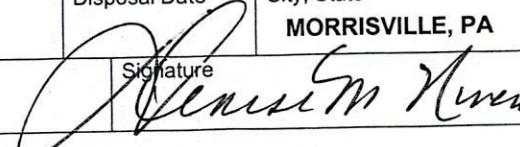


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <u>01</u> / <u>23</u> / <u>26</u>			Name of Building Owner/Operator (2) VIRTUA HEALTH						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)			Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation						
			Street Address 20 WEST STOW ROAD-STE. 3						
			City, State, Zip Code MARLTON, NJ 08053						
			Name of Contact JULIE HERB		Telephone Number (856) 355-0951				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VIRTUA-OUR LADY OF LOURDES			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1600 HADDON AVENUE									
City (5) CAMDEN			Square Feet 46,000	# of Floors 6	Bldg. Age 50+-				
County (6) CAMDEN		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) HOSPITAL					
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES		ASCM No.		Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.					
Street Address 2501 SEAPORT DRIVE-SUITE BH 110			Street Address 2251 FRALEY STREET						
City, State, Zip Code CHESTER, PA 19013			City, State, Zip Code PHILADELPHIA, PA 1917						
Project Manager for Monitoring Firm DON HEIM		Telephone No. (610)787-0402		Telephone No. (215) 533-5155	License No. 01166				
Start Date (10) <u>01</u> / <u>26</u> / <u>26</u>		Scheduled Completion Date (11) <u>09</u> / <u>25</u> / <u>26</u>		Name of OSHA Monitor VERTEX COMPANIES					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 2501 SEAPORT DRIVE-SUITE BH 110						
City, State, Zip Code CHESTER, PA 19013									
Scope of Work (Check all that apply)									
<input type="checkbox"/> <u>>3 sf or >3 lf</u> <input checked="" type="checkbox"/> <u>>160 sf or >260 lf</u>		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
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		
Removal	Repair	Encapsulate	Enclosure						
<input type="checkbox"/> <u>SEE ATTACHED</u>									
						<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"/>
Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES			NJDEP Waste Hauler ID No.		Cubic Yards of Waste				
Name of Registered Landfill WASTE MANAGEMENT									
City, State TRENTON, NJ			Disposal Date		City, State MORRISVILLE, PA				
Completed By (Print or Type) DENISE M. NIVEN		Title ADMIN. ASST.		Signature  Date 1/23/24					

LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IN LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (I.E. THERMAL SYSTEMS INSULATION, SURFACING, TAT OR OTHER MISCCELLANEOUS)	AMOUNT (SPECIFY SF OR LF)	ABATEMENT TYPE	ABATEMENT TYPE	ABATEMENT TYPE
13	12 YES-NO-N/A	ACPI	30 LF	REMOVAL REPAIR	ENCAPSULATE	ENCLOSURE
MAIN BUILDING-BASEMENT MECHANICAL ROOM	N/A	DUCT INSULATION	300 SF	YES	NO	NO
MAIN BUILDING-BASEMENT MECHANICAL ROOM	N/A			NO	NO	NO

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

Check 3497

JAN 29 2026

Date of Notification (1) 01/22/2026		Name of Building Owner/Operator (2)				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Maplewood Dr				
		City, State, Zip Code Middletown Township, NJ 07748				
		Name of Contact		Telephone Number		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 2 Maplewood Dr						
City (5) Middletown Township, NJ 07748			Square Feet 1,560	# of Floors 1	Bldg. Age 1955	
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC			
Street Address			Street Address 75 Voorhis Place			
City, State, Zip Code			City, State, Zip Code Ringwood NJ 07456			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126		
Start Date (10) 01/23/2026	Scheduled Completion Date (11) 01/30/2026		Name of OSHA Monitor			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address			
			City, State, Zip Code			
Scope of Work (Check All That Apply)						
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
Basement		X	floor tile & mastic	157 SF	X	
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill		
City, State Elizabeth, NJ			Disposal Date 01/30/2026	City, State Pen Argyl, PA		
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 01/22/2026

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

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

Check 3455

Date of Notification (1) 01/23/2026		Name of Building Owner/Operator (2) JAN 29 2026					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 Townsend St					
		City, State, Zip Code Newton, NJ 07860		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 24 Townsend St			Square Feet 1,304	# of Floors 2			
City (5) Newton, NJ 07860			Bldg. Age 1920				
County (6) Sussex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC				
Street Address			Street Address 75 Voorhis Place				
City, State, Zip Code			City, State, Zip Code Ringwood NJ 07456				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-466-0166	License No. 02126			
Start Date (10) 02/02/2026		Scheduled Completion Date (11) 02/09/2026		Name of OSHA Monitor			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address City, State, Zip Code				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		
Basement			pipe insulation	80 LF			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ			Disposal Date 02/09/2026	City, State Pen Argyl, PA			
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 01/23/2026	

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

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Check 3496

Date of Notification (1) 01/20/2026		Name of Building Owner/Operator (2) RC Andersen									
		JAN 29 2026									
Agencies Notified	Type Notification	Street Address 695 Route 46 - Suite 205									
		City, State, Zip Code Fairfield, NJ 07004									
		Name of Contact Christine Bunner, RC Andersen									
		Telephone Number (973) 227-8100									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Commercial - Marcolin		Type of Facility (4)									
Street Address 3140 Route 22W		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)								
City (5) Branchburg, NJ 08876		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	<input type="checkbox"/> Bldg. Age 1975								
County (6) Somerset		Square Feet TBD									
		# of Floors 1									
		Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Group, LLC		Name of Abatement Contractor (9) VEL Construction, LLC									
Street Address PO Box 483		Street Address 75 Voorhis Place									
City, State, Zip Code Glenwood, NJ 07418		City, State, Zip Code Ringwood NJ 07456									
Project Manager for Monitoring Firm Scott Higgins		Telephone No. 973-583-8500	Telephone No. 201-466-0166								
Start Date (10) 02/02/2026		Scheduled Completion Date (11) 03/02/2026									
Name of OSHA Monitor											
Occupancy Status During Abatement (Check Only One)		Street Address									
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code									
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Please see attached								Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 20		Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ				Disposal Date 03/02/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>		Date 01/20/2026					

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VEL Construction LLC**3140 Route 22W Branchburg NJ - Marcolin - PHASE 1**

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff?	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
Men's bathroom	No	pipe fittings	8	Repair
Ladies` bathroom	No	pipe fittings	6	Repair
NW office area	No	pipe fittings	2	Repair
NW Conference Room	No	floor tile & mastic	315 SF	Removal
IT Large Server Room	No	floor tile & mastic	1,100 SF	Removal

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

~~RECEIVED~~
Check 3498

Date of Notification (1) 01/22/2026		Name of Building Owner/Operator (2) Gary Ruth			JAN 29 2026			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 388 South Livingston Avenue					
			City, State, Zip Code Livingston, NJ 07039					
			Name of Contact Gary Ruth					
								Telephone Number (917) 459-2175
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Aquinias Academy				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 388 South Livingston Avenue								
City (5) Livingston, NJ 07039				Square Feet TBD	# of Floors 1	Bldg. Age TBD		
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC				
Street Address				Street Address 75 Voorhis Place				
City, State, Zip Code				City, State, Zip Code Ringwood NJ 07456				
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201- 466-0166		License No. 02126		
Start Date (10) 02/02/2026	Scheduled Completion Date (11) 02/27/2026			Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				Street Address				
				City, State, Zip Code				
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) Please see attached		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type	
							Removal	Repair
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ		Disposal Date 02/27/2026		City, State Pen Argyl, PA				
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 01/22/2026		

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VEL Construction LLC**388 South Livingston Avenue, Livingston, NJ - Aquinas Academy**

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff?	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
Room 206 (2 layers of tile)	No	floor tile	830 SF	Removal
Rooms 207, 208, 209, 210	No	floor tile	4,200 SF	Removal
Hall West Wing	No	floor tile	900 SF	Removal
Office	No	floor tile	880 SF	Removal
Multi-Purpose Room	No	floor tile	2,700 SF	Removal
East Wing Rooms 202, 202, 203, 204	No	floor tile	3,220 SF	Removal
Hall East Wing	No	floor tile	840 SF	Removal

017
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

JAN 27 2020

Date of Notification (1) 01/15/2026		Name of Building Owner/Operator (2)					
Agencies Notified		Street Address 158 Mountain Way					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
		City, State, Zip Code Morris Plains NJ 07950					
		Name of Contact					
		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 158 Mountain Way		Square Feet	# of Floors				
City (5) Morris Plains		Bldg. Age					
County (6) Morris		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) MHM Restoration LLC				
Street Address		Street Address 164 Merilene Ave Apt C					
City, State, Zip Code		City, State, Zip Code Woodland Park NJ 07424					
Project Manager for Monitoring Firm		Telephone No.	License No. 02090				
Start Date (10) 02/02/2026	Scheduled Completion Date (11) 02/09/2026		Name of OSHA Monitor MHM Restoration LLC				
Occupancy Status During Abatement (Check Only One)		Street Address 164 Merilene Ave Apt C					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code Woodland Park NJ 07424					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
attic	*		vermiculite	1600SF	*		
Name of Registered Waste Hauler MHM Restoration LLC		NJDEP Waste Hauler ID No. 0042035	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless			
City, State Woodland Park NJ		Disposal Date TBD		City, State Morrisville PA			
Completed by Mike Hadzic		Title owner		Signature		Date 01/15/2026	

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

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200254
Date of Notification (1)
01/19/2026

Name of Building Owner/Operator (2)

JAN 28 2026

Agencies Notified

EPA
 DEP
 DOL
 DOH
 DCA

Type Notification

Initial
 Amended
 Amendment # _____
 Emergency (including justification)
 Cancellation

Street Address

99 Star St

City, State, Zip Code

Iceland NJ 08830

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residential Home

Street Address

99 Star St

City (5)

Iceland

County (6)

Middlesex

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

United Demo LLC

Street Address

Street Address

143 Acme St

City, State, Zip Code

City, State, Zip Code

Elizabeth NJ 07202

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

862-218-3930

License No.

02045

Start Date (10)

01/29/2026

Scheduled Completion Date (11)

01/31/2026

Name of OSHA Monitor

United Demo LLC

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: _____

Street Address

143 Acme St

City, State, Zip Code
Elizabeth NJ 07202

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
2nd Fl Room		X			Floor Tile	250 SF	X	

Name of Registered Waste Hauler United Demo LLC	NJDEP Waste Hauler ID No. 0040986	Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill
City, State Elizabeth NJ	Disposal Date TBD	City, State Morrisville PA	
Completed by Jose N Rosas	Title Manager	Signature <i>asnd</i>	Date 01/19/2026

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(ICK 636)

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RECEIVED

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

JAN 29 2026

Date of Notification (1) <u>1-24-26</u>		Name of Building Owner/Operator (2) <u>GRAND CONSTRUCTION MANAGEMENT</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	Street Address <u>2142 LENAPE DR.</u>					
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>CORALAY PA, 18037-2452</u>					
	Name of Contact		Telephone Number				
	FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>313 E 10th AVE</u>			Square Feet <u>1500</u> # of Floors <u>2</u> Bldg. Age <u>50+</u>				
City (5) <u>W WILLOWOOD</u>		Current Use (Prior if being demolished) <u>VACANT</u>					
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) <u>N/A</u>	Name of Abatement Contractor (9) <u>KLEMCO INC</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Street Address <u>369 S. SPRUCE AVE</u>				
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code <u>MAPLE SHADE NJ 08052</u>				
Start Date (10) <u>2-3-26</u>	Scheduled Completion Date (11) <u>2-13-26</u>		Telephone No. <u>856-779-0472</u> License No. <u>1371</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Name of OSHA Monitor <u>N/A</u>				
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <u>Yes</u> <u>No</u> <u>N/A</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1500 SF</u>	Abatement Type		
					<input type="checkbox"/> Removal	<input type="checkbox"/> Repair	<input type="checkbox"/> Encapsulate
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>CWCWUA</u>			
City, State <u>MAPLE SHADE NJ 08052</u>		Disposal Date	City, State <u>WOODBINE NJ</u>				
Completed By <u>MICHAEL KLEMCO</u>		Title <u>PRES.</u>	Signature <u>MICHAEL KLEMCO</u>		Date <u>1-24-26</u>		

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

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JAN 29 2006

Date of Notification (1) <u>1-24-26</u>		Name of Building Owner/Operator (2) <u>DRB DEVELOPERS</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>10310 FIRST AVE</u>	City, State, Zip Code <u>STONE HARBOR</u>				
	Name of Contact _____	Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>10310 FIRST AVE</u>	City (5) <u>STONE HARBOR</u>	Square Feet <u>1500</u>	# of Floors <u>2</u>				
County (6) <u>CARE MARY</u>	County Code (7) (STATE USE ONLY) _____	Bldg. Age <u>50+</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>					
Street Address _____	Street Address <u>369 S. SPRUCE AVE</u>	City, State, Zip Code <u>MAPLE SHADE NJ 08052</u>	Telephone No. <u>856-779-0472</u>				
Project Manager for Monitoring Firm _____	Telephone No. _____	License No. <u>H 1371</u>					
Start Date (10) <u>2-4-26</u>	Scheduled Completion Date (11) <u>2-14-26</u>	Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	City, State, Zip Code _____				
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> <u>IN Facility</u> (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) <u>Yes</u> <u>No</u> <u>N/A</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1500 SF</u>	Abatement Type		
					<u>Removal</u>	<u>Repair</u>	<u>Encapsulate</u>
<u>SIDING</u>							
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>CMC MVA</u>	Disposal Date _____	City, State <u>WOODBINE NJ</u>	Date <u>1-24-26</u>
Completed By <u>MICHAEL KLEMCO</u>	Title <u>PRES.</u>	Signature <u>MICHAEL KLEMCO</u>					

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

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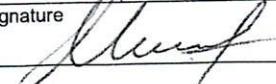
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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JAN 27 2026

Date of Notification (1) 1/21/2026		Name of Building Owner/Operator (2) 431 Cambridge Rd Ridgewood NJ 07450						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 431 Cambridge Rd City, State, Zip Code Ridgewood NJ 07450						
		Name of Contact		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private Dwelling			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 431 Cambridge Rd			Square Feet N/A	# of Floors N/A				
City (5) Ridgewood NJ 07450			Bldg. Age N/A					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Private Dwelling				
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental		ASCM No.	Name of Abatement Contractor (9) Teal Management					
Street Address 2333 US-22			Street Address 24 Morley Drive					
City, State, Zip Code Union NJ 07083			City, State, Zip Code Woodland Park NJ 07424					
Project Manager for Monitoring Firm Rick Eustaquo		Telephone No. 908-206-0073	Telephone No. 862-243-1471	License No. 02063				
Start Date (10) 1/22/2026	Scheduled Completion Date (11) 1/25/2026		Name of OSHA Monitor Teal Management					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 24MorleyDrive City, State, Zip Code Woodland Park NJ 07424					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Bathroom		X	pipe insulation	10 LF	X			
Name of Registered Waste Hauler Teal Management			NJDEP Waste Hauler ID No. 40229	Cubic Yards of Waste 2 cy	Name of Registered Landfill Fairless Hills Landfill			
City, State Woodland Park NJ 07424			Disposal Date 1/25/2026	City, State Morrisville PA				
Completed by Tome Maslarkov		Title ProjectManager		Signature 		Date 1/21/2026		

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

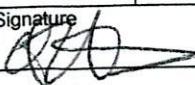
RECEIVED

Date of Notification (1) 01/20/2026		Name of Building Owner / Operator (2) Springpoint At Meadow Lakes Inc.		JAN 27 2026	
Agencies Notified	Type Notification	Street Address 300 Meadow Lakes			
		City, State & Zip Code East Windsor, NJ 08520			
		Name of Contact Mr. James Kasopsky		Telephone Number 717-723-0671	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Dining Hall / Lounge		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 300 Meadow Lakes		Square Feet Approx. 11,000		# of Floors 2	Bldg. Age Over 50 Years
City (5) East Windsor		County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Residential Community	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No.		Name of Abatement Contractor (9) Resource Management Group, LLC.	
Street Address P.O. Box 365		Street Address 2115 Hamilton Avenue, Suite 202			
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619			
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 609-839-2432		Telephone Number 609-914-4279	License Number 01185
Scheduled Start Date (10) 01-22-2026	Scheduled Completion Date (11) 01-26-2026				
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor J&S Environmental Laboratories, Inc.			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During Normal Hours Describe: 8:30am to 4:30pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083			
Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	
Dining Hall / Lounge – Duct Flanges		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Amount (Specify SF or LF) 3 LF	
				Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>	
				Mastic Adhesive	
				<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 Resource Management Group, LLC.		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature <i>Brian Haney</i>		Date 01-20-2026

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

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JAN 28 2026

Date of Notification (1) 1/23/2026		Name of Building Owner/Operator (2)					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 60 Elmwood Terrace					
		City, State, Zip Code Irvington, NJ 07111					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 60 Elmwood Terrace		Square Feet 1518	# of Floors 3				
City (5) Irvington		Bldg. Age 1920					
County (6) Essex		Current Use (Prior if being demolished) Private Residence					
Name of Monitoring Firm Hired by Building Owner (8) Efex Environmental Services		ASCM No.	Name of Abatement Contractor (9) Prestige Development Services Inc.				
Street Address 29 Garfield Street		Street Address 169 Lincoln Avenue Ste 204					
City, State, Zip Code Yonkers, NY 10701		City, State, Zip Code Bronx, NY 10451					
Project Manager for Monitoring Firm Sunday Igbinosa		Telephone No. 646-350-9079	Telephone No. 718-401-2744				
Start Date (10) 2/9/2026		Scheduled Completion Date (11) 5/9/2026	Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One)		Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: private home- unoccupied		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Basement		X	pipe insulation	4lf	X		
Basement		X	pipe elbow	1lf	X		
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth NJ			Disposal Date 3/11/26	City, State Pen Argyl, PA			
Completed by Fitzpatrick		Title PM		Signature 		Date 1/22/26	

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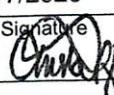
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 1/26/2026		Name of Building Owner/Operator (2) JAN 29 2026						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 280 Montross Avenue						
		City, State, Zip Code Rutherford, NJ 07070						
		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 280 Montross Avenue		Square Feet 3863	# of Floors 2					
City (5) Rutherford		Bldg. Age 108						
County (6) Bergen		Current Use (Prior if being demolished) Private Residence						
Name of Monitoring Firm Hired by Building Owner (8) Efex Environmental Services		ASCM No.	Name of Abatement Contractor (9) Prestige Development Services Inc.					
Street Address 29 Garfield Street		Street Address 169 Lincoln Avenue Ste 204						
City, State, Zip Code Yonkers, NY 10701		City, State, Zip Code Bronx, NY 10451						
Project Manager for Monitoring Firm Sunday Igbinosa		Telephone No. 646-350-9079	Telephone No. 718-401-2744					
Start Date (10) 2/11/2026		Name of OSHA Monitor						
Scheduled Completion Date (11) 6/9/2026								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: private home- unoccupied		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 ft <input type="checkbox"/> ≥160 sf or ≥260 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
		Yes	No			N/A	Removal	Repair
1st Floor bathroom			X	brown plaster wall	100sf	x		
						x		
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth NJ				Disposal Date 3/16/26	City, State Pen Argyl, PA			
Completed by Fitzpatrick		Title PM		Signature 		Date 1/26/26		

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

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Date of Notification (1) 01/28/2026		Name of Building Owner/Operator (2) Jersey City Board of Education					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
		Street Address 346 Claremont Avenue					
		City, State, Zip Code Jersey City, NJ 07305					
		Name of Contact Dr. Norma Fernandez		Telephone Number 201-915-6000			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PS-5 Dr. Michael Conti Public School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 182 Marseles Street			Square Feet 100,000	# of Floors 5			
City (5) Jersey City			Bldg. Age 75				
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address 1253 N. Church Street			Street Address 623 Cutler Avenue				
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Maple Shade, NJ 08052				
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 856-755-0099	License No. 00842			
Start Date (10) 02/13/2026	Scheduled Completion Date (11) 02/17/2026		Name of OSHA Monitor EMSL Analytical, Inc.				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure 							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Teacher's Lounge (1st Floor)	X		Floor Tile & Mastic	250 SF	X		
Teacher's Lounge (2nd Floor)	X		Floor Tile & Mastic	250 SF	X		
Teacher's Lounge (3rd Floor)	X		Floor Tile & Mastic	16 SF	X		
Name of Registered Waste Hauler Freehold Cartage			NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill		
City, State Freehold, NJ			Disposal Date 02/17/2026	City, State Morrisville, PA			
Completed by Christina Fay		Title VP of Operations		Signature 		Date 01/28/2026	

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

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

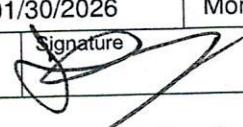
RECEIVED

Date of Notification (1) 01/27/2026		Name of Building Owner/Operator (2) Newark Board of Education		JAN 30 2026				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 190 Muhammad Ali Avenue						
		City, State, Zip Code Newark, NJ 07108						
		Name of Contact Benjamin Olagadeyo			Telephone Number 973-733-7220 x 8149			
		FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Chancellor Avenue Annex				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 255 Chancellor Avenue				Square Feet 100,000	# of Floors 4			
City (5) Newark				Bldg. Age 100				
County (6) Essex		County Code (7) <i>(STATE USE ONLY)</i> _____		Current Use (Prior if being demolished) School				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address 1253 N. Church Street				Street Address 623 Cutler Avenue				
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code Maple Shade, NJ 08052				
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800		Telephone No. 856-755-0099	License No. 00842			
Start Date (10) 01/28/2026	Scheduled Completion Date (11) 01/30/2026			Name of OSHA Monitor EMSL Analytical, Inc.				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				Street Address 200 Route 130 North				
				City, State, Zip Code Cinnaminson, NJ 08077				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
						Yes	No	N/A
Arts Room		X		Pipe Insulation	8 LF	X		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill			
City, State Freehold, NJ				Disposal Date 01/30/2026	City, State Morrisville, PA			
Completed by Samantha Brown		Title Operations Coordinator			Signature <i>SB</i>		Date 01/27/2026	

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

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Date of Notification (1) 01/22/2026		Name of Building Owner/Operator (2) JAN 30 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <u>Amendment # 1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 27 Maple Lane					
		City, State, Zip Code Howell, NJ 07731					
	Name of Contact	Telephone Number					
	FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 27 Maple Lane		Square Feet 1,134	# of Floors 1				
City (5) Howell		Bldg. Age 70					
County (6) Monmouth		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address PO Box 341		Street Address 623 Cutler Avenue					
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099				
Start Date (10) 01/23/2026		Scheduled Completion Date (11) 01/30/2026					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Name of OSHA Monitor EMSL Analytical, Inc.					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
<u>Location of Asbestos-Containing Material (ACM)</u> <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Removal Repair Encapsulate Enclosure		
Kitchen	X		Floor Tile	126 SF	X		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill		
City, State Freehold, NJ		Disposal Date 01/30/2026		City, State Morrisville, PA			
Completed by Samantha Brown		Title Operations Coordinator			Signature  Date 01/22/2026		

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

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Date of Notification (1) 01/23/2026		Name of Building Owner/Operator (2) JAN 30 2026						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 392 Flanders Road						
		City, State, Zip Code Bellmawr, NJ 08031						
		Name of Contact		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 392 Flanders Road			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 392 Flanders Road			Square Feet 912	# of Floors 1				
City (5) Bellmawr			Bldg. Age 71					
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence				
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341		Street Address 623 Cutler Avenue						
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 01/28/2026		Scheduled Completion Date (11) 02/02/2026		Name of OSHA Monitor EMSL Analytical, Inc.				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 200 Route 130 North						
		City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 if <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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)		Abatement Type			
					Yes	No	N/A	Removal
Kitchen & Laundry Room				Floor Tile		170 SF	X	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill		
				Disposal Date 02/02/2026		City, State Morrisville, PA		
Completed by Samantha Brown		Title Operations Coordinator		Signature <i>SB</i>		Date 01/23/2026		

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

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Date of Notification (1) 01/28/2026		Name of Building Owner/Operator (2) FEB 2 2026										
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation										
		Street Address 703 W. Maple Avenue City, State, Zip Code West Wildwood, NJ 08260										
		Name of Contact _____ Telephone Number _____										
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Street Address 703 W. Maple Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
City (5) West Wildwood		Square Feet 493	# of Floors 1									
County (6) Cape May		Bldg. Age 98										
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence										
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No. 609-298-4070	Name of Abatement Contractor (9) Shade Environmental, LLC									
Street Address PO Box 341		Street Address 623 Cutler Avenue										
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052										
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 856-755-0099	Telephone No. License No. 00842									
Start Date (10) 02/10/2026	Scheduled Completion Date (11) 02/12/2026		Name of OSHA Monitor EMSL Analytical, Inc.									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 200 Route 130 North										
		City, State, Zip Code Cinnaminson, NJ 08077										
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Renovation</td> <td><input type="checkbox"/> Full Containment with Negative Pressure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Mini-Enclosure</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Glovebag Procedure</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>					<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure		<input type="checkbox"/> Glovebag Procedure		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure											
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure											
	<input type="checkbox"/> Glovebag Procedure											
	<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type					
							Yes	No	N/A	Removal	Repair	Enclosure
Exterior of House		<input checked="" type="checkbox"/>		Siding		822 SF	X					
Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426		Cubic Yards of Waste 6		Name of Registered Landfill Cape May County Landfill						
City, State Maple Shade, NJ				Disposal Date 02/12/2026		City, State Woodbine, NJ						
Completed by Shannon Thomson		Title Operations Manager		Signature <u>Shannon Thomson</u>		Date 01/28/2026						

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)
 PAL-Job# 25-1167

FEB 2 2026

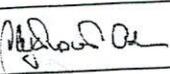
Date of Notification (1) 10/07/2025		Name of Building Owner/Operator (2) New Jersey Performing Arts Center, Inc.						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 Rector Street	ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Newark, NJ 07102						
		Name of Contact Tim Lizura	Telephone Number 973-297-5144					
		FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) New Jersey Performing Arts Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 24 Rector Street			Square Feet	# of Floors	Bldg. Age			
City (5) Newark, NJ								
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Whitman Company		ASCM No. 00110	Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Enviro+					
Street Address 100 Franklin Square Drive Suite 200			Street Address 11-02 Queens Plaza South					
City, State, Zip Code Somerset, NJ 08873			City, State, Zip Code Long Island City, NY 11101					
Project Manager for Monitoring Firm Mark Costantino		Telephone No. 732-491-1620	Telephone No. 718-349-0900	License No. 00853				
Start Date (10) 02/09/2026	Scheduled Completion Date (11) 08/09/2026		Name of OSHA Monitor Hugo Lascano					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 1602 80th Street					
			City, State, Zip Code North Bergen, NJ 07047					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	
	X					Pipe Insulation	600 LF	X
	X					Pipe Insulation	550 LF	X
	X					Pipe Insulation	300 LF	X
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 60 Yards	Name of Registered Landfill Minerva Enterprises			
City, State Shirley, NY 11967				Disposal Date 02/16/2026	City, State Waynesburg, OH 44688			
Completed by Ann A. Ali		Title Compliance Admin		Signature		Date 01/29/2026		

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3999
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

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Date of Notification (1) 01/14/2026		Name of Building Owner/Operator (2) Borough of Beach Haven		Check No. 3999				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Engleside Ave JAN 20 2026						
		City, State, Zip Code Beach Haven, New Jersey 08008						
		Name of Contact Ronald A. Sebring Associates, LLC Architect		Telephone Number 609 633-2648				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Commercial Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 420 Pelham Avenue								
City (5) Beach Haven, New Jersey 08008			Square Feet 20000	# of Floors 2	Bldg. Age 50+			
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 120 North Warren Street		Street Address 246 Union Boulevard						
City, State, Zip Code Trenton, NJ 0860		City, State, Zip Code Totowa, New Jersey 07512						
Project Manager for Monitoring Firm Roland C. Jones, CIH		Telephone No 609-392-4200	Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 01/28/2026		Scheduled Completion Date (11) 02/28/2026	Name of OSHA Monitor LIS CONSULTING SERVICES, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 3 B Cottage Court City, State, Zip Code Whiting, New Jersey					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF)	Abatement Type		
						Yes	No	N/A
West Wing Exterior		X		Window/Door Caulk	1200SF	X		
West Wing Crawlspace		X		TSI Pipe/Jacket Insulation (Wrap & Cut)	72LF	X		
Electrical Rm Galley, West Overhang Exterior		X		Cement Board Panel	1415SF	X		
Throughout West Wing Main Level		X		Black Mastic	6500SF	X		
West Wing Exterior		X		Lintel Caulk	240LF	X		
Galley		X		Textured Finish Cement Board Panel	20SF	X		
Galley		X		Steam Table Insulation	100SF	X		
Throughout West Wing		X		Steam Table Insulation	60SF	X		
West Wing Command Room, Electrical Rm, Throughout West Wing, Behind Walls		X		Muddled Fitting Insulation Off Fiberglass Pipe	208LF	X		
Name of Registered Waste Hauler Century Waste Services			NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill		
City, State Elizabeth, New Jersey					Disposal Date February/2026	City, State Waynesburg, Ohio, PA		

Completed by Adriana Olejarova	Title President	Signature 	Date 01/14/2026
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ASB-41 (R-06-08)

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

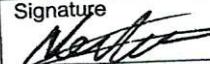
~~RECEIVED~~

Date of Notification (1) 1/28/2025		Name of Building Owner/Operator (2) FEB 2 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 97 Satterthwaite Avenue					
		City, State, Zip Code Nutley, NJ					
		Name of Contact	Telephone Number				
		FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 97 Satterthwaite Avenue		Square Feet 2	# of Floors 2				
City (5) Nutley		Bldg. Age 93					
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartments					
Name of Monitoring Firm Hired by Building Owner (8) Efex Environmental Services		ASCM No.	Name of Abatement Contractor (9) Prestige Development Services Inc.				
Street Address 29 Garfield Street		Street Address 169 Lincoln Avenue Suite 204					
City, State, Zip Code Yonkers, NY 10701		City, State, Zip Code Bronx, NY 10454					
Project Manager for Monitoring Firm Sunday Igbinosa		Telephone No. 646-350-9079	Telephone No. 718-401-2744	License No. 01260			
Start Date (10) 2/16/26	Scheduled Completion Date (11) 3/16/26	Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Private home- unoccupied		Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
2nd Floor closet in childs bedroom			wallplaster	100f	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth NJ		Disposal Date 2/18/26	City, State Pen Argyl, PA				
Completed by John Roth		Title PM	Signature <i>John Roth</i>		Date 1/28/26		

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

Date of Notification (1) 1/28/2026		Name of Building Owner/Operator (2) FEB 3 2026					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5 Cecil Lane Pl City, State, Zip Code West Orange, NJ 07052 Name of Contact _____					
		Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 5 Cecil Lane Pl		Square Feet 1,955 SF	# of Floors 2	Bldg. Age 98 YRS			
City (5) West Orange		Current Use (Prior if being demolished) Residence					
County (6) Essex		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting				
Street Address		Street Address 54 Hedden Terrace					
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (201) 790-4530	License No. 02047			
Start Date (10) 1/31/2026	Scheduled Completion Date (11) 2/2/2026		Name of OSHA Monitor True Star Contracting				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 54 Hedden Terrace City, State, Zip Code North Arlington, New Jersey 07031					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Basement		X	Asbestos Pipe Insulation	15 LF	X		
Name of Registered Waste Hauler True Star Contracting			NJDEP Waste Hauler ID No. 0041405	Cubic Yards of Waste 1	Name of Registered Landfill Chrin Brothers Landfill		
City, State North Arlington, New Jersey			Disposal Date TBD	City, State Easton, PA			
Completed by Nestor M. Alvez		Title Project Manager		Signature 		Date 1/28/2026	

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Page 1+3 Amended Notification New Completion Date & Additional Material PAID RECEIVED

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

Check 10396 3 2026

Date of Notification (1) 12/4/25		Name of Building Owner/Operator (2) Fortuna Park LLC			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 342 W 9th St			
		City, State, Zip Code Ship Bottom NJ 08008			
		Name of Contact Jeff Debastos	Telephone Number 609-618-4100		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Demolition Former Ship Bottom Elm School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 201 W 20th Street		Square Feet 1000+	# of Floors 1		
City (5) Ship Bottom NJ 08008		Bldg. Age 35+			
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group Inc		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.		
Street Address PO Box 316		Street Address PO Box 329			
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code West Berlin NJ 08091			
Project Manager for Monitoring Firm Steven Flanagan		Telephone No. 856-848-0800	Telephone No. 856-753-9800		
Start Date (10) 12/17/25		License No. 00727			
Scheduled Completion Date (11) 2/28/26					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Same			
		Street Address			
		City, State, Zip Code			
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Room 18 Kiln		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			
		Yes	No	N/A	
Throughout 1951 & 1962 Sections		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			
		Floor Tile & Mastic		Amount (Specify SF or LF) 15 SF	Abatement Type
Kitchen		Exhaust Hood Insulation		25,000 SF	Removal
		Transite Panels		25LF	x
Room 18		Exterior Louver Caulk		16 LF	x
		Cubic Yards of Waste TBD		105 LF	x
Throughout 1951 & 1962 Sections		Name of Registered Landfill Fairless Hills			
Name of Registered Waste Hauler Mazza Recycling		Disposal Date TBD		City, State Morrisville PA 10067	
City, State Tinton Falls NJ 07753		Signature <i>CL</i>		Date 12/4/25	
Completed by Anthony T Perna		Title President			

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

Page 2 of 3

Amended Notification New Completion Date & Additional Material

Print Form

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)PAID
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Check 10396

Date of Notification (1) 12/4/25		Name of Building Owner/Operator (2) Fortuna Park LLC		FEB 3 2026			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 342 W 9th St			
		City, State, Zip Code Ship Bottom NJ 08008		ASBESTOS CONTRACTOR LICENSING			
		Name of Contact Jeff Debastos		Telephone Number 609-618-4100			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Demolition Former Ship Bottom Elm School				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 201 W 20th Street				Square Feet 1000+	# of Floors 1		
City (5) Ship Bottom NJ 08008				Bldg. Age 35+			
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group Inc		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.			
Street Address PO Box 316				Street Address PO Box 329			
City, State, Zip Code Thorofare NJ 08086				City, State, Zip Code West Berlin NJ 08091			
Project Manager for Monitoring Firm Steven Flanagan		Telephone No. 856-848-0800		Telephone No. 856-753-9800	License No. 00727		
Start Date (10) 12/17/25	Scheduled Completion Date (11) 2026 2/28/26			Name of OSHA Monitor Same			
Occupancy Status During Abatement (Check Only One)				Street Address			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				City, State, Zip Code			
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) <i>Boiler Room</i>		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) <i>Fire Door</i>	Amount (Specify SF or LF) <i>32.5 sf</i>	Abatement Type	
		Yes	No			N/A	Removal
1951 & 1962 Sections			X	Roofing Material	33,000 SF	X	
Throughout 1951 & 1962 Sections			X	Door Caulk	200 LF	X	
PE Office 32			X	Pipe Fittings	25 LF	X	
MRP Right Side Storage Closet			X	Transite Panels	400 SF	X	
Name of Registered Waste Hauler Mazza Recycling		NJDEP Waste Hauler ID No. 36891		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills		
City, State Tinton Falls NJ 07753				Disposal Date TBD	City, State Morrisville PA 10067		
Completed by Anthony T Perna		Title President		Signature <i>AC</i>		Date 12/4/25	

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Page
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Amended Notification New Completion Date & Additional Material

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

Check10396 B 3

2026

Date of Notification (1) 12/4/25		Name of Building Owner/Operator (2) Fortuna Park LLC					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 342 W 9th St					
		City, State, Zip Code Ship Bottom NJ 08008					
		Name of Contact Jeff Debastos	Telephone Number 609-618-4100				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Demolition Former Ship Bottom Elm School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 201 W 20th Street		Square Feet 1000+	# of Floors 1				
City (5) Ship Bottom NJ 08008		Bldg. Age 35+					
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group Inc		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.				
Street Address PO Box 316		Street Address PO Box 329					
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm Steven Flanagan		Telephone No. 856-848-0800	Telephone No. 856-753-9800				
Start Date (10) 12/17/25		Scheduled Completion Date (11) 2/28/26					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Same					
		Street Address					
		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
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
Throughout 1951 & 1962 Sections		X	Glue Dots	240 SF	X		
1951 & 1962 Sections Attic Space		X	Transite Panels above	4000 SF	X		
Name of Registered Waste Hauler Mazza Recycling			NJDEP Waste Hauler ID No. 36891	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills		
City, State Tinton Falls NJ 07753			Disposal Date TBD	City, State Morrisville PA 10067			
Completed by Anthony T Perna	Title President		Signature <i>Anthony Perna</i>		Date 12/4/25		

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

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

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

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Date of Notification (1) 01/19/2026		Name of Building Owner/Operator (2)						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 60 Bergen St						
		City, State, Zip Code Garfield NJ 07026		FEB 3 2026				
		Name of Contact		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 60 Bergen St		Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
City (5) Garfield NJ 07026		Current Use (Prior if being demolished) Private Dwelling						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No.	Name of Abatement Contractor (9) Teal Management					
Street Address 2108 Fulton St Suite 2A		Street Address 24 Morley Drive						
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424						
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 862-243-1471	License No. 02063				
Start Date (10) 1/29/2026	Scheduled Completion Date (11) 2/15/2026		Name of OSHA Monitor Teal Management					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 24 Morley Drive					
			City, State, Zip Code Woodland Park NJ 07424					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Basement			X	VAT & Mastic	600 SF	X		
Name of Registered Waste Hauler Teal Management			NJDEP Waste Hauler ID No. 940229	Cubic Yards of Waste 10 CY	Name of Registered Landfill Forest Hills Landfill			
City, State Woodland Park NJ 07424			Disposal Date 2/15/2026	City, State Morrisville PA				
Completed by Tome Maslarkov		Title Project Manager		Signature	Date 1/19/2026			

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

FEB 3 2026

Date of Notification (1) 1/30/2026		Name of Building Owner/Operator (2)						
Agencies Notified	Type Notification	Street Address 76 East 34th Street						
		City, State, Zip Code Paterson, NJ 07514						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
		Name of Contact _____						
		Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 76 East 34th Street		Square Foot 2,200	# of Floors 2					
City (5) Paterson		Bldg. Age 55+						
County (6) Passaic		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____						
Name of Abatement Contractor (9) Unicorn Contracting Corp.								
Street Address		Street Address 14 Willow Street						
City, State, Zip Code		City, State, Zip Code Bloomfield, NJ 07003						
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331					
Start Date (10) 1/31/2026		Scheduled Completion Date (11) 1/31/2026						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am-4:30pm		Name of OSHA Monitor Envirovision Consultants, Inc.						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
Basement boiler room		X		TSI	20 LF	X		
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill			
City, State Bloomfield, New Jersey				Disposal Date TBD	City, State Morrisville, PA			
Completed by Blazhe Grozdanov		Title Project Manager		Signature <i>[Signature]</i>	Date 1/30/2026			

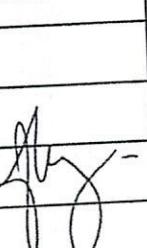
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

FEB 3 2026

Date of Notification (1) 1/22/2026		Name of Building Owner/Operator (2) 82 McKay Avenue East Orange, NJ 07018	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> Initial <input type="checkbox"/> DEP <input type="checkbox"/> Amended <input checked="" type="checkbox"/> DOL <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> DCA <input type="checkbox"/> Cancellation		<input type="checkbox"/> Street Address 82 McKay Avenue City, State, Zip Code East Orange, NJ 07018 <input type="checkbox"/> Name of Contact Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 82 McKay Avenue City (5) East Orange County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
		Square Foot 2,000	# of Floors 2
		Bldg. Age 55+	
		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Street Address		Street Address 14 Willow Street	
City, State, Zip Code		City, State, Zip Code Bloomfield, NJ 07003	
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 1/24/2026		Scheduled Completion Date (11) 1/24/2026	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am-4:30pm		Name of OSHA Monitor Envirovision Consultants, Inc.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) TSI 20 LF
Basement boiler room		X	
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1+
City, State Bloomfield, New Jersey		Disposal Date TBD	Name of Registered Landfill Fairless Hills Landfill
Completed by Blazhe Grozdanov		Title Project Manager	Signature 
			Date 1/22/2026

Proj. #: 26-16

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

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FEB 3 2026

Date of Notification (1) 10/11/2017/12/16	
Agencies Notified	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended
<input checked="" type="checkbox"/> DOL	Amendment #: _____
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation

Name of Building Owner/Operator (2)

Street Address

131 Highland Avenue

City, State, Zip Code

Basking Ridge, NJ 07920

Name of Contact

ASBESTOS CONTROL REQUEST

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

131 Highland Avenue

City (5)

Basking Ridge, NJ 07920

County (6)

Morris

County Code (7)
(State use only)

Type of Facility (4)

School (K - 12)
 Subchapter 8 (Other than K-12)
 Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age
2,500 SF 03 64Current Use (Prior if being demolished)
Residential

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

ASCM No.

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Name of Abatement Contractor (9)

KLOMAX, LLC

Street Address

144 US Highway 46

City, State, Zip Code

Budd Lake, NJ 07828

Telephone Number

833-455-6629

License Number
02007

Name of OSHA Monitor

KLOMAX, LLC

Street Address

144 US Highway 46

City, State, Zip Code

Budd Lake, NJ 07828

Scope of Work (check all that apply)

 >3 sf or >3 lf Renovation ≥160 sf or ≥260 lf Demolition Full Containment w/negative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

VAT + Mastic

VAT + Mastic

VAT + Mastic

Mastic

Amount
(Specify SF or LF)

200 SF

255 SF

60 SF

200 SF

R
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p
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i
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n
c
a
pE
n
c
l

Ground Floor Bedroom

Ground Floor Living Room

Ground Floor Bathroom

Ground Floor Hallway

Registered Waste Hauler
KLOMAX, LLCNJDEP Hauler ID#
0038241Cubic Yards of Waste
1 CYD.Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERYCity, State
Budd Lake, NJ 07828Disposal Date
TBDCity, State
TULLYTOWN, PACompleted by (Print or Type)
Gordana StojanovskaTitle
Secretary

Signature

Date
01/27/2026

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

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10816

Date of Notification (1) 01/21/2026		Name of Building Owner/Operator (2) FEB 3 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 21 Florister Drive					
		City, State, Zip Code Hamilton, NJ 08690					
		Name of Contact		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 21 Florister Drive			Square Feet 2,592	# of Floors 2			
City (5) Hamilton			Bldg. Age 62				
County (6) Mercer		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC			
Street Address PO Box 341		Street Address 623 Cutler Avenue					
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842			
Start Date (10) 01/28/2026	Scheduled Completion Date (11) 02/02/2026		Name of OSHA Monitor EMSL Analytical, Inc.				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 200 Route 130 North				
			City, State, Zip Code Cinnaminson, NJ 08077				
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <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
Living Room		X	Floor Tile	259 SF	X		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill		
City, State Freehold, NJ				Disposal Date 02/02/2026	City, State Morrisville, PA		
Completed by Samantha Brown		Title Operations Coordinator				Date 01/21/2026	

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

Date of Notification (1) 1/21/2026		Name of Building Owner/Operator (2) 169 Academy Street South Orange, NJ 07079	
Agencies Notified	Type Notification	Street Address	ASBESTOS ABATEMENT
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 169 Academy Street		<input type="checkbox"/> School (K-12)	
City (5) South Orange		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Essex		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Name of Monitoring Firm Hired by Building Owner (8)		Square Foot 1,500	# of Floors 2
		Bldg. Age 55+	
ASCM No.		Current Use (Prior if being demolished)	
Name of Abatement Contractor (9) Unicorn Contracting Corp.			
Street Address 14 Willow Street			
City, State, Zip Code Bloomfield, NJ 07003			
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 1/24/2026		Scheduled Completion Date (11) 1/24/2026	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Envirovision Consultants, Inc.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Fair Lawn, NJ 07410	
<input checked="" type="checkbox"/> Other - Describe: <u>8am-4:30pm</u>			
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
			<input checked="" type="checkbox"/> Glovebag Procedure
			<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes	No
Basement boiler room		TSI	
		30 LF	X
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1+
City, State Bloomfield, New Jersey		Disposal Date TBD	Name of Registered Landfill Fairless Hills Landfill
Completed by Blazhe Grozdanov		Title Project Manager	Signature
			Date 1/21/2026

3550
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) Street Address 123 Christie Ave				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
		City, State, Zip Code Clifton, NJ 07011				
		Name of Contact		Telephone Number		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 123 Christie Ave			Square Feet 2,160	# of Floors 2		
City (5) Clifton, NJ 07011			Bldg. Age 1921			
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC			
Street Address			Street Address 75 Voorhis Place			
City, State, Zip Code			City, State, Zip Code Ringwood NJ 07456			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-466-0166	License No. 02126		
Start Date (10) 01/19/2026	Scheduled Completion Date (11) 01/26/2026		Name of OSHA Monitor			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address			
			City, State, Zip Code			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
Basement		X	floor tile & mastic	840 SF	X	
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill		
City, State Elizabeth, NJ			Disposal Date 01/26/2026	City, State Pen Argyl, PA		
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 01/16/2026

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

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Date of Notification (1) 01/19/2026		Name of Building Owner/Operator (2) FEB 2 2026													
Agencies Notified	<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification											
				<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation											
		Street Address 252 Pembroke Rd		Address of Abatement Location											
		City, State, Zip Code Mountainside, NJ 07092													
		Name of Contact		Telephone Number											
FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)											
Street Address 252 Pembroke Rd				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)											
City (5) Mountainside, NJ 07092				Square Feet 2,000	# of Floors 2	Bldg. Age 1953									
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)											
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) VEL Construction, LLC											
Street Address				Street Address 75 Voorhis Place											
City, State, Zip Code				City, State, Zip Code Ringwood NJ 07456											
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-466-0166	License No. 02126										
Start Date (10) 01/20/2026		Scheduled Completion Date (11) 01/27/2026		Name of OSHA Monitor											
Occupancy Status During Abatement (Check Only One)				Street Address											
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				City, State, Zip Code											
Scope of Work (Check All That Apply)															
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type								
							Yes	No	N/A	Removal	Repair	Encapsulate			
							Basement		X	floor tile		20 sf	X		
							Basement		X	mastic		212 sf	X		
Basement		X	carpet pad		152 sf	X									
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill										
City, State Elizabeth, NJ				Disposal Date 01/27/2026	City, State Pen Argyl, PA										
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 01/19/2026									

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

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Date of Notification (1) 01/19/2026		Name of Building Owner/Operator (2) FEB 2 2026			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			Street Address 251 Burgess Pl	
				City, State, Zip Code Clifton, NJ 07011	
				Name of Contact _____	
				Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 251 Burgess Pl				Square Feet 2,352	
City (5) Clifton, NJ 07011				# of Floors 2	
County (6) Passaic				Bldg. Age 1900	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) VEL Construction, LLC	
Street Address				Street Address 75 Voorhis Place	
City, State, Zip Code				City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-466-0166	License No. 02126
Start Date (10) 01/29/2026		Scheduled Completion Date (11) 02/05/2026		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Kitchen		X		wall (floor to ceiling) 60 SF x	
Basement staircase		X		wall 60 SF x	
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	
City, State Elizabeth, NJ				Name of Registered Landfill Grand Central Sanitary Landfill	
Disposal Date 02/05/2026				City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i> Date 01/19/2026	

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

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Date of Notification (1) 01/19/2026		Name of Building Owner/Operator (2)					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Rankin Ave	ANNUAL ASBESTOS ABATEMENT				
		City, State, Zip Code Basking Ridge, NJ 07920					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 20 Rankin Ave		Square Feet 1,384	# of Floors 1	Bldg. Age 1948			
City (5) Basking Ridge, NJ 07920		Current Use (Prior if being demolished)					
County (6) Somerset		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC				
Street Address		Street Address 75 Voorhis Place					
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 466-0166	License No. 02126			
Start Date (10) 01/29/2026	Scheduled Completion Date (11) 02/05/2026		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Utility Room		X	floor tile	578 SF	X		
Bedroom		X	floor tile	664 SF	X		
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill		
City, State Elizabeth, NJ				Disposal Date 02/05/2026	City, State Pen Argyl, PA		
Completed by Lubica Perez	Title Owner		Signature Lubica Perez		Date 01/19/2026		

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

Check 3454

Date of Notification (1) 01/20/2026		Name of Building Owner/Operator (2) FEB 2 2026						
Agencies Notified	Type Notification		Street Address 18 Kierst St City, State, Zip Code Parlin, NJ 08859 Name of Contact Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential Street Address 18 Kierst St			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Parlin, NJ 08859			Square Feet 2,100	# of Floors 1				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC					
Street Address			Street Address 75 Voorhis Place					
City, State, Zip Code			City, State, Zip Code Ringwood NJ 07456					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-466-0166	License No. 02126				
Start Date (10) 01/22/2026		Scheduled Completion Date (11) 01/29/2026		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure 								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
		Yes	No			N/A	Removal	Repair
2nd Fl Hallway, closet, Dining room		X		floor tile	343 SF	x		
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ				Disposal Date 01/29/2026	City, State Pen Argyl, PA			
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>		Date 01/20/2026		

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

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Date of Notification (1) 01/20/2026		Name of Building Owner/Operator (2) FEB 2 2026							
Agencies Notified	Type Notification	Street Address 513 Clifton St ASBESTOS CONTROL & LICENSING							
		City, State, Zip Code Westfield, NJ 07090							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 513 Clifton St		Square Feet 1,766	# of Floors 2						
City (5) Westfield, NJ 07090		Bldg. Age 1959							
County (6) Union		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Telephone No. 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201-466-0166							
Start Date (10) 01/22/2026		Scheduled Completion Date (11) 01/29/2026							
Name of OSHA Monitor		License No. 02126							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type	
Basement		X		floor tile & mastic		318 SF		X	
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ				Disposal Date 01/29/2026		City, State Pen Argyl, PA			
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 01/20/2026			

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3493
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 01/20/2026		Name of Building Owner/Operator (2) FEB 2 2026						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 645 Roosevelt St						
		City, State, Zip Code Westfield, NJ 07090						
		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 645 Roosevelt St		Square Feet 1,868	# of Floors 2					
City (5) Westfield, NJ 07090		Bldg. Age 1930						
County (6) Union		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC					
Street Address		Street Address 75 Voorhis Place						
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-466-0166					
Start Date (10) 01/30/2026		Scheduled Completion Date (11) 02/06/2026						
Name of OSHA Monitor		License No. 02126						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) Basement	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
				pipe insulation	45 LF	x		
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ				Disposal Date 02/06/2026	City, State Pen Argyl, PA			
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 01/20/2026		

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3094
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Check 3494

P P C H E V I E D

Date of Notification (1) 01/20/2026		Name of Building Owner/Operator (2) FEB 2 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 485 Edgewood Rd	
		City, State, Zip Code White House Station, NJ 08889	
		Name of Contact APPROVED CONSTRUCTION	Telephone Number !

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 485 Edgewood Rd		Square Feet 1,800	# of Floors 1
City (5) White House Station, NJ 08889		Bldg. Age 1935	
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC
Street Address		Street Address 75 Voorhis Place	
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456	
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126
Start Date (10) 01/21/2026	Scheduled Completion Date (11) 01/28/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
Basement	X	boiler thermal insulation			35 SF		X
Basement	X	pipe insulation			8 LF		X

Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 01/28/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez	Title Owner	Signature Lubica Perez		Date 01/20/2026	

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

PAID

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

Check 3495

Date of Notification (1) 01/20/2026		Name of Building Owner/Operator (2) FEB 2 2026			
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 163 Rollins Trail			
		City, State, Zip Code Hopatcong, NJ 07843	ASBESTOS CONTROL & LICENSING		
Name of Facility Where Abatement is Taking Place (3) Residential		Name of Contact _____			
Street Address 163 Rollins Trail		Telephone Number _____			
City (5) Hopatcong, NJ 07843		Square Feet 1,712	# of Floors 1		
County (6) Sussex		Bldg. Age 1975			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. VEL Construction, LLC	Name of Abatement Contractor (9) VEL Construction, LLC		
Street Address		Street Address 75 Voorhis Place			
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456			
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126		
Start Date (10) 01/21/2026	Scheduled Completion Date (11) 01/28/2026	Name of OSHA Monitor			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address City, State, Zip Code			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 if <input checked="" type="checkbox"/> ≥160 sf or ≥260 if		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) Living room	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF) 300 SF	Abatement Type	
	Yes	No		N/A	Removal
		Floor tile		Encapsulate	Enclosure
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 01/28/2026	City, State Pen Argyl, PA		
Completed by Lubica Perez	Title Owner		Signature Lubica Perez		Date 01/20/2026

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

14-167032146
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <u>01</u> / <u>30</u> / <u>26</u>		Name of Building Owner/Operator (2) Department of The Army									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5418 S. Scott Plaza									
		City, State, Zip Code Fort Dix, NJ 08640									
		Name of Contact Jeanine Brownlee									
		Telephone Number 609-562-2458									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Building 5258		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)									
Street Address 5418 S. Scott Plaza		Square Feet 10000	# of Floors 2								
City (5) Fort Dix		Bldg. Age 75 +/-									
County (6) Burlington		Current Use (Prior if being demolished) Vacant									
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.								
Street Address 301 9th Street		Street Address 8436 Enterprise Avenue									
City, State, Zip Code West Deptford, NJ 08086		City, State, Zip Code Philadelphia, PA 19153									
Project Manager for Monitoring Firm Steve Flanagan		Telephone No. 856-848-0800	Telephone No. 215-365-5810								
Start Date (10) <u>02</u> / <u>09</u> / <u>26</u>		Scheduled Completion Date (11) <u>03</u> / <u>09</u> / <u>26</u>									
Name of OSHA Monitor USA Environmental Management, Inc		License No. 1156									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00 AM-5:00 PM/</u> <u>PM</u> - <u>AM</u>		Street Address 8436 Enterprise Avenue									
		City, State, Zip Code Philadelphia, PA 19153									
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%;"><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>	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			
			Yes	No	N/A						
Removal	Repair	Encapsulate	Enclosure								
First Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mstic		2968 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic		2240 Sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe fitting		1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar of porch		880 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental Management, Inc.			NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 150 CY	Name of Registered Landfill Cumberland County MUA						
City, State Philadelphia, PA 19153			Disposal Date 03/31/2026	City, State Milleville, NJ							
Completed By (Print or Type) Tracy Smith		Title President		Signature <i>For: T. Smith</i>		Date 01/30/26					

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

Date of Notification (1) <u>01</u> / <u>30</u> / <u>26</u>		Name of Building Owner/Operator (2) Department of The Army <i>RECEIVED</i>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			Street Address 5418 S. Scott Plaza <i>FEB 21 2026</i>		
				City, State, Zip Code Fort Dix, NJ 08640		
				Name of Contact Jeanine Brownlee		Telephone Number 609-562-2458
				FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Building 5257			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address 5418 S. Scott Plaza			Square Feet 10000	# of Floors 2		
City (5) Fort Dix			Bldg. Age 75 +/-			
County (6) Burlington		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant		
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.			
Street Address 301 9th Street			Street Address 8436 Enterprise Avenue			
City, State, Zip Code West Deptford, NJ 08086			City, State, Zip Code Philadelphia, PA 19153			
Project Manager for Monitoring Firm Steve Flanagan		Telephone No. 856-848-0800	Telephone No. 215-365-5810	License No. 1156		
Start Date (10) <u>02</u> / <u>16</u> / <u>26</u>	Scheduled Completion Date (11) <u>04</u> / <u>30</u> / <u>26</u>		Name of OSHA Monitor USA Environmental Management, Inc			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00 AM-5:00 PM/</u> <u>PM-</u> <u>AM</u>			Street Address 8436 Enterprise Avenue			
			City, State, Zip Code Philadelphia, PA 19153			
Scope of Work (Check all that apply)						
<input type="checkbox"/> <u>≥3 sf or ≥3 lf</u> <input checked="" type="checkbox"/> <u>≥160 sf or ≥260 lf</u>		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	
					<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Repair
First Floor		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Floor tile, mastic and cove base		11320 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
First Floor		<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Floor Tile		2720 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
First Floor		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Joint Compound		12000 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exterior		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Tar of porch		880 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental Management, Inc.			NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 150 CY	Name of Registered Landfill Cumberland County MUA	
City, State Philadelphia, PA 19153			Disposal Date 03/31/2026	City, State Milleville, NJ		
Completed By (Print or Type) Tracy Smith		Title President		Signature <i>Tracy Smith</i>	Date 01/30/26	

CIC# 6362

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4-2006

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

Date of Notification (1) <u>1-29-26</u>		Name of Building Owner/Operator (2) <u>HALLIDAY & LEONARD FEB</u>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
Street Address <u>700 HAVEN AVE</u>		City, State, Zip Code <u>OCEAN CITY N.J 08226</u>				
Name of Contact _____ _____ _____		Telephone Number _____ _____ _____				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>5024 WEST AVE</u>		Square Feet _____	# of Floors _____			
City (5) <u>OCEAN CITY</u>		Bldg. Age _____				
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) <u>KLEMCO INC.</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>				
Street Address _____ _____ _____		Street Address <u>369 S SPRUCE AVE</u>				
City, State, Zip Code _____ _____ _____		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>				
Project Manager for Monitoring Firm _____ _____ _____		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>			
Start Date (10) <u>2-8-26</u>	Scheduled Completion Date (11) <u>2-18-26</u>	Name of OSHA Monitor <u>N/A</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ _____ _____				
City, State, Zip Code _____ _____ _____		City, State, Zip Code _____ _____ _____				
Scope of Work (Check all that apply)						
<input type="checkbox"/> ≥3 sf or ≥3 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <u>Yes</u> <u>No</u> <u>N/A</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>3000 SF</u>	Abatement Type	
					Removal <u>X</u>	Repair <u> </u>
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>C MCMUA</u>		
City, State <u>MAPLE SHADE N.J 08053</u>		Disposal Date _____ _____ _____	City, State <u>WOOD BINE NJ</u>			
Completed By <u>MIKE KLEMCO</u>	Title <u>PRESIDENT</u>	Signature <u> </u>		Date <u>1-29-26</u>		

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

6362 CLK # 6362

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

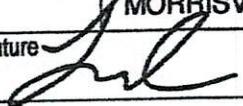
RECEIVED

FEB 4 2006

Date of Notification (1) <u>1-29-26</u>		Name of Building Owner/Operator (2) <u>DAVES DEMOLITION</u>								
Agencies Notified	Type Notification: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>121 TRUDY AVE</u>								
		City, State, Zip Code <u>EGG HARBOR TWP., NJ 08234</u>								
		Name of Contact _____ <td>Telephone Number _____</td>	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address <u>154 OCEAN RD</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>							
City (5) <u>OCEAN CITY</u>		Bldg. Age <u>50+</u>								
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY) _____ <td colspan="2">Current Use (Prior if being demolished) <u>VACANT</u></td>	Current Use (Prior if being demolished) <u>VACANT</u>								
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____ <td colspan="2">Name of Abatement Contractor (9) <u>KLEMCO INC</u></td>	Name of Abatement Contractor (9) <u>KLEMCO INC</u>								
Street Address _____ <td colspan="3">Street Address <u>369 S. SPRUCE AVE</u></td>	Street Address <u>369 S. SPRUCE AVE</u>									
City, State, Zip Code _____ <td colspan="3">City, State, Zip Code <u>MAPLE SHADE NJ 08052</u></td>	City, State, Zip Code <u>MAPLE SHADE NJ 08052</u>									
Project Manager for Monitoring Firm _____ <td>Telephone No. _____<td>Telephone No. <u>856-779-0472</u></td> <td>License No. <u>H 1371</u></td> </td>	Telephone No. _____ <td>Telephone No. <u>856-779-0472</u></td> <td>License No. <u>H 1371</u></td>	Telephone No. <u>856-779-0472</u>	License No. <u>H 1371</u>							
Start Date (10) <u>2-10-26</u>	Scheduled Completion Date (11) <u>2-20-26</u>	Name of OSHA Monitor <u>N/A</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ <td>City, State, Zip Code _____</td>	City, State, Zip Code _____							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%;"><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>		Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>3000 SF</u>	Abatement Type		
	Yes	No	N/A							
			Removal	Repair	Encapsulate					
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C M C M U A</u>						
City, State <u>MAPLE SHADE NJ 08052</u>		Disposal Date _____ <td>City, State <u>WOODBINE NJ</u></td> <td colspan="2"></td> <td colspan="2"></td>	City, State <u>WOODBINE NJ</u>							
Completed By <u>MICHAEL KLEMCO</u>	Title <u>PRES.</u>	Signature <u>MICHAEL KLEMCO</u>		Date <u>1-29-26</u>						

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

RECEIVED

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) KS GROUP				
		FEB 4 2026				
Agencies Notified		Type Notification				
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
		Street Address 60 PARK PLACE				
		City, State, Zip Code NEWARK, NJ 07102				
		Name of Contact MATHEW DREIFUS				
		Telephone Number 9739319295				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) NOVA TOWERS COMMERCIAL WAREHOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 16-24 WILLIAM ST		Square Feet 20,000	# of Floors 2			
City (5) NEWARK		Bldg. Age +50				
County (6) ESSEX		Current Use (Prior if being demolished) VACANT COMMERCIAL PROPERTY				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MALCO ENVIRONMENTAL LLC			
Street Address		Street Address 24 LINCOLN AVE W				
City, State, Zip Code		City, State, Zip Code CRANFORD, NJ 07016				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-513-3487			
Start Date (10) 01/19/2026		Scheduled Completion Date (11) 01/30/2026 2/20/26				
Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) 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)	Abatement Type		
				Yes	No	N/A
EXTERIOR ROOF left	X		ROOF MATERIAL	12000SF		
EXTERIOR ROOF left	X		FLASHING	500LF		
Name of Registered Waste Hauler CENTURY WASTE		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill UNITED STATES	
City, State 623 DOWD AVE ELIZABETH, NJ 07201				Disposal Date	City, State MORRISVILLE, PA	
Completed by JENNIFER GOMES		Title PRESIDENT		Signature 		
				Date 1/16/2026 1/30		

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

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

RECEIVED

Date of Notification (1) 1/21/2026		Name of Building Owner/Operator (2) FEB 4 2026				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 433 Park Str., Montclair, NJ				
		City, State, Zip Code Montclair, NJ 07042				
		Name of Contact	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Private Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 433 Park Str., Montclair, NJ		Square Feet 3,500	# of Floors 3			
City (5) Montclair, NJ		Bldg. Age 1954				
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC			
Street Address		Street Address 105 Van Riper Avenue				
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011				
Project Manager for Monitoring Firm		Telephone No. 201/899/9008	License No. 01336			
Start Date (10) 1/22/2026	Scheduled Completion Date (11) 2/5/2026	Name of OSHA Monitor Empire Environmental LLC				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 150 River Rd, F4				
		City, State, Zip Code Montville NJ				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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
See attached below	X					
Name of Registered Waste Hauler MKD Property Maintenance LLC		NJDEP Waste Hauler ID No. 003791	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless Landfill		
City, State Clifton NJ 07011		Disposal Date N/A	City, State Morrisvilee PA 19067			
Completed by Darko Raloski	Title Owner		Signature <i>Darko Raloski</i>		Date 1/21/2026	

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

Floor Level	Room / Area Description	Ceiling SF	Wall SF	Total SF
Basement	Rear Side Basement	380	—	380
1st Floor	Living Room	110	180	290
	Family Room	110	180	290
	Dining Room	90	140	230
	Kitchen	80	120	200
	Hallway	40	80	120
2nd Floor	Master Bedroom	110	180	290
	Bedroom 1	80	120	200
	Bedroom 2	80	120	200
	Bedroom 4	70	100	170
	Hallway	30	60	90
3rd Floor	Kitchenette	30	40	70
	Bathroom	25	35	60
Additional	Sunroom	40	70	110
	Stairwell (Add-on)	40	220	260
TOTAL SCOPE		1,215 SF	1,545 SF	2,760 SF

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

RECEIVED

Date of Notification (1) 1/19/2026		Name of Building Owner/Operator (2)					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address FEB 4 2026					
		City, State, Zip Code Dumont, NJ 07628, USA					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 67 Prospect Ave,		Square Feet	# of Floors				
City (5) Dumont		Bldg. Age					
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. MKD Property Maintenance LLC	Name of Abatement Contractor (9) MKD Property Maintenance LLC				
Street Address		Street Address 105 Van Riper Avenue					
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011					
Project Manager for Monitoring Firm		Telephone No. 201/899/9008	License No. 01336				
Start Date (10) 1/30/2026	Scheduled Completion Date (11) 2/12/2026		Name of OSHA Monitor Empire Environmental LLC				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 150 River Rd, F4					
		City, State, Zip Code Montville NJ					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement	X		Thermal Systsem Insulation	67 LF	X		
		
Name of Registered Waste Hauler MKD Property Maintenance LLC			NJDEP Waste Hauler ID No. 003791	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless Landfill		
City, State Clifton NJ 07011			Disposal Date N/A		City, State Morrisvilee PA 19067		
Completed by Darko Raloski		Title Owner		Signature		Date 1/19/2026	

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

1726
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/22/2026		Name of Building Owner/Operator (2) PAND					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 157 Alexander Ave, City, State, Zip Code Montclair, NJ 07043, USA	Telephone Number FEB 4 2026				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 157 Alexander Ave	City (5) Montclair	Square Feet	# of Floors				
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC				
Street Address	Street Address 105 Van Riper Avenue						
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201/899/9008				
Start Date (10) 2/1/2026	Scheduled Completion Date (11) 2/20/2026		License No. 01336				
Name of OSHA Monitor Empire Environmental LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 150 River Rd, F4	City, State, Zip Code Montville NJ				
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure 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
Attic	X		ACM Vermiculite	268 SF	x		
Name of Registered Waste Hauler MKD Property Maintenance LLC		NJDEP Waste Hauler ID No. 003791	Cubic Yards of Waste N/A	Name of Registered Landfill Fairless Landfill			
City, State Clifton NJ 07011			Disposal Date N/A	City, State Morrisvilee PA 19067			
Completed by Darko Raloski	Title Owner		Signature D.R.	Date 1/22/2026			

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

RECEIVED

Date of Notification (1) 1/22/2026		Name of Building Owner/Operator (2)					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 71 Prospect Ave,	FEB 4 2026				
		City, State, Zip Code Dumont, NJ 07628, USA	Name of Contact _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 71 Prospect Ave,		Square Feet	# of Floors	Bldg. Age			
City (5) Dumont		Current Use (Prior if being demolished)					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC				
Street Address		Street Address 105 Van Riper Avenue					
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201/899/9008	License No. 01336			
Start Date (10) 2/2/2026	Scheduled Completion Date (11) 2/5/2026		Name of OSHA Monitor Empire Environmental LLC				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 150 River Rd, F4					
		City, State, Zip Code Montville NJ					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Basement	X		Thermal System Insulation	76 LF	x		
Name of Registered Waste Hauler MKD Property Maintenance LLC		NJDEP Waste Hauler ID No. 003791		Cubic Yards of Waste N/A	Name of Registered Landfill Fairless Landfill		
City, State Clifton NJ 07011				Disposal Date N/A	City, State Morrisville PA 19067		
Completed by Darko Raloski		Title Owner		Signature <i>DR</i>	Date 1/22/2026		

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) original Check #14038 for \$200.00 sent on 3/25/25

REV #6	Date of Notification (1) <u>1</u> / <u>28</u> / <u>2026</u>		Name of Building Owner/Operator (2) County of Union RECEIVED						
	Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2325 South Avenue City, State, Zip <u>1d</u> Scotch Plains, NJ 07076	JAN 29 2026 Telephone Number 908-820-4000, Main office ASBESTOS CONTROL & LICENSING					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union County New Annex Building			Type of Facility (4) Occupied <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 2 Broad Street			Square Feet	# of Floors	Bldg. Age				
City (5) Elizabeth NJ 07201									
County (6) Union		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Goverment Building					
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental		ASCM No. 00149		Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address PO BOX 869			Street Address 1121 N. Bethlehem Pike - Suite 60						
City, State, Zip Code Levittown, PA 19068			City, State, Zip Code Spring House, PA 19477						
Project Manager for Monitoring Firm Rick Beech		Telephone No. (267) 991-9212		Telephone No. 215 542 7000	License No. 00847				
Start Date (10) <u>4</u> / <u>14</u> / <u>2025</u>	Scheduled Completion Date (11) <u>3</u> / <u>6</u> / <u>2026</u>		Name of OSHA Monitor CES						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00 AM - 8:00 PM/3:00 PM - 12:00AM</u>			Street Address 1121 N. Bethlehem Pike - Suite 60						
			City, State, Zip Code Spring House, PA 19477						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	
2nd Floor South	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tile & Mastic 4344 & adhesive 0 SF	4001 SF (total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor South	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on Fireproofing	1020 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor South	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile 4056 SF and Thinset 0-SF	4056 SF (total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor South	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base	922 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste			NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitation & Landfill GSC				
City, State Elizabeth, NJ 07201			Disposal Date	City, State Pen Argyle, PA 18072					
Completed By (Print or Type) Patricia Visco	Title Office Manager			Signature 		Date 1/28/26			

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

original Check #14038 for \$200.00 sent on 3/25/25

Date of Notification (1) Rev #6 1 / 28 / 2026		Name of Building Owner/Operator (2) County of Union				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2325 South Avenue				
		City, State, Zip Code Scotch Plains, NJ 07076				
		Name of Contact M. Ferraro		Telephone Number 908-820-4000 Main office		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Union County New Annex Building			Type of Facility (4) Occupied <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address 27 Elizabethtown Plaza			Square Feet	# of Floors		
City (5) Elizabeth NJ 07202			Bldg. Age			
County (6) Union		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Goverment Building		
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental		ASCM No. 00149	Name of Abatement Contractor (9) Controlled Environmental Systems			
Street Address 56 East Bridge St			Street Address 1121 N. Bethlehem Pike - Suite 60			
City, State, Zip Code Morrisville, PA 19067			City, State, Zip Code Spring House, PA 19477			
Project Manager for Monitoring Firm Rick Beech		Telephone No. (267) 991-9212	Telephone No. 215 542 7000	License No. 00847		
Start Date (10) 4 / 1 / 2025	Scheduled Completion Date (11) 3 / 6 / 2026		Name of OSHA Monitor CES			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>3:00</u> PM/ <u>3:00</u> PM- <u>12:00</u> AM			Street Address 1121 N. Bethlehem Pike - Suite 60			
			City, State, Zip Code Spring House, PA 19477			
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 2nd Floor North	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) Pipe Fitting Insulation	Amount (Specify SF or LF) 20 SF	Abatement Type	
	Yes	No			N/A	Removal
2nd Floor North	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tile & Mastic 3720 & adhesive 281 SF		4001 SF (total)
2nd Floor North	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on Fireproofing		1128 SF
2nd Floor North	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile 4838 SF and Thinset 988 SF		5826 SF (total)
2nd Floor North	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base		864 LF
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitation & Landfill GSC	
City, State Elizabeth, NJ 07201			Disposal Date	City, State Pen Argyle, PA 18072		
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature 		Date 1/28/26

State of New Jersey

Rev #5 Dated 11/18/25

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) original Check #14038 for \$200.00 sent on

Date of Notification (1) Rev #6 <u>1</u> / <u>28</u> / <u>2026</u>		Name of Building Owner/Operator (2) <u>3-25-25</u> County of Union	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial Rev #6 dated 1/28/26 <input checked="" type="checkbox"/> Amended Amendment # <u>#6</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>2325 South Avenue</u>
			City, State, Zip Code <u>Scotch Plains, NJ 07076</u>
	Name of Contact <u>M. Ferraro</u>		Telephone Number <u>908-820-4000 Main office</u>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Union County New Annex Building		Type of Facility (4) Occupied <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <u>27 Elizabethtown Plaza</u>		Square Feet	# of Floors
City (5) <u>Elizabeth NJ 07202</u>		Bldg. Age	
County (6) <u>Union</u>		Current Use (Prior if being demolished) Goverment Building	
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental		ASCM No. <u>00149</u>	Name of Abatement Contractor (9) Controlled Environmental Systems
Street Address <u>PO Box 869</u>		Street Address <u>1121 N. Bethlehem Pike - Suite 60</u>	
City, State, Zip Code <u>Levittown, PA 19068</u>		City, State, Zip Code <u>Spring House, PA 19477</u>	
Project Manager for Monitoring Firm <u>Rick Beech</u>		Telephone No. <u>(267) 991-9212</u>	License No. <u>00847</u>
Start Date (10) <u>4 / 15 / 2025</u>	Scheduled Completion Date (11) <u>3 / 6 / 2026</u>	Name of OSHA Monitor CES	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>XXXXAM- XXXXPM/ 3:00 PM- 12:00AM</u>		Street Address <u>1121 N. Bethlehem Pike - Suite 60</u>	
		City, State, Zip Code <u>Spring House, PA 19477</u>	

Scope of Work (Check all that apply)

 >3 sf or >3 lf
 ≥160 sf or ≥260 lf Renovation
 Demolition Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	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
5th Floor North	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Tile & Mastic 7335 & adhesive 440 SF	7775 SF (total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Floor North	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Spray on Fireproofing	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Floor North	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Ceiling Tile 4508 SF and Thinset 150 SF	4658 SF (total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Floor North	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Cove Base	1056 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. <u>32797</u>	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitation & Landfill GSC		
City, State Elizabeth, NJ 07201		Disposal Date	City, State Pen Argyle, PA 18072			
Completed By (Print or Type) Patricia Visco	Title Office Manager		Signature 		Date 1/28/26	

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) original Check #14038 for \$200.00 sent on 3/25/25

Rev #5 Dated 11/18/25

Rev #4 dated 9/12/25 Original notification 3/11/25

Date of Notification (1) Rev #6 <u>1</u> / <u>28</u> / <u>2026</u>		Name of Building Owner/Operator (2) County of Union		RECEIVED				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment - <u>Rev #6</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2325 South Avenue		JAN 29 2026				
		City, State, Zip Code Scotch Plains, NJ 07076		ASBESTOS CONTROL & LICENSING				
		Name of Contact M. Ferraro	Telephone Number 908-820-4000 Main office					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Union County New Annex Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		Occupied			
Street Address 27 Elizabethtown Plaza								
City (5) Elizabeth NJ 07202			Square Feet	# of Floors	Bldg. Age			
County (6) Union		County Code (7)(STATE USE ONLY) 00149	Current Use (Prior if being demolished) Goverment Building					
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address PO Box 869			Street Address 1121 N. Bethlehem Pike - Suite 60					
City, State, Zip Code Levittown, PA 19068			City, State, Zip Code Spring House, PA 19477					
Project Manager for Monitoring Firm Rick Beech		Telephone No. (267) 991-9212	Telephone No. 215 542 7000	License No. 00847				
Start Date (10) <u>4</u> <u>15</u> / <u>2025</u>	Scheduled Completion Date (11) <u>3</u> / <u>6</u> / <u>2026</u>	Name of OSHA Monitor CES						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>XXXXAM</u> - <u>XX30PM</u> / <u>3:00 PM</u> - <u>12:00AM</u>		Street Address 1121 N. Bethlehem Pike - Suite 60						
		City, State, Zip Code Spring House, PA 19477						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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
5th Floor South		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Tile 2277 & Mastic 2577 And Adhesive 300 SF	2877 SF (total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Floor South		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Spray on Fireproofing	1080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Floor South		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Ceiling Tile 3479 and Thinset 823 SF	4302 SF (total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Floor South		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Cove Base	865 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste			NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitation & Landfill GSC		
City, State Elizabeth, NJ 07201				Disposal Date	City, State Pen Argyle, PA 18072			
Completed By (Print or Type) Patricia Visco		Title Office Manager			Signature 		Date 1/28/26	

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

Date of Notification (1)		Name of Building Owner/Operator (2)						
1 / 28 / 26		Ramapo College / Job #2601-6529 Check #17707 <small>RECEIVED FEB 2 2026</small>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA <small>(NJAC 5:23-8)</small>	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 505 Ramapo Valley Rd.						
		City, State, Zip Code <small>CONTROL & LICENSING</small> Mahwah, NJ 07430						
Name of Contact Business Admin		Telephone Number <small>CONTROL & LICENSING</small> 201-684-7500						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Ramapo College			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 505 Ramapo Valley Rd.								
City (5) Mahwah			Square Feet	# of Floors				
County (6) Bergen			Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 344 West State Street			Street Address 30 Maple Ave. PO Box 25					
City, State, Zip Code Trenton, NJ 08618			City, State, Zip Code Lumberton, NJ 08048					
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-656-8101	Telephone No. 609-265-2107	License No. 00529				
Start Date (10) 2 / 9 / 26	Scheduled Completion Date (11) 3 / 6 / 26		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 9000 Commerce Parkway Suite B						
		City, State, Zip Code Mount Laurel, NJ 08054						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
						Yes	No	N/A
Linden Hall		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Sprinkler heads/gasket/valve/union	660	<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"/>
Name of Registered Waste Hauler AbateTech, Inc.			NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill			
City, State Lumberton, NJ			Disposal Date 3/6/26	City, State Tullytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 1-28-26		

"WRAP AND CUT" REMOVAL PROCEDURES FOR PIPE INSULATION

DESCRIPTION OF THE WORK

This Section describes the procedures to remove asbestos containing insulating materials utilizing "wrap and cut" methods.

PRODUCTS

- Amended Water
- Glove Bags
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section "Scope of Work")
- Disposal Bags
- Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- "Saw-zall"

DESCRIPTION OF THE WORK

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner's representative.

AbateTech, Inc. shall set up a remote 3-stage decontamination chamber at an agreed upon location. The work areas will be segregated utilizing barrier tape and drop polyethylene sheeting. Abatement workers will don appropriate PPE prior to removal procedures.

AbateTech, Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape around the pipe fittings to the best seal possible.

Upon the wetting, wrapping, and sealing of thermal system insulation AbateTech, Inc. shall cut out the pipe fittings utilizing a Sawzall approximately 3-6" away from the TSI through non-asbestos pipe insulation as to not disturb the TSI. All ACM waste will be immediately double bagged and removed from the building to an appropriate secured dumpster or company vehicle.

AbateTech, Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet. AbateTech, Inc. shall assure that all asbestos waste materials are sufficiently saturated prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the prescribed Federal OSHA warning signs and shall include site specific waste generator information.

AbateTech, Inc. shall provide a fully enclosed, watertight waste container or company vehicle complete with a locking device for storage of all contaminated waste removed from the site. The waste container or company vehicle shall have asbestos warning signs affixed to all sides and doors

All elevated asbestos abatement of pipe insulation will be performed utilizing ladders or rolling tower scaffolding approved fall protection, as applicable.

Upon completion of abatement, the Owner's consultant shall perform visual inspection and final air clearance sampling at the work areas, as applicable. After satisfactory results are achieved, all equipment/materials will be removed from the site.

PAID
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Pg. 1

Date of Notification (1) <u>1</u> / <u>23</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 15 East Montgomery Street		City, State, Zip Code Pittsburgh, PA 15212								
Name of Contact Brian Kingsbury (Owners Rep)		Telephone Number 201-388-0620								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Verizon Point Pleasant Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 1032 Ocean Road		City (5) Point Pleasant								
City (5) Point Pleasant		Square Feet +50000	# of Floors 3							
County (6) Ocean		Bldg. Age +60								
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Building								
Name of Monitoring Firm Hired by Building Owner (8) USA EMI		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC								
Street Address 344 West State Street		Street Address 1123 BEAVER STREET								
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm Richard Reynolds		Telephone No. 267-261-2837	License No. 02121							
Start Date (10) <u>1</u> / <u>27</u> / <u>26</u>	Scheduled Completion Date (11) <u>2</u> / <u>12</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM/5PM-1AM</u>		Street Address 1123 BEAVER STREET								
		City, State, Zip Code BRISTOL, PA 19007								
Scope of Work (Check all that apply)										
<input type="checkbox"/> <u>≥3 sf or ≥3 lf</u> <input checked="" type="checkbox"/> <u>≥160 sf or ≥260 lf</u>		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u><u>TO BE ABATED</u></u> <u>IN Facility</u> (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
AC Room 22		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Duct Insulation		850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 22		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Tile & Mastic		60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 20		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Tile & Mastic		600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 20		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe Insulation		30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill Conestoga Landfill				
City, State Freehold NJ		Disposal Date TBD		City, State Morgantown, PA						
Completed By (Print or Type) Dillian DeCaro		Title Estimator		Signature Dillian DeCaro		Date 11/23/26				

ASB-41
JAN 13 **DD25152**

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

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

Check# 4010

Date of Notification (1) <u>1</u> / <u>23</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA <small>(NJAC 5:23-8)</small>	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <small>Amendment #1</small> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street						
		City, State, Zip Code Pittsburgh, PA 15212						
		Name of Contact Brian Kingsbury (Owners Rep)		Telephone Number 201-388-0620				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Verizon Point Pleasant Central Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1032 Ocean Road			Square Feet +50000	# of Floors 3				
City (5) Point Pleasant			Bldg. Age +60					
County (6) Ocean		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Building				
Name of Monitoring Firm Hired by Building Owner (8) USA EMI		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC					
Street Address 344 West State Street			Street Address 1123 BEAVER STREET					
City, State, Zip Code Trenton, NJ 08618			City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Richard Reynolds		Telephone No. 267-261-2837	Telephone No. 215-788-6040	License No. 02121				
Start Date (10) <u>1</u> / <u>27</u> / <u>26</u>	Scheduled Completion Date (11) <u>2</u> / <u>12</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM/5PM-1AM</u>			Street Address 1123 BEAVER STREET					
			City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)								
<input type="checkbox"/> <u>>3 sf or >3 lf</u> <input checked="" type="checkbox"/> <u>>160 sf or >260 lf</u>		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
					Yes	No	N/A	Removal
Basement South West Corner		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Tile & Mastic		40 SFS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooftop		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Equipment Curb Flashing		12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill			
City, State Freehold NJ		Disposal Date TBD		City, State Morgantown, PA				
Completed By (Print or Type) Dillian DeCaro		Title Estimator		Signature Dillian DeCaro/HD	Date 1/23/26			

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

RECEIVED

Date of Notification (1) <u>1</u> / <u>23</u> / <u>26</u>		Name of Building Owner/Operator (2) Princeton University Facilities Operations		<u>FEB - 3 2026</u>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address MavMillan Bldg 200 Elm Dr									
		City, State, Zip Code Princeton, NJ 08544									
		Name of Contact		Telephone Number							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Princeton University-Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 40 McCosh Circle			Square Feet	# of Floors							
City (5) Princeton			Bldg. Age								
County (6) MERCER		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Montrose Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC								
Street Address 500 Horizon Dr, Suite 540			Street Address 1123 BEAVER STREET								
City, State, Zip Code Robbinsville, NJ 08691			City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm Julian Fernandez-Obregon		Telephone No. 609-890-7277	Telephone No. 215-788-6040	License No. 02121							
Start Date (10) <u>1</u> / <u>22</u> / <u>26</u>	Scheduled Completion Date (11) <u>1</u> / <u>28</u> / <u>26</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:00PM/</u> <u>PM</u> <u>AM</u>		Street Address 1123 BEAVER STREET									
		City, State, Zip Code BRISTOL, PA 19007									
Scope of Work (Check all that apply) <input type="checkbox"/> <u>≥3 sf or ≥3 lf</u> <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> <u>≥160 sf or ≥260 lf</u> <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%;"><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>	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			
			Yes	No	N/A						
Removal	Repair	Encapsulate	Enclosure								
Kitchen area		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Floor tile	400 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
		<input type="checkbox"/> <input 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"/>			<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 Bristol Environmental, LLC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Bristol, PA				Disposal Date	City, State MORRISVILLE, PA 19067						
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>	Date 11/23/26						

#545

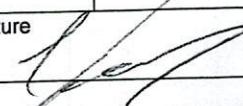
PA
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <u>01/27/2026</u>		Name of Building Owner/Operator (2) <u>RECEIVED</u>					
Agencies Notified	Type Notification	Street Address <u>149 N 12th St</u>					
		City, State, Zip Code <u>Newark NJ 07107</u>					
EPA DEP <input checked="" type="checkbox"/> DOL DOH DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <u>OS CONTROL & LICENSES</u>					
		Telephone Number <u>202-963-2028</u>					
FACILITY INFORMATION							
Street Address <u>149 N 12th St</u>		Type of Facility (4)					
		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <u>Newark</u>		Square Feet <u>1560</u>	# of Floors <u>2</u>				
		Bldg. Age <u>1917</u>					
County (6) <u>Essex</u>		Current Use (Prior if being demolished) <u>N/A</u>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>Abated</u>				
Street Address		Street Address <u>33 Clark Place</u>					
City, State, Zip Code		City, State, Zip Code <u>Elizabeth NJ 07206</u>					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <u>908-372-9375</u> License No. <u>02019</u>				
Start Date (10) <u>01/28/2026</u>	Scheduled Completion Date (11) <u>02/05/2026</u>		Name of OSHA Monitor <u>Ryan Passos</u>				
Occupancy Status During Abatement (Check Only One)		Street Address <u>33 Clark Place</u>					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code <u>Elizabeth NJ 07206</u>					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> >150 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) <u>Stairwell & Foyer</u> <u>Exterior</u>		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
			<u>Plaster</u>	350 SF	<input checked="" type="checkbox"/>		
			<u>Transite siding</u>	500 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>Abated</u>		NJDEP Waste Hauler ID No. <u>0038720</u>	Cubic Yards of Waste <u>15</u>	Name of Registered Landfill <u>Fairless Hills (W-H)</u>			
City, State <u>Elizabeth NJ</u>		Disposal Date <u>02/05/2026</u>	City, State <u>Morrisville PA</u>				
Completed by <u>Ryan Passos</u>		Title <u>President</u>	Signature <u>Ryan Passos</u>	Date <u>01/27/2026</u>			

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

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

#0039

Date of Notification (1) 1-28-26		Name of Building Owner/Operator (2) 21-EDGEMERE ROAD, LLC.					
Agencies Notified		Type Notification					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 3-BIRCHWOOD DR.		City, State, Zip Code LIVINGSTON, NJ 07039					
Name of Contact CARLOS GOMES		Telephone Number 201-341-0776					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 21-EDGEMERE ROAD		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 21-EDGEMERE ROAD		Square Feet 1500	# of Floors 1				
City (5) LIVINGSTON		Bldg. Age +50					
County (6) COUNTY ESSEX		Current Use (Prior if being demolished) RESIDENTIAL					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Dinago Corp.				
Street Address		Street Address 203-RYAN ST.					
City, State, Zip Code		City, State, Zip Code HILL SIDE NJ 07055					
Project Manager for Monitoring Firm		Telephone No. 201-341-0776	License No. 01240				
Start Date (10) 2-6-26	Scheduled Completion Date (11) 2-9-26		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One)			Street Address				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			City, State, Zip Code				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Removal	Repair	Encapsulate
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 04516		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill		
City, State 623-Dowd Ave. Elizabeth, NJ 07201			Disposal Date		City, State Morrisville, PA.		
Completed by CARLOS GOMES		Title PRESIDENT		Signature 		Date 1-28-26	

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

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

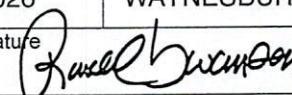
RECEIVED

Date of Notification (1) 01-22-26		Name of Building Owner/Operator (2) High End Construction Services														
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9047 Palisades Plaza -	FEB - 4 2026													
		City, State, Zip Code North Bergen, NJ 07047	ASBESTOS CONTROL & LICENSING													
		Name of Contact	Telephone Number													
		FACILITY INFORMATION														
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)														
Street Address 31 S Talmadge St.		Square Feet	# of Floors	Bldg. Age												
City (5) New Brunswick		1														
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)												
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.													
Street Address		Street Address 1119 East Grand St.														
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201														
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908 576-7646 License No. 01206													
Start Date (10) 02-02-26		Scheduled Completion Date (11) 02-05-26	Name of OSHA Monitor Delfa Contracting LLC													
Occupancy Status During Abatement (Check Only One)		Street Address 1119 East Grand														
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code Elizabeth, NJ 07201														
Scope of Work (Check All That Apply) <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/> ≥3 sf or ≥3 lf</td> <td><input type="checkbox"/> Renovation</td> <td><input type="checkbox"/> Full Containment with Negative Pressure</td> </tr> <tr> <td><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf</td> <td><input type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Mini-Enclosure</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Glovebag Procedure</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>					<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure			<input type="checkbox"/> Glovebag Procedure			<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure														
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure														
		<input type="checkbox"/> Glovebag Procedure														
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure														
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type											
					Yes	No	N/A	Removal	Repair	Encapsulate						
Exterior	X			Transite Siding	2,400 SF	X										
Basement	X			Pipe Insulation	30 LF	X										
Basement	X			Linoleum	50 SF	X										
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility											
City, State Elizabeth, NJ				Disposal Date 02-06-26	City, State Tullytown, PA											
Completed by Jaime Delgado		Title Proj. Manager.		Signature Jaime Delgado	Date 01-22-26											

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

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

CHECK # 2049
PAID

Date of Notification (1) 01/27/2026		Name of Building Owner/Operator (2) TAMERLANE PRESERVATION ASSOCIATES LLC					
Agencies Notified	Type Notification	Street Address 4 DENNY ROAD, SUITE 1					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	FEB - 4 2020					
		City, State, Zip Code WILMINGTON, DE 19809					
		ASBESTOS CONTROL & LICENSING Name of Contact _____					
		Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) TAMERLANE APARTMENTS-BUILDING F		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 501 CHEWS LANDING ROAD		Square Feet 9600	# of Floors 2				
City (5) SICKLERVILLE		Bldg. Age 50+					
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL					
Name of Monitoring Firm Hired by Building Owner (8) SEM INC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.				
Street Address 1634 S DELAWARE STREET		Street Address 570 CLEMS RUN					
City, State, Zip Code PAULSBORO NJ 08066		City, State, Zip Code MULLICA HILL NJ 08062					
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	Telephone No. 610-304-4676				
Start Date (10) 02/09/2026		Name of OSHA Monitor EMSL					
Scheduled Completion Date (11) 03/16/2026		Occupancy Status During Abatement (Check Only One)					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 200 RT. 130 NORTH City, State, Zip Code CINNAMINSON NJ 08077					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
BUILDING G - UNITS 200 TO 215		X	FLOOR TILE/MASTIC	120 SF P/U	X		
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 40	Name of Registered Landfill MINERVA LANDFILL		
City, State MULLICA HILL NJ		Disposal Date 03/17/2026		City, State WAYNESBURG OH			
Completed by RON SWANSON		Title GENERAL MANAGER		Signature 		Date 01/27/2026	

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

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

RECEIVED

Date of Notification (1) 1/23/2026		Name of Building Owner/Operator (2) FEB - 1 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 2nd ave	ASBESTOS CONTROL & LICENSING				
		City, State, Zip Code Asbury park NJ 07712					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 401 2nd ave		Square Feet	# of Floors				
City (5) Asbury		Bldg. Age					
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals				
Street Address		Street Address 6 White Dove Court					
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649				
Start Date (10) 02/02/2026		Scheduled Completion Date (11) 02/02/2026	License No. 1200				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor AAA Lead Professionals					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 6 White Dove Court					
		City, State, Zip Code Lakewood, NJ, 08701					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 ft <input type="checkbox"/> ≥160 sf or ≥260 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Interior			Pipe insulation	80 LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 3	Name of Registered Landfill IESI			
City, State Lakewood, NJ			Disposal Date 02/02/2026	City, State BETHLEHEM, PA			
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 1/23/2026	

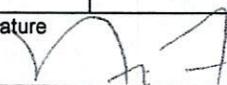
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) JAN 30, 2026		Name of Building Owner/Operator (2) MARK FRANCHI DEMOLITION & YARD SERVICES RECEIVED					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 348 HURFFVILLE GRENLOCH ROAD					
		City, State, Zip Code SEWELL, NJ 08080					
		Name of Contact ASBESTOS C. ING					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) SINGLE FAMILY DWELLING (FIRE DAMAGED HOUSE)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 420 PRICE AVENUE		Square Feet	# of Floors				
City (5) GLENDORA, NJ 08029		55 +-	Bldg. Age				
County (6) CAMDEN		Current Use (Prior if being demolished) SINGLE FAMILY DWELLING					
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		ASCM No. N/A	Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC				
Street Address P.O. BOX 337		Street Address P.O. BOX 337					
City, State, Zip Code NEW EGYPT, NJ 08533		City, State, Zip Code NEW EGYPT, NJ 08533					
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-744-6384	Telephone No. 609 744-6384				
Start Date (10) FEBRUARY 9, 2026		Scheduled Completion Date (11) FEBRUARY 20, 2026					
Name of OSHA Monitor EPC TECHNOLOGIES, INC		Name of OSHA Monitor EPC TECHNOLOGIES, INC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address P.O. BOX 337					
		City, State, Zip Code NEW EGYPT, NJ 08533					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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
EXTERIOR WALLS		XXX	SIDING SHINGLES	500 SF	XXX		
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill FAIRLESS LANDFILL			
City, State NEW EGYPT, NJ 08533			Disposal Date 2/20/26	City, State MORRISVILLE, PA			
Completed by STEVE SCHENKER		Title PRESIDENT		Signature <i>Steve Schenker</i>		Date 1/30/26	

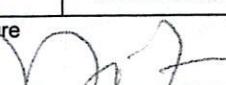
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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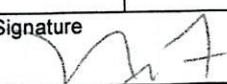
Date of Notification (1) <u>01</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) Collinson Home Improvement							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		Street Address 479 Euclid Avenue City, State, Zip Code Manasquan, NJ 08736							
		Name of Contact <i>ASIDES</i> Telephone Number <i>CSING</i>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 70 Pearce Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Manasquan		Square Feet 1100	# of Floors 1	Bldg. Age 75					
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address			Street Address 1889 Route 9, Unit 61						
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-349-9932		License No. 00624				
Start Date (10) <u>02</u> / <u>05</u> / <u>26</u>		Scheduled Completion Date (11) <u>02</u> / <u>12</u> / <u>26</u>		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal Repair Encapsulate Enclosure			
exterior		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		asbestos siding	1100 sf	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Guardian Contracting, Inc.			NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill			
City, State Toms River, New Jersey				Disposal Date 02/12/26		City, State Morrisville, Pennsylvania			
Completed By (Print or Type) Nicholas Fernalda		Title Project Manager			Signature 		Date 1/6/26		

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

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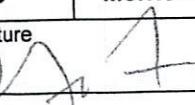
Date of Notification (1) <u>01</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) RECEIVED						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			Street Address 1565 Route 9				
				City, State, Zip Code Toms River, NJ 08755				
	Name of Contact		CONTROL & LICENSING					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 1393 Whitesville Road				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
City (5) Toms River								
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.				
Street Address				Street Address 1889 Route 9, Unit 61				
City, State, Zip Code				City, State, Zip Code Toms River, New Jersey 08755				
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-349-9932	License No. 00624			
Start Date (10) <u>02</u> / <u>04</u> / <u>26</u>		Scheduled Completion Date (11) <u>02</u> / <u>10</u> / <u>26</u>		Name of OSHA Monitor E.M.S.L. Analytical				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 1056 Stelton				
				City, State, Zip Code Piscataway, New Jersey 08854				
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>		Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				Yes	No	N/A		
Abatement Type								
				Amount (Specify SF or LF) 1350 sf	Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> <input type="checkbox"/>			
exterior		<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"/>						
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill			
City, State Toms River, New Jersey				Disposal Date 02/10/26	City, State Morrisville, Pennsylvania			
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 				
				Date 1/27/26				

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

Date of Notification (1) <u>01</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) RECEIVED										
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 102 1st Avenue City, State, Zip Code Manasquan, NJ 08736 Name of Contact _____ Telephone Number ASBESTOS CONTROL & LICENSING										
		FEB 3 2026										
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 511 Summit Drive		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)										
City (5) Point Pleasant		Square Feet 1200	# of Floors 1	Bldg. Age 70								
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.									
Street Address		Street Address 1889 Route 9, Unit 61										
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755										
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624									
Start Date (10) <u>02</u> / <u>03</u> / <u>26</u>		Scheduled Completion Date (11) <u>02</u> / <u>10</u> / <u>26</u>		Name of OSHA Monitor E.M.S.L. Analytical								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854										
Scope of Work (Check all that apply)												
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Yes</td> <td style="width: 25%;">No</td> <td style="width: 25%;">N/A</td> </tr> </table>		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	
				Yes	No	N/A						
<input type="checkbox"/> exterior	<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"/>							
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill Fairless Landfill						
City, State Toms River, New Jersey				Disposal Date 02/10/26		City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fericola		Title Project Manager		Signature 		Date 1/27/26						

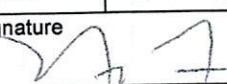
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

432692
432692
432692

Date of Notification (1) <u>01</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) <u>898 Bellwood Drive</u> <u>Toms River, NJ 08753</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		Street Address <u>898 Bellwood Drive</u> City, State, Zip Code <u>Toms River, NJ 08753</u>		ASBESTOS CONTROL & LICENSING					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 20 Madison Avenue			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
City (5) Toms River			Square Feet 2200	# of Floors 2	Bldg. Age 75				
County (6) Ocean		County Code (7)(STATE USE ONLY) Residence			Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. Guardian Contracting, Inc.							
Street Address			Street Address 1889 Route 9, Unit 61						
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755						
Project Manager for Monitoring Firm		Telephone No. 732-349-9932		Telephone No. 00624					
Start Date (10) <u>02</u> / <u>03</u> / <u>26</u>		Scheduled Completion Date (11) <u>02</u> / <u>10</u> / <u>26</u>		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)					<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> <u>IN Facility</u> <u>(13)</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 2400 sf	Abatement Type		
							<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure		
exterior		<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"/>		asbestos siding					
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill Fairless Landfill			
City, State Toms River, New Jersey				Disposal Date 02/10/26		City, State Morrisville, Pennsylvania			
Completed By (Print or Type) Nicholas Fernalda		Title Project Manager		Signature 			Date 1/27/26		

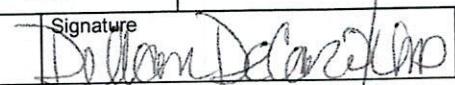
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

4343080

Date of Notification (1) <u>01</u> / <u>27</u> / <u>26</u>			Name of Building Owner/Operator (2) Potts Excavating, Inc.						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 316 Main Street City, State, Zip Code West Creek, NJ 08092						
			Name of Contact		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 4002 Ocean Blvd.			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
City (5) Long Beach Twp.			Square Feet	# of Floors	Bldg. Age				
County (6) Ocean			1400	1	80				
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address			Street Address 1889 Route 9, Unit 61						
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-349-9932		License No. 00624				
Start Date (10) <u>02</u> / <u>06</u> / <u>26</u>		Scheduled Completion Date (11) <u>02</u> / <u>13</u> / <u>26</u>		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center; padding: 2px;">Yes</td> <td style="width: 33.33%; text-align: center; padding: 2px;">No</td> <td style="width: 33.33%; text-align: center; padding: 2px;">N/A</td> </tr> </table>	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	
			Yes	No	N/A				
exterior		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	asbestos siding	1400 sf	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Name of Registered Waste Hauler Guardian Contracting, Inc.			NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey			Disposal Date 02/13/26	City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 1/27/26			

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

RECEIVED

Date of Notification (1) <u>1</u> / <u>29</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		Street Address 15 East Montgomery St City, State, Zip Code Pittsburgh PA 15212							
		Name of Contact Brian Kingsbury (Owners Rep)		Telephone Number 201.388.0620					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Roselle Co			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 208-214 Locust Street			Square Feet 12,425	# of Floors 2					
City (5) Roselle, NJ 07203			Bldg. Age +50						
County (6) Union		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Verizon					
Name of Monitoring Firm Hired by Building Owner (8) USA EMI		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 344 West State Street			Street Address 1123 BEAVER STREET						
City, State, Zip Code Trenton, NJ 08618			City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Ricky Reynolds		Telephone No. 609-656-8101	Telephone No. 215-788-6040	License No. 02121					
Start Date (10) <u>5</u> / <u>21</u> / <u>25</u>	Scheduled Completion Date (11) <u>5</u> / <u>27</u> / <u>25</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM/5PM-2AM</u>			Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
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
Basement Hallway		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mech Equip Room Area 1		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Duct Insulation	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mech Equip Room Area 2		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Duct Insulation	5 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Freehold Nj		Disposal Date TBD		City, State Morrisville PA					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature 		Date 1/29/26			

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

Date of Notification (1) <u>1</u> / <u>28</u> / <u>26</u>		Name of Building Owner/Operator (2) PSEG / Job # 2511-6506 RECEIVED Check #						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road FEB 28 2024						
		City, State, Zip Code South Plainfield, NJ						
		Name of Contact Andrew McCloskey ASBESTOS CONTROL & LICENSING						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSEG Lakeside Substation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 375 Lakeside Avenue		Square Feet	# of Floors	Bldg. Age				
City (5) Orange								
County (6) Essex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Substation				
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 26 Columbia Turnpike		Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800	Telephone No. 609-265-2107	License No. 00529				
Start Date (10) <u>11</u> / <u>20</u> / <u>25</u>	Scheduled Completion Date (11) <u>2</u> / <u>27</u> / <u>26</u>	Name of OSHA Monitor IATL						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Street Address 9000 Commerce Pkwy. Suite B						
		City, State, Zip Code Mount Laurel, NJ 08054						
Scope of Work (Check all that apply)								
<input type="checkbox"/> <u>>3 sf or >3 lf</u> <input checked="" type="checkbox"/> <u>>160 sf or >260 lf</u>		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
SEE ATTACHED		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SEE ATTACHED		SEE ATTACHED	<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"/>
Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill			
City, State Flanders, NJ				Disposal Date 2/27/26	City, State Morrisville, PA			
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 1-28-24		

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

RECEIVED

FEB - 3 2020

Date of Notification (1) <u>1</u> / <u>23</u> / <u>26</u>		Name of Building Owner/Operator (2) VERIZON COMMUNICATIONS							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
	Street Address 420 PARK AVENUE								
	City, State, Zip Code PLAINFIELD NEW JERSEY 07060								
Name of Contact BRIAN KINGSBURY		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 420 PARK AVENUE									
City (5) PLAINFIELD		Square Feet 63000	# of Floors 5						
Bldg. Age 90									
County (6) UNION		County Code (7)(STATE USE ONLY) VERIZON COMMUNICATIONS							
Name of Monitoring Firm Hired by Building Owner (8) RBS ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
Street Address 24 VETERANS SQUARE		Street Address 1123 BEAVER STREET							
City, State, Zip Code MEDIA PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MIKE STOKU		Telephone No. (267)261-2837	Telephone No. 215-788-6040						
License No. 02121									
Start Date (10) ON HOLD	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM</u> / <u>5PM-2AM</u>		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> <u>>3 sf or >3 lf</u> <input type="checkbox"/> <u>>160 sf or >260 lf</u>		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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) 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
3RD FLOOR MECHANICAL ROOM		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		DUCT SECTIONSL SEALANT		25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3RD FLOOR MECHANICAL ROOM		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		COVE BASE MASTIC		25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Conestoga Landfill				
City, State Freehold, NJ				Disposal Date tbd	City, State Morgantown, PA				
Completed By (Print or Type) Patrick T DeCaro		Title Estimator		Signature <i>Pat DeCaro</i>			Date 1/23/20		

B & G Project # 2025-189

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

Check # **ON HOLD****RECEIVED**

Date of Notification (1) 01/27/2026		Name of Building Owner/Operator (2) Newark Public Schools				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 190 Muhammad Ali Avenue	FEB - 3 2026			
		City, State, Zip Code Newark, NJ 07102				
		Name of Contact Benjamin Olagadeyo	ASBESTOS CONTROL & LICENSING 973-332-4012			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Sussex Avenue School - Sub 8		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 307 Sussex Avenue		Square Feet 50,000+	# of Floors 4			
City (5) Newark, NJ 07107		Bldg. Age 50+				
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environemntal, INC.		ASCM No. 0003	Name of Abatement Contractor (9) B & G Restoration, Inc.			
Street Address 1253 North Church Street		Street Address 1234 Route 23				
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Butler, NJ 07405				
Project Manager for Monitoring Firm James Guillardi		Telephone No. 609-314-1683	Telephone No. 973-696-6869			
Start Date (10) ON HOLD ***	Scheduled Completion Date (11) 06/30/2026 ***		Name of OSHA Monitor B & G Restoration, Inc.			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		Street Address 1234 Route 23				
		City, State, Zip Code Butler, NJ 07405				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Building Demolition with asbestos in-place <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
Gymnasium / Cafetorium	X		tar like material under flooring	5,000 SF	X	
Kitchen 145, 146A, UN11, UN10, 146B, Food Storage, 147, 149, UN8, UN9, adj hallway 2nd floor above ceilings	X		pipe insulation	1,000 LF	X	
Room 120A storage room & adjacent storage rooms	X		duct insulation VAT & mastic	250 SF 700 SF	X	
Room 120A storage room & adjacent storage rooms	X		pipe insulation spray-on column insulation	200 LF 80 SF	X	
Name of Registered Waste Hauler B&G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 80	Name of Registered Landfill Grand Central Landfill		
City, State Butler, NJ		Disposal Date 12/23/25 - 06/30/26	City, State Pen Argyl, PA			
Completed by Gordana Luna	Title Secretary / Treasurer		Signature Gordana Luna		Date 01/27/2026	

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

4/3/1996

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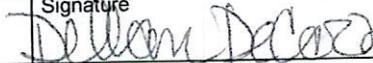
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/22/2026		Name of Building Owner/Operator (2) George Wall Ford							
Agencies Notified		Street Address 700 Shrewsbury Ave							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		City, State, Zip Code Red Bank, NJ 07701							
		Name of Contact Jay Wendell							
		Telephone Number 215-295-5055							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 36 Gilbert St Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 36 Gilbert Street South		Square Feet 14,799	# of Floors 1						
City (5) Tinton Falls		Bldg. Age 47							
County (6) Monmouth		Current Use (Prior if being demolished) Offices/Industrial							
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental						
Street Address 617 Stokes Road, Suite 4-318		Street Address 150 Glenwood Drive							
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 1-888-715-2211	Telephone No. 215-313-7427						
Start Date (10) 01/19/2026		License No. 02081							
Scheduled Completion Date (11) 01/31/2026		Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type		
							Yes	No	N/A
Office Area			X	Black mastic		950 SF	X		
Name of Registered Waste Hauler Service Transport Group			NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise		
City, State New Castle, DE					Disposal Date TBD		City, State Waynesburg, OH		
Completed by Andre Gosek		Title Project Manager			Signature		Date 01/22/2026		

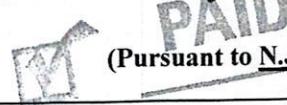
* Do not use this form for asbestos licensure exempted activities.

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

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Date of Notification (1) <u>1</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) Verizon Communications						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
		Street Address 15 East Montgomery Street <i>FEB 2 2006</i> City, State, Zip Code Pittsburgh, PA 15212 <i>ASBESTOS CONTROL & LICENSING</i>						
		Name of Contact Brian Kingsbury (Owners Rep) Telephone Number 201-388-0620						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Verizon Cliffside Park Co		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 617 Andersen Avenue								
City (5) Cliffside Park		Square Feet +60,000	# of Floors 3	Bldg. Age +70				
County (6) Bergen		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Verizon				
Name of Monitoring Firm Hired by Building Owner (8) RBS Environmetnal Solutions LLC		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC				
Street Address 24 Veterans Square		Street Address 1123 BEAVER STREET						
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 609-304-3969		Telephone No. 215-788-6040				
Start Date (10) <u>9</u> / <u>12</u> / <u>25</u>		Scheduled Completion Date (11) <u>9</u> / <u>12</u> / <u>25</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM/1PM-1AM</u>		Street Address 1123 BEAVER STREET						
				City, State, Zip Code BRISTOL, PA 19007				
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> <u>>3 sf or >3 lf</u> <input type="checkbox"/> <u>≥160 sf or ≥260 lf</u>		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> <u>IN Facility</u> <u>(13)</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? <u>(12)</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Yes</td> <td style="width: 25%;">No</td> <td style="width: 25%;">N/A</td> </tr> </table>		Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				Yes	No	N/A		
Amount (Specify SF or LF)	Abatement Type							
<u>2nd Floor</u>		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floortile and Mastic 5 SF				
<u>2nd Floor Pipe Chase</u>		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe Insulation 9 LF				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 				
City, State Freehold NJ		Disposal Date TBD		Name of Registered Landfill Fairless Landfill				
Completed By (Print or Type) Dillian DeCaro		Title Estimator		Signature 				
				Date 1/27/2006				

State of New Jersey - Notification of Asbestos Abatement



(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED

RECEIVED

Date of Notification (1) January 23, 2026		Name of Building Owner/Operator (2) The Valley Hospital		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		
		Street Address 223 North Van Dien Avenue		
		City, State, Zip Code Ridgewood, NJ		
		Name of Contact Debra Alotto	Telephone Number 201.447.8000	
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital- Cheel Wing # 1-Microbiology		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: 80,000 # of Floors: 3 Bldg. Age: 80 years		
Street Address 223 N. Van Dien Avenue		Current Use (prior if being demolished):		
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corp		ASCM No. GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 630 Sentry Parkway, Suite 110		Street Address 511 MAIN STREET		
City, State, Zip Code Blue Bell, PA 19422		City State, ZipCode Butler, NJ 07405		
Project Manager for Monitoring Firm Jason Straut	Telephone Number 215.496.9237		Telephone Number 973-492-0477 License Number 00840	
Scheduled Start Date (10) February 2, 2026	Scheduled Completion Date (11) February 28, 2026		Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Describe: <input checked="" type="checkbox"/> Occupied—Monday-Sunday-3pm-Midnight		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854		
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div style="flex: 1;"> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div style="flex: 1;"> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>				
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type <u>Remove</u> <u>Repair</u> <u>Encap</u> <u>Enclose</u>
Chel # 1-Microbiology Phase 1A Phase 1B Phase 2B Phase 3 & 4		VAT & Mastic VAT & Mastic VAT & Mastic VAT & Mastic	500 sf 500 sf 500 sf 800 sf	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860			Disposal Date February 28, 2026	City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072 GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265
Completed by (Print or Type) Marin Graure	Title Sr. Project Manager		Signature Marin Graure	Date January 23, 2026

GAC # 2025-815- Please note this job will be phased into 5 phases- A revised notification will be submitted prior to each phase. The total amount of VAT & Mastic will be 3,500 sf. There will be 3-4 weeks in-between each phase. New Start Date by client Phase 3&4 will be performed from February 2nd 2026 to February 28, 2026

B59
B & G Project # 2026-03D

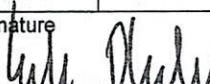
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 13559

Date of Notification (1) 01/27/2026		Name of Building Owner/Operator (2) New Brunswick Development Corporation		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		
		Street Address 120 Albany Street, 7th Floor, Tower 1 City, State, Zip Code New Brunswick, NJ 08901		
		Name of Contact John Ruddy / GC		Tele... 732-940-1923
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) H-3 at The Helix			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 75 Paterson Street			Square Feet	# of Floors
City (5) New Brunswick, NJ 07901				Bldg. Age
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) commercial
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.
Street Address			Street Address 1234 Route 23	
City, State, Zip Code			City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-696-6869
Start Date (10) 01/05/2026		Scheduled Completion Date (11) 03/31/2026		Name of OSHA Monitor B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 1234 Route 23 City, State, Zip Code Butler, NJ 07405	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Abatement Type Amount (Specify SF or LF) Removal Repair Encapsulate Enclosure
		Yes	No	
SEE SURVEY NEXT TWO PAGES		X SEE SURVEY NEXT PAGE		X
Basement & 1st fl (additional scope)		X black tar glue dots		4,510 SF X
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste 200
City, State Butler, NJ		Disposal Date 01/05/26 - 03/31/26		City, State Pen Argyl, PA
Completed by Gordana Luna		Title Secretary / Treasurer		Signature Gordana Luna
				Date 01/27/2026

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

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Date of Notification (1) <u>01</u> / <u>28</u> / <u>26</u>		Name of Building Owner/Operator (2) City of Orange										
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 29 N Day Street									
			City, State, Zip Code Orange, NJ 07050									
			Name of Contact Rep. Don McDaniel (Eng.)	Telephone Number 973-228-0999								
			FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Train Station - Vacant			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)									
Street Address Scotland Road & Highland Avenue			Square Feet 2,000	# of Floors 1								
City (5) Orange			Bldg. Age 50 +									
County (6) Essex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Pre-Renovation - Vacant								
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc./LCG		ASCM No. 00012	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.									
Street Address 560 Sylvan Ave., Suite 3065			Street Address 494 East 41st Street									
City, State, Zip Code Englewood Cliffs, New Jersey			City, State, Zip Code Paterson, NJ 07504									
Project Manager for Monitoring Firm Clive Williams		Telephone No. 973-494-0133	Telephone No. 973-345-0022	License No. 02117								
Start Date (10) <u>02</u> / <u>04</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>14</u> / <u>26</u>		Name of OSHA Monitor Same as above									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-03:30PM/</u> PM- <u> </u> AM			Street Address									
			City, State, Zip Code									
Scope of Work (Check all that apply)												
<input type="checkbox"/> <u>>3 sf or >3 lf</u> <input checked="" type="checkbox"/> <u>>160 sf or >260 lf</u>		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type							
					Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure	
Main Station Level - Ground Floor		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	White Thermal Insulation - Heat Shield	160sf	<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"/>
Name of Registered Waste Hauler Century Waste Services, LLC			NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Waste Mgmt. - Fairless Hills							
City, State Elizabeth, NJ 07201			Disposal Date 02-14-2026	City, State Morrisville, PA								
Completed By (Print or Type) Leslie Olszewski		Title Sr. Project Mgr.		Signature 	Date 01-28-2026							

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

4344647

RECEIVED

Date of Notification (1) 2/2/2026		Name of Building Owner/Operator (2) Samer Dakhillala				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 71 Bridge St	FEB - 4 2026			
		City, State, Zip Code Milford NJ 08848	ASBESTOS CONTROL PERMIT			
Name of Facility Where Abatement is Taking Place (3) USPS Milford		Name of Contact Samer Dakhillala				
Street Address 71 Bridge St		Telephone Number				
City (5) Milford		Square Feet unknown	# of Floors 1			
County (6) Hunterdon		Bldg. Age unknown				
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Asbestos Abatement LLC			
Street Address		Street Address 30 Sherman Ave				
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307				
Project Manager for Monitoring Firm TBD		Telephone No.	Telephone No. 908-270-8556			
Start Date (10) 2/12/2026		License No. 02109				
Scheduled Completion Date (11) 2/14/2026		Name of OSHA Monitor John Kim				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 254 Ridgewood Ave				
		City, State, Zip Code Glen Ridge NJ 07028				
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
Workroom		X	VAT	3000 SF	X	
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860		Cubic Yards of Waste 10	Name of Registered Landfill Grand Central	
City, State Elizabeth, NJ		Disposal Date		City, State Pen Argyl		
Completed by John Kim	Title President		Signature		Date 2/2/2026	

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

RECEIVED

Date of Notification (1) 1 / 29 / 26		Name of Building Owner/Operator (2) Verizon Communication							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 15 East Montgomery Street		City, State, Zip Code Pittsburgh, PA 15212							
Name of Contact Peter Lesnaik		ASBESTOS CONTROL & LICENSING Telephone Number 2156402520							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Pleasantville Co			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 423 West Washington Ave			Square Feet # of Floors Bldg. Age 55,435 3 +50						
City (5) Pleasantville, NJ 08232			County (6) Atlantic						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Verizon Communications						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc.			ASCM No. BRISTOL ENVIRONMENTAL, LLC						
Street Address 344 West State Street			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC						
City, State, Zip Code Trenton, NJ 08618			Street Address 1123 BEAVER STREET						
Project Manager for Monitoring Firm Richard Reynolds			City, State, Zip Code BRISTOL, PA 19007						
Telephone No. 609-656-8101		Telephone No. 215-788-6040		License No. 02121					
Start Date (10) 2 / 10 / 25		Scheduled Completion Date (11) 2 / 11 / 25		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM/5PM</u> - <u>1AM</u>									
Street Address 1123 BEAVER STREET									
City, State, Zip Code BRISTOL, PA 19007									
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Yes	No	N/A	Removal
1 st Floor Frame Area		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		VAT & Mastic	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 st Floor Frame Area		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		VAT & Mastic	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Bristol Environmental, LLC			NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Acua Haneman Environmental Park			
City, State Bristol, PA			Disposal Date TBD		City, State Egg Harbor Township				
Completed By (Print or Type) Dillan DeCaro		Title Estimator			Signature Dillan DeCaro		Date 1/29/26		

434498

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

RECEIVED

Date of Notification (1) February 3, 2025		Name of Building Owner/Operator (2) Lawrenceville Shopping Associates LLC							
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 112 West 34th Street - Suite 2106		City, State, Zip Code New York, NY 10120							
		ASBESTOS CONTROL & LICENSING							
Name of Contact Jack J. Jemal		Telephone Number 212-629-4592							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Burlington Store		Type of Facility (4)							
Street Address 2495 Route 1		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Lawrenceville		Square Feet 50,000	# of Floors 2						
County (6) Mercer		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Retail							
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 3 Terri Lane		Street Address 303 B National Road							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 484-872-8884						
Start Date (10) 2/17/26		License No. 01161							
Scheduled Completion Date (11) 3/31/26		Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: in segregated area		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type		
							Yes	No	N/A
Western portion		X		VAT and Mastic		19,580 SF	X		
Mezzanine Office		X		VAT and Mastic		800 SF	X		
Name of Registered Waste Hauler Waste Management of Trenton		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 100	Name of Registered Landfill Fairless Landfill				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 2/3/26			

13555
B & G Project # 2026-15State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Check #

13555

JAN 28 2026

Date of Notification (1) 01/22/2026		Name of Building Owner/Operator (2) First Presbyterian Church of Verona				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Fairview Avenue				
		City, State, Zip Code Verona, NJ 07044				
		Name of Contact Charles Heyer	Telephone Number 201-396-5569			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) First Presbyterian Church of Verona (NON Sub 8)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 10 Fairview Avenue		Square Feet	# of Floors			
City (5) Verona, NJ 07044		Bldg. Age				
County (6) Essex		Current Use (Prior if being demolished) church				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.			
Street Address		Street Address 1234 Route 23				
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405				
Project Manager for Monitoring Firm		Telephone No. 973-696-6869	License No. 00378			
Start Date (10) 02/03/2026	Scheduled Completion Date (11) 02/04/2026	Name of OSHA Monitor B & G Restoration, Inc.				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 1234 Route 23				
		City, State, Zip Code Butler, NJ 07405				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
basement theft store		X	pipe insulation	60 LF	X	
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill		
City, State Butler, NJ			Disposal Date 02/04/2026	City, State Pen Argyl, PA		
Completed by Gordana Luna		Title Secretary / Treasurer		Signature Gordana Luna		Date 01/22/2026

17705
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) 1 / 20 / 26		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job # 2601-6535 Check #17705					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 10 Legion Place- Building A		City, State, Zip Code Morristown, NJ 07960					
Name of Contact Michael R. Kupres		ASBESTOS CONTROL & LICENSING Telephone Number 610-755-7186					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) JCP Taylor Lane Substation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 204 Taylor Lane							
City (5) Middletown		Square Feet	# of Floors	Bldg. Age			
County (6) Monmouth		Current Use (Prior if being demolished) Substation					
Name of Monitoring Firm Hired by Building Owner (8) Colden Corporation		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.				
Street Address 630 Sentry Parkway, Suite 110		Street Address 30 Maple Ave. PO Box 25					
City, State, Zip Code Bluebell, PA		City, State, Zip Code Lumberton, NJ 08048					
Project Manager for Monitoring Firm Jason Straut		Telephone No. 484-804-5956	Telephone No. 609-265-2107	License No. 00529			
Start Date (10) 1 / 29 / 26	Scheduled Completion Date (11) 2 / 6 / 26	Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 9000 Commerce Parkway Suite B					
		City, State, Zip Code Mount Laurel, NJ 08054					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Removal	Repair	Encapsulate
2 Electrical Panels		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Asbestos Wire	150 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill			
City, State Lumberton, NJ			Disposal Date 2/4/26	City, State Morrisville, PA			
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature gwt		Date 1/20/26	

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

✓ 2025

Date of Notification (1) <u>01</u> / <u>28</u> / <u>26</u>		Name of Building Owner/Operator (2) <u>St. Francis of Assisi</u>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		Street Address <u>114 Mt. Vernon Street</u> <u>114 - 2 206</u> City, State, Zip Code <u>Ridgefield Park, NJ 07660</u>	
		Name of Contact <u>ASBESTOS CONTROL & LICENSING</u> <u>RECEIVED</u>	
		Telephone Number <u>201-262-5841</u>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>St. Francis of Assisi</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <u>114 Mt. Vernon Street</u>			
City (5) <u>Ridgefield Park, NJ 07660</u>		Square Feet <u>5000</u>	# of Floors <u>2</u>
County (6) <u>Bergen</u>		Bldg. Age <u>50+</u>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>
Street Address		Street Address <u>176 Saddle River Avenue</u>	
City, State, Zip Code		City, State, Zip Code <u>South Hackensack, NJ 07606</u>	
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>
Start Date (10) <u>01</u> / <u>29</u> / <u>26</u>	Scheduled Completion Date (11) <u>01</u> / <u>30</u> / <u>26</u>	Name of OSHA Monitor <u>Asbestos Analytical Labs</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8:00 AM-PM/4:30 PM-</u> <u>AM</u>		Street Address <u>51 Gage Road</u> City, State, Zip Code <u>East Brunswick, NJ 08816</u>	

<input checked="" type="checkbox"/> <u>≥3 sf or ≥3 lf</u> <input type="checkbox"/> <u>≥160 sf or ≥260 lf</u>		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
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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
Rectory 2 nd Floor Bathroom	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe Insulation & fittings			30 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"/>

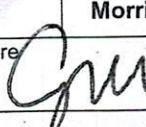
Name of Registered Waste Hauler <u>Century Waste Services, LLC</u>		NJDEP Waste Hauler ID No. <u>32797</u>	Cubic Yards of Waste <u>2 Yards</u>	Name of Registered Landfill <u>Grand Central Sanitary Landfill</u>		
City, State <u>Elizabeth, NJ</u>		Disposal Date <u>02-15-2026</u>	City, State <u>Pen Argyl, PA 08072</u>			

Completed By (Print or Type) <u>Ralph Barnhardt</u>	Title <u>Sr. Project Manager</u>	Signature <u>Ralph Barnhardt</u>	Date <u>01-28-2026</u>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

4275224

RECEIVED

Date of Notification (1) <u>1</u> / <u>16</u> / <u>26</u>		Name of Building Owner/Operator (2) <u>PSEG / Job #2502-6397</u>		Check # 17706 <u>JAN 20 2020</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<p>Street Address <u>4000 Hadley Road</u></p> <p>City, State, Zip Code <u>South Plainfield, NJ</u></p> <p>Name of Contact <u>Scott Penn</u></p> <p>Telephone Number <u>201-638-1684</u></p>								
		FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSEG Central Avenue Substation				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 157 S 14th Street				Square Feet	# of Floors	Bldg. Age				
City (5) Newark										
County (6) Essex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Substation						
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121		Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 26 Columbia Turnpike				Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Florham Park, NJ 07932				City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800		Telephone No. 609-265-2107		License No. 00529				
Start Date (10) <u>1</u> / <u>20</u> / <u>26</u>		Scheduled Completion Date (11) <u>6</u> / <u>30</u> / <u>26</u>		Name of OSHA Monitor IATL						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-9PM/</u> <u>PM-</u> <u>AM</u>				Street Address 9000 Commerce Pkwy. Suite B						
				City, State, Zip Code Mount Laurel, NJ 08054						
Scope of Work (Check all that apply)										
<input type="checkbox"/> <u>>3 sf or >3 lf</u> <input checked="" type="checkbox"/> <u>>160 sf or >260 lf</u>		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type Removal Repair Encapsulate Enclosure			
									Yes	No
Vault		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Cable Sock Insulation		2,500 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"/>
Name of Registered Waste Hauler Veolia ES			NJDEP Waste Hauler ID No. 000151		Cubic Yards of Waste 40		Name of Registered Landfill Fairless Landfill			
City, State Flanders, NJ			Disposal Date 6/30/26		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator			Signature 		Date 1-16-26			

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

14344495

Date of Notification (1) JANUARY 20, 2026		Name of Building Owner/Operator (2) IDIL EXECUTIVE DRIVE LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1197 PEACHTREE STREET NE, SUITE 600	
		City, State, Zip Code ATLANTA, GA 30361	
		Name of Contact MATT DIMARCO	Telephone Number 908-319-5638
		FACILITY INFORMATION	

Name of Facility Where Abatement is Taking Place (3) BUILDING 1		Type of Facility (4) RECEIVED <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 EXECUTIVