or Type)<br><u>Gordana Luna</u>           | Title<br><u>Secretary/Treasurer</u> | Signature<br><u>Gordana Luna</u>   | Date<br><u>10/06/2015</u>  |

PK 2043

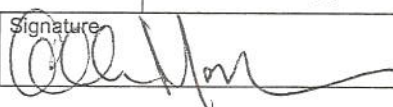
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

|  |   |  |                                     |  |  |                                     |                          |                                     |                                     |
|--|---|--|-------------------------------------|--|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Date of Notification (1)<br><b>10 / 02 / 15</b>  |   | Name of Building Owner/Operator (2)<br><b>Division of Property Management &amp; Construction</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 Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                     |  |  |                                     |                          |                                     |                                     |
| Street Address<br><b>20 W. State Street, 3rd Flr.</b>  |   | City, State, Zip Code<br><b>Trenton, NJ 08608</b>  |                                     |  |  |                                     |                          |                                     |                                     |
| Name of Contact<br><b>Rick Ferrera</b>   |   | Telephone Number   |                                     |  |  |                                     |                          |                                     |                                     |
| <b>FACILITY INFORMATION</b>  |   |  |                                     |  |  |                                     |                          |                                     |                                     |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential House</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)               |                                     |  |  |                                     |                          |                                     |                                     |
| Street Address<br><b>57 Bordentown Avenue</b>  |   | Square Feet  |                                     |  |  |                                     |                          |                                     |                                     |
| City (5)<br><b>Sayreville, NJ 08872</b>  |   | # of Floors  |                                     |  |  |                                     |                          |                                     |                                     |
| County (6)<br><b>Middlesex</b>   |   | Bldg. Age  |                                     |  |  |                                     |                          |                                     |                                     |
| County Code (7) (STATE USE ONLY)   |   | Current Use (Prior if being demolished)  |                                     |  |  |                                     |                          |                                     |                                     |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bio Terra Solutions</b>  |   | ASCM No.   |                                     |  |  |                                     |                          |                                     |                                     |
| Street Address<br><b>P.O. Box 1224</b>   |   | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b>  |                                     |  |  |                                     |                          |                                     |                                     |
| City, State, Zip Code<br><b>Union, NJ</b>  |   | Street Address<br><b>27 Outwater Lane</b>  |                                     |  |  |                                     |                          |                                     |                                     |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>   |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |                                     |  |  |                                     |                          |                                     |                                     |
| Telephone No.<br><b>973-494-3762</b>   |   | Telephone No.<br><b>973-928-4888</b>   |                                     |  |  |                                     |                          |                                     |                                     |
| Start Date (10)<br><b>10 / 05 / 15</b>   |   | License No.<br><b>1188</b>   |                                     |  |  |                                     |                          |                                     |                                     |
| Scheduled Completion Date (11)<br><b>12 / 23 / 15</b>  |   | Name of OSHA Monitor<br><b>ALL PRO MANAGEMENT LLC</b>  |                                     |  |  |                                     |                          |                                     |                                     |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM  |   | Street Address<br><b>27 Outwater Lane</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<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 |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |                                     |  |  |                                     |                          |                                     |                                     |
| 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>250 SF</b>               | Abatement Type                      |                          |                                     |                                     |
|  | Yes   | No   | N/A                                 |  |  | Removal                             | Repair                   | Encapsulate                         | Enclosure                           |
| <b>Kitchen</b>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <b>Vinyl Tile under Ceramic</b>  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <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"/>            |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>   |   | NJDEP Waste Hauler ID No.<br><b>04509</b>  |                                     | Cubic Yards of Waste<br><b>As Needed</b>   | Name of Registered Landfill<br><b>Blueridge Landfill</b> |                                     |                          |                                     |                                     |
| City, State<br><b>Newark, NJ</b>   |   | Disposal Date<br><b>TBD</b>  |                                     | City, State<br><b>Chamberburg, PA</b>  |  |                                     |                          |                                     |                                     |
| Completed By (Print or Type)<br><b>Allen Monchik</b>   |   | Title<br><b>Project Manager</b>  |                                     | Signature<br>                            |  |                                     | Date<br><b>10/2/15</b>   |                                     |                                     |

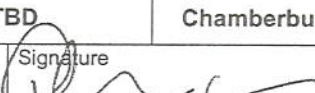


CK 2043

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

| Date of Notification (1)<br><div style="text-align: center;">10 / 02 / 15</div>  |   | Name of Building Owner/Operator (2)<br><b>Division of Property Management &amp; Construction</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<br>(NJAC 5:23-8)  | 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><b>20 W. State Street, 3rd Flr.</b>  |                                     |  |  |                                     |                          |                                     |                          |
|  |   | City, State, Zip Code<br><b>Trenton, NJ 08608</b>  |                                     |  |  |                                     |                          |                                     |                          |
|  |   | Name of Contact<br><b>Rick Ferrera</b>   |                                     | Telephone Number   |  |                                     |                          |                                     |                          |
| <b>FACILITY INFORMATION</b>  |   |  |                                     |  |  |                                     |                          |                                     |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential House</b>   |   |  |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |  |                                     |                          |                                     |                          |
| Street Address<br><b>56 Willam Street</b>  |   |  |                                     | Square Feet  |  |                                     |                          |                                     |                          |
| City (5)<br><b>Sayreville, NJ 08872</b>  |   |  |                                     | # of Floors  |  |                                     |                          |                                     |                          |
| County (6)<br><b>Middlesex</b>   |   |  |                                     | Bldg. Age  |  |                                     |                          |                                     |                          |
| County Code (7) (STATE USE ONLY)   |   | Current Use (Prior if being demolished)  |                                     |  |  |                                     |                          |                                     |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bio Terra Solutions</b>  |   | ASCM No.   |                                     | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b>  |  |                                     |                          |                                     |                          |
| Street Address<br><b>P.O. Box 1224</b>   |   | Street Address<br><b>27 Outwater Lane</b>  |                                     | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |  |                                     |                          |                                     |                          |
| City, State, Zip Code<br><b>Union, NJ</b>  |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |                                     | License No.<br><b>1188</b>   |  |                                     |                          |                                     |                          |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>   |   | Telephone No.<br><b>973-494-3762</b>   |                                     | Telephone No.<br><b>973-928-4888</b>   |  |                                     |                          |                                     |                          |
| Start Date (10)<br><div style="text-align: center;">10 / 05 / 15</div>   |   | Scheduled Completion Date (11)<br><div style="text-align: center;">12 / 23 / 15</div>            |                                     | Name of OSHA Monitor<br><b>ALL PRO MANAGEMENT LLC</b>  |  |                                     |                          |                                     |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |   |  |                                     | Street Address<br><b>27 Outwater Lane</b>  |  |                                     |                          |                                     |                          |
|  |   |  |                                     | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |  |                                     |                          |                                     |                          |
| 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  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition            |                                     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                     |                          |                                     |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)                                | Abatement Type                      |                          |                                     |                          |
|  | Yes   | No   | N/A                                 |  |  | Removal                             | Repair                   | Encapsulate                         | Enclosure                |
| <b>Exterior</b>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <b>Asphalt Siding</b>  | <b>3,000 SF</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <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"/> |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>   |   | NJDEP Waste Hauler ID No.<br><b>04509</b>  |                                     | Cubic Yards of Waste<br><b>As Needed</b>   | Name of Registered Landfill<br><b>Blueridge Landfill</b> |                                     |                          |                                     |                          |
| City, State<br><b>Newark, NJ</b>   |   | Disposal Date<br><b>TBD</b>  |                                     | City, State<br><b>Chamberburg, PA</b>  |  |                                     |                          |                                     |                          |
| Completed By (Print or Type)<br><b>Allen Monchik</b>   |   | Title<br><b>Project Manager</b>  |                                     | Signature<br>  |  |                                     | Date<br><b>10/2/15</b>   |                                     |                          |

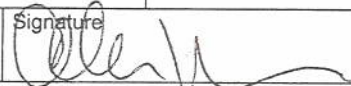
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

|   |  |   |  |  |           |
|---|--|---|--|--|-----------|
| Date of Notification (1)<br><div style="display: flex; justify-content: space-around;"><span>10</span><span>02</span><span>15</span></div>  |  | Name of Building Owner/Operator (2)<br><b>Division of Property Management &amp; Construction</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<br>(NJAC 5:23-8)   |  | 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><b>20 W. State Street, 3rd Flr.</b><br>City, State, Zip Code<br><b>Trenton, NJ 08608</b><br>Name of Contact<br><b>Rick Ferrera</b><br>Telephone Number   |           |
| <b>FACILITY INFORMATION</b>   |  |   |  |  |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential House</b>  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |           |
| Street Address<br><b>52 Willam Street</b>   |  |   | Square Feet  |  |           |
| City (5)<br><b>Sayreville, NJ 08872</b>   |  |   | # of Floors  |  | Bldg. Age |
| County (6)<br><b>Middlesex</b>  |  | County Code (7)(STATE USE ONLY)   |  | Current Use (Prior if being demolished)  |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bio Terra Solutions</b>   |  | ASCM No.  |  | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b>  |           |
| Street Address<br><b>P.O. Box 1224</b>  |  | Street Address<br><b>27 Outwater Lane</b>   |  |  |           |
| City, State, Zip Code<br><b>Union, NJ</b>   |  | City, State, Zip Code<br><b>Garfield, NJ 07026</b>  |  |  |           |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>  |  | Telephone No.<br><b>973-494-3762</b>  |  | License No.<br><b>1188</b>   |           |
| Start Date (10)<br><b>10 / 05 / 15</b>  |  | Scheduled Completion Date (11)<br><b>12 / 23 / 15</b>   |  | Name of OSHA Monitor<br><b>ALL PRO MANAGEMENT LLC</b>  |           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM |  |   | Street Address<br><b>27 Outwater Lane</b><br>City, State, Zip Code<br><b>Garfield, NJ 07026</b>  |  |           |
| 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   |  | <input type="checkbox"/> Renovation<br><input checked="" 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   |           |
| Amount (Specify SF or LF)   |  | Abatement Type  |  |  |           |
|   |  | Removal Repair Encapsulate Enclosure  |  |  |           |
| <b>Basement</b>   |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>   |  | <b>Pipe Insulation</b> <b>40 SF</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |           |
| <b>Basement</b>   |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>   |  | <b>Flue Packing at Chimney</b> <b>5 SF</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>  |           |
| <b>Landing by Basement Door</b>   |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>   |  | <b>Vinyl Flooring</b> <b>8 SF</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |           |
| <b>Attic</b>  |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>   |  | <b>Misc. Electrical Equipment</b> <b>3 CF</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |           |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>  |  | NJDEP Waste Hauler ID No.<br><b>04509</b>   |  | Cubic Yards of Waste<br><b>As Needed</b>   |           |
| City, State<br><b>Newark, NJ</b>  |  | Disposal Date<br><b>TBD</b>   |  | Name of Registered Landfill<br><b>Blueridge Landfill</b><br>City, State<br><b>Chamberburg, PA</b>  |           |
| Completed By (Print or Type)<br><b>Allen Monchik</b>  |  | Title<br><b>Project Manager</b>   |  | Signature<br>  |           |
|   |  |   |  | Date<br><b>10/2/15</b>   |           |




CK 2043

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

| Date of Notification (1)<br><b>10 / 02 / 15</b>  |   | Name of Building Owner/Operator (2)<br><b>Division of Property Management &amp; Construction</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<br>(NJAC 5:23-8)  | 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><b>20 W. State Street, 3rd Flr.</b>  |   |  |                           |                                     |                          |                                     |                                     |
|  |   | City, State, Zip Code<br><b>Trenton, NJ 08608</b>  |   |  |                           |                                     |                          |                                     |                                     |
|  |   | Name of Contact<br><b>Rick Ferrera</b>   | Telephone Number  |  |                           |                                     |                          |                                     |                                     |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                           |                                     |                          |                                     |                                     |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential House</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |  |                           |                                     |                          |                                     |                                     |
| Street Address<br><b>92 Weber Avenue</b>   |   | Square Feet  | # of Floors   |  |                           |                                     |                          |                                     |                                     |
| City (5)<br><b>Sayreville, NJ 08872</b>  |   | Bldg. Age  |   |  |                           |                                     |                          |                                     |                                     |
| County (6)<br><b>Middlesex</b>   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)  |   |  |                           |                                     |                          |                                     |                                     |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bio Terra Solutions</b>  |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b> |  |                           |                                     |                          |                                     |                                     |
| Street Address<br><b>P.O. Box 1224</b>   |   | Street Address<br><b>27 Outwater Lane</b>  |   |  |                           |                                     |                          |                                     |                                     |
| City, State, Zip Code<br><b>Union, NJ</b>  |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |   |  |                           |                                     |                          |                                     |                                     |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>   |   | Telephone No.<br><b>973-494-3762</b>   | License No.<br><b>1188</b>  |  |                           |                                     |                          |                                     |                                     |
| Start Date (10)<br><b>10 / 05 / 15</b>   | Scheduled Completion Date (11)<br><b>12 / 23 / 15</b>   | Name of OSHA Monitor<br><b>ALL PRO MANAGEMENT LLC</b>  |   |  |                           |                                     |                          |                                     |                                     |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM   |   | Street Address<br><b>27 Outwater Lane</b>  |   |  |                           |                                     |                          |                                     |                                     |
|  |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |   |  |                           |                                     |                          |                                     |                                     |
| 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><u>TO BE ABATED</u><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                                     |                                     |
|  | Yes   | No   | N/A   |  |                           | Removal                             | Repair                   | Encapsulate                         | Enclosure                           |
| Throughout House   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                               | Drywall/ Joint Compount  | 4,000 SF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1 <sup>st</sup> Fl-Bathroom  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                               | VAT and Mastic   | 470 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 <sup>nd</sup> Fl - Bathroom  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                               | Glue to Ceramic Wall Tiles   | 60 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Exterior Foundation  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                               | Foundation Waterproofing   | 1,000 SF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>   |   | NJDEP Waste Hauler ID No.<br><b>04509</b>  | Cubic Yards of Waste<br><b>As Needed</b>                          | Name of Registered Landfill<br><b>Blueridge Landfill</b>   |                           |                                     |                          |                                     |                                     |
| City, State<br><b>Newark, NJ</b>   |   | Disposal Date<br><b>TBD</b>  |   | City, State<br><b>Chamberburg, PA</b>  |                           |                                     |                          |                                     |                                     |
| Completed By (Print or Type)<br><b>Allen Monchik</b>   |   | Title<br><b>Project Manager</b>  |   | Signature<br>                            |                           | Date<br><b>10/2/15</b>              |                          |                                     |                                     |

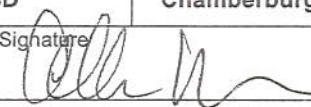
AK 2043

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

| Date of Notification (1)<br><div style="text-align: center;">10 / 02 / 15</div>   |   | Name of Building Owner/Operator (2)<br><b>Division of Property Management &amp; Construction</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<br>(NJAC 5:23-8)   | 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><b>20 W. State Street, 3rd Flr.</b>  |   |  |  |                                     |                          |                                     |                          |
|   |   | City, State, Zip Code<br><b>Trenton, NJ 08608</b>  |   |  |  |                                     |                          |                                     |                          |
|   |   | Name of Contact<br><b>Rick Ferrera</b>   | Telephone Number<br><b>609-292-2000</b> |  |  |                                     |                          |                                     |                          |
| <b>FACILITY INFORMATION</b>   |   |  |   |  |  |                                     |                          |                                     |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential House</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |  |  |                                     |                          |                                     |                          |
| Street Address<br><b>115 Weber Avenue</b>   |   |  |   |  |  |                                     |                          |                                     |                          |
| City (5)<br><b>Sayreville, NJ 08872</b>   |   | Square Feet  | # of Floors                             |  |  |                                     |                          |                                     |                          |
| County (6)<br><b>Middlesex</b>  |   | County Code (7)(STATE USE ONLY)  |   |  |  |                                     |                          |                                     |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bio Terra Solutions</b>   |   | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b>  |   |  |  |                                     |                          |                                     |                          |
| Street Address<br><b>P.O. Box 1224</b>  |   | Street Address<br><b>27 Outwater Lane</b>  |   |  |  |                                     |                          |                                     |                          |
| City, State, Zip Code<br><b>Union, NJ</b>   |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |   |  |  |                                     |                          |                                     |                          |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>  |   | Telephone No.<br><b>973-494-3762</b>   | License No.<br><b>1188</b>              |  |  |                                     |                          |                                     |                          |
| Start Date (10)<br><div style="text-align: center;">10 / 05 / 15</div>  | Scheduled Completion Date (11)<br><div style="text-align: center;">12 / 23 / 15</div>   | Name of OSHA Monitor<br><b>ALL PRO MANAGEMENT LLC</b>  |   |  |  |                                     |                          |                                     |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM   |   | Street Address<br><b>27 Outwater Lane</b>  |   |  |  |                                     |                          |                                     |                          |
|   |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |   |  |  |                                     |                          |                                     |                          |
| Scope of Work (Check all that apply)  |   |  |   |  |  |                                     |                          |                                     |                          |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition<br><div style="float: right;"> <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         </div> |   |  |   |  |  |                                     |                          |                                     |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                                | Abatement Type                      |                          |                                     |                          |
|   | Yes   | No   | N/A                                     |  |  | Removal                             | Repair                   | Encapsulate                         | Enclosure                |
| Exterior  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>     | Cement Shingles  | 1,750 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Exterior  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>     | Window Glazing   | 4 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <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"/> |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>  |   | NJDEP Waste Hauler ID No.<br><b>04509</b>  |   | Cubic Yards of Waste<br><b>As Needed</b>   | Name of Registered Landfill<br><b>Blueridge Landfill</b> |                                     |                          |                                     |                          |
| City, State<br><b>Newark, NJ</b>  |   |  |   | Disposal Date<br><b>TBD</b>  | City, State<br><b>Chamberburg, PA</b>                    |                                     |                          |                                     |                          |
| Completed By (Print or Type)<br><b>Allen Monchik</b>  | Title<br><b>Project Manager</b>   |  |   | Signature<br>                            | Date<br><b>10/2/15</b>                                   |                                     |                          |                                     |                          |

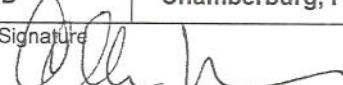


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)<br><div style="text-align: center;">10 / 02 / 15</div>  |   | Name of Building Owner/Operator (2)<br><b>Division of Property Management &amp; Construction</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<br>(NJAC 5:23-8)  | 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><b>20 W. State Street, 3rd Flr.</b>  |   |  |                           |                                     |                          |                                     |                                     |
|  |   | City, State, Zip Code<br><b>Trenton, NJ 08608</b>  |   |  |                           |                                     |                          |                                     |                                     |
|  |   | Name of Contact<br><b>Rick Ferrera</b>   | Telephone Number  |  |                           |                                     |                          |                                     |                                     |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |                           |                                     |                          |                                     |                                     |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential House</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |  |                           |                                     |                          |                                     |                                     |
| Street Address<br><b>116 Weber Avenue</b>  |   |  |   |  |                           |                                     |                          |                                     |                                     |
| City (5)<br><b>Sayreville, NJ 08872</b>  |   | Square Feet  | # of Floors<br>Bldg. Age  |  |                           |                                     |                          |                                     |                                     |
| County (6)<br><b>Middlesex</b>   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)  |   |  |                           |                                     |                          |                                     |                                     |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bio Terra Solutions</b>  |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b> |  |                           |                                     |                          |                                     |                                     |
| Street Address<br><b>P.O. Box 1224</b>   |   | Street Address<br><b>27 Outwater Lane</b>  |   |  |                           |                                     |                          |                                     |                                     |
| City, State, Zip Code<br><b>Union, NJ</b>  |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |   |  |                           |                                     |                          |                                     |                                     |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>   |   | Telephone No.<br><b>973-494-3762</b>   | Telephone No.<br><b>973-928-4888</b>                              |  |                           |                                     |                          |                                     |                                     |
| License No.<br><b>1188</b>   |   |  |   |  |                           |                                     |                          |                                     |                                     |
| Start Date (10)<br>10 / 05 / 15  | Scheduled Completion Date (11)<br>12 / 23 / 15  | Name of OSHA Monitor<br><b>ALL PRO MANAGEMENT LLC</b>  |   |  |                           |                                     |                          |                                     |                                     |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM   |   | Street Address<br><b>27 Outwater Lane</b>  |   |  |                           |                                     |                          |                                     |                                     |
|  |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |   |  |                           |                                     |                          |                                     |                                     |
| 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) 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                           |
| Exterior   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                               | Cement Shingles  | 3,000 SF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Exterior Foundation  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                               | Foundation Waterproofing   | 1,500 SF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Basement   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                               | VAT  | 50 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <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"/>            |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>   |   | NJDEP Waste Hauler ID No.<br><b>04509</b>  | Cubic Yards of Waste<br><b>As Needed</b>                          | Name of Registered Landfill<br><b>Blueridge Landfill</b>   |                           |                                     |                          |                                     |                                     |
| City, State<br><b>Newark, NJ</b>   |   | Disposal Date<br><b>TBD</b>  |   | City, State<br><b>Chamberburg, PA</b>  |                           |                                     |                          |                                     |                                     |
| Completed By (Print or Type)<br><b>Allen Monchik</b>   |   | Title<br><b>Project Manager</b>  |   | Signature<br>                            |                           | Date<br><b>10/2/15</b>              |                          |                                     |                                     |

CK 2043

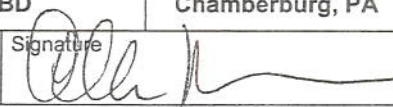
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)<br><div style="text-align: center;">10 / 02 / 15</div>  |   | Name of Building Owner/Operator (2)<br><b>Division of Property Management &amp; Construction</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<br>(NJAC 5:23-8)  | 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><b>20 W. State Street, 3rd Flr.</b> |  |  |                                     |                          |                                     |                          |
|  |   |  | City, State, Zip Code<br><b>Trenton, NJ 08608</b>     |  |  |                                     |                          |                                     |                          |
|  |   |  | Name of Contact<br><b>Rick Ferrera</b>                |  | Telephone Number   |                                     |                          |                                     |                          |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |  |                                     |                          |                                     |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential House</b>   |   |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |  |                                     |                          |                                     |                          |
| Street Address<br><b>122 Weber Avenue</b>  |   |  |   | Square Feet  |  |                                     |                          |                                     |                          |
| City (5)<br><b>Sayreville, NJ 08872</b>  |   |  |   | # of Floors  |  |                                     |                          |                                     |                          |
| County (6)<br><b>Middlesex</b>   |   |  |   | Bldg. Age  |  |                                     |                          |                                     |                          |
| County Code (7) (STATE USE ONLY)   |   | Current Use (Prior if being demolished)  |   |  |  |                                     |                          |                                     |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bio Terra Solutions</b>  |   | ASCM No.   |   | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b>  |  |                                     |                          |                                     |                          |
| Street Address<br><b>P.O. Box 1224</b>   |   | Street Address<br><b>27 Outwater Lane</b>  |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |  |                                     |                          |                                     |                          |
| City, State, Zip Code<br><b>Union, NJ</b>  |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |   | License No.<br><b>1188</b>   |  |                                     |                          |                                     |                          |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>   |   | Telephone No.<br><b>973-494-3762</b>   |   | Telephone No.<br><b>973-928-4888</b>   |  |                                     |                          |                                     |                          |
| Start Date (10)<br><div style="text-align: center;">10 / 05 / 15</div>   |   | Scheduled Completion Date (11)<br><div style="text-align: center;">12 / 23 / 15</div>            |   | Name of OSHA Monitor<br><b>ALL PRO MANAGEMENT LLC</b>  |  |                                     |                          |                                     |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |   |  |   | Street Address<br><b>27 Outwater Lane</b>  |  |                                     |                          |                                     |                          |
|  |   |  |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |  |                                     |                          |                                     |                          |
| Scope of Work (Check all that apply)   |   |  |   |  |  |                                     |                          |                                     |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition            |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                     |                          |                                     |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)                                | Abatement Type                      |                          |                                     |                          |
|  | Yes   | No   | N/A   |  |  | Removal                             | Repair                   | Encapsulate                         | Enclosure                |
| Exterior   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                   | Cement Shingles  | 4,000 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <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"/> |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>   |   | NJDEP Waste Hauler ID No.<br><b>04509</b>  |   | Cubic Yards of Waste<br><b>As Needed</b>   | Name of Registered Landfill<br><b>Blueridge Landfill</b> |                                     |                          |                                     |                          |
| City, State<br><b>Newark, NJ</b>   |   | Disposal Date<br><b>TBD</b>  |   | City, State<br><b>Chamberburg, PA</b>  |  |                                     |                          |                                     |                          |
| Completed By (Print or Type)<br><b>Allen Monchik</b>   |   | Title<br><b>Project Manager</b>  |   | Signature<br>  |  | Date<br><b>10/2/15</b>              |                          |                                     |                          |




PK 2043

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

|  |   |  |   |   |                           |                                     |                          |                                     |                          |
|--|---|--|---|---|---------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Date of Notification (1)<br>10 / 02 / 15   |   | Name of Building Owner/Operator (2)<br>Division of Property Management & Construction  |   |   |                           |                                     |                          |                                     |                          |
| 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 checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>20 W. State Street, 3rd Flr.   |   |   |                           |                                     |                          |                                     |                          |
|  |   | City, State, Zip Code<br>Trenton, NJ 08608   |   |   |                           |                                     |                          |                                     |                          |
|  |   | Name of Contact<br>Rick Ferrera  | Telephone Number<br>777   |   |                           |                                     |                          |                                     |                          |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |                                     |                          |                                     |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential House  |   | 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>40 Willam Street   |   |  |   |   |                           |                                     |                          |                                     |                          |
| City (5)<br>Sayreville, NJ 08872   |   | Square Feet  | # of Floors   |   |                           |                                     |                          |                                     |                          |
| County (6)<br>Middlesex  |   | County Code (7)(STATE USE ONLY)  |   |   |                           |                                     |                          |                                     |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Bio Terra Solutions   |   | Name of Abatement Contractor (9)<br>ALL PRO MANAGEMENT LLC   |   |   |                           |                                     |                          |                                     |                          |
| Street Address<br>P.O. Box 1224  |   | Street Address<br>27 Outwater Lane   |   |   |                           |                                     |                          |                                     |                          |
| City, State, Zip Code<br>Union, NJ   |   | City, State, Zip Code<br>Garfield, NJ 07026  |   |   |                           |                                     |                          |                                     |                          |
| Project Manager for Monitoring Firm<br>Rick Eustaquio  |   | Telephone No.<br>973-494-3762  | License No.<br>1188   |   |                           |                                     |                          |                                     |                          |
| Start Date (10)<br>10 / 05 / 15  | Scheduled Completion Date (11)<br>12 / 23 / 15  | Name of OSHA Monitor<br>ALL PRO MANAGEMENT LLC   |   |   |                           |                                     |                          |                                     |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM  |   | Street Address<br>27 Outwater Lane   |   |   |                           |                                     |                          |                                     |                          |
|  |   | City, State, Zip Code<br>Garfield, NJ 07026  |   |   |                           |                                     |                          |                                     |                          |
| Scope of Work (Check all that apply)   |   |  |   |   |                           |                                     |                          |                                     |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <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<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) | Abatement Type                      |                          |                                     |                          |
|  | Yes   | No   | N/A   |   |                           | Removal                             | Repair                   | Encapsulate                         | Enclosure                |
| Exterior Roof  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | Roof Tar at Chimney   | 5 SF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <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"/> |
| Name of Registered Waste Hauler<br>Newark Carting  |   | NJDEP Waste Hauler ID No.<br>04509   | Cubic Yards of Waste<br>As Needed   | Name of Registered Landfill<br>Blueridge Landfill   |                           |                                     |                          |                                     |                          |
| City, State<br>Newark, NJ  |   | Disposal Date<br>TBD   |   | City, State<br>Chamberburg, PA  |                           |                                     |                          |                                     |                          |
| Completed By (Print or Type)<br>Allen Monchik  | Title<br>Project Manager  |  | Signature<br> |   |                           | Date<br>10/2/15                     |                          |                                     |                          |

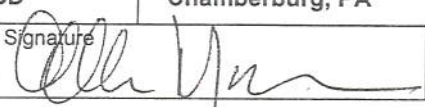
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><div style="text-align: center;">10 / 02 / 15</div>   |  | Name of Building Owner/Operator (2)<br><b>Division of Property Management &amp; Construction</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 checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br><b>20 W. State Street, 3rd Flr.</b>   |  | City, State, Zip Code<br><b>Trenton, NJ 08608</b>   |  |
| Name of Contact<br><b>Rick Ferrera</b>  |  | Telephone Number  |  |
| <b>FACILITY INFORMATION</b>   |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential House</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                  |  |
| Street Address<br><b>97 MacArthur Ave</b>   |  | Square Feet   |  |
| City (5)<br><b>Sayreville, NJ 08872</b>   |  | # of Floors   |  |
| County (6)<br><b>Middlesex</b>  |  | Bldg. Age   |  |
| County Code (7)(STATE USE ONLY)   |  | Current Use (Prior if being demolished)   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bio Terra Solutions</b>   |  | ASCM No.  |  |
| Street Address<br><b>P.O. Box 1224</b>  |  | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b>   |  |
| City, State, Zip Code<br><b>Union, NJ</b>   |  | Street Address<br><b>27 Outwater Lane</b>   |  |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>  |  | City, State, Zip Code<br><b>Garfield, NJ 07026</b>  |  |
| Telephone No.<br><b>973-494-3762</b>  |  | Telephone No.<br><b>973-928-4888</b>  |  |
| License No.<br><b>1188</b>  |  | Name of OSHA Monitor<br><b>ALL PRO MANAGEMENT LLC</b>   |  |
| Start Date (10)<br><div style="text-align: center;">10 / 05 / 15</div>  |  | Scheduled Completion Date (11)<br><div style="text-align: center;">12 / 23 / 15</div>   |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM |  | Street Address<br><b>27 Outwater Lane</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 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 type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |  | <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><div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> <span>N/A</span> </div>   |  |
| Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  | Amount (Specify SF or LF)   |  |
| Abatement Type<br><div style="display: flex; justify-content: space-around;"> <span>Removal</span> <span>Repair</span> <span>Encapsulate</span> <span>Enclosure</span> </div>   |  | Abatement Type<br><div style="display: flex; justify-content: space-around;"> <span>Removal</span> <span>Repair</span> <span>Encapsulate</span> <span>Enclosure</span> </div>   |  |
| <b>1<sup>st</sup> Floor</b>   |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <b>VAT</b>  |  |
| <b>2<sup>nd</sup> Floor</b>   |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <b>VAT</b>  |  |
| <b>Exterior</b>   |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <b>Window Caulk</b>   |  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |  |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>  |  | NJDEP Waste Hauler ID No.<br><b>04509</b>   |  |
| City, State<br><b>Newark, NJ</b>  |  | Cubic Yards of Waste<br><b>As Needed</b>  |  |
| Disposal Date<br><b>TBD</b>   |  | Name of Registered Landfill<br><b>Blueridge Landfill</b>  |  |
| City, State<br><b>Chamberburg, PA</b>   |  | Signature<br>   |  |
| Completed By (Print or Type)<br><b>Allen Monchik</b>  |  | Title<br><b>Project Manager</b>   |  |
| Date<br><b>10/2/15</b>  |  | Date<br><b>10/2/15</b>  |  |



CK 2043

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

|  |   |  |  |  |                           |                                     |                          |                          |                          |
|--|---|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>10 / 02 / 15</b>  |   | Name of Building Owner/Operator (2)<br><b>Division of Property Management &amp; Construction</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<br>(NJAC 5:23-8)  | 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><b>20 W. State Street, 3rd Flr.</b>  |  |  |                           |                                     |                          |                          |                          |
|  |   | City, State, Zip Code<br><b>Trenton, NJ 08608</b>  |  |  |                           |                                     |                          |                          |                          |
|  |   | Name of Contact<br><b>Rick Ferrera</b>   | Telephone Number                         |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residential House</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>64 Weber Avenue</b>   |   |  |  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Sayreville, NJ 08872</b>  |   | Square Feet  | # of Floors                              |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Middlesex</b>   |   | County Code (7)(STATE USE ONLY)  |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bio Terra Solutions</b>  |   | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b>  |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>P.O. Box 1224</b>   |   | Street Address<br><b>27 Outwater Lane</b>  |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Union, NJ</b>  |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>   |   | Telephone No.<br><b>973-494-3762</b>   | License No.<br><b>1188</b>               |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>10 / 05 / 15</b>   | Scheduled Completion Date (11)<br><b>12 / 23 / 15</b>   | Name of OSHA Monitor<br><b>ALL PRO MANAGEMENT LLC</b>  |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM  |   | Street Address<br><b>27 Outwater Lane</b>  |  |  |                           |                                     |                          |                          |                          |
|  |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |  |  |                           |                                     |                          |                          |                          |
| 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) <u>TO BE ABATED</u> IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes   | No   | N/A                                      |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Entire House   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>      | Unsafe Structure   | Entire                    | <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><b>Newark Carting</b>   |   | NJDEP Waste Hauler ID No.<br><b>04509</b>  | Cubic Yards of Waste<br><b>As Needed</b> | Name of Registered Landfill<br><b>Blueridge Landfill</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>Newark, NJ</b>   |   | Disposal Date<br><b>TBD</b>  |  | City, State<br><b>Chamberburg, PA</b>  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Allen Monchik</b>   |   | Title<br><b>Project Manager</b>  |  | Signature<br>                            |                           |                                     | Date<br><b>10/2/15</b>   |                          |                          |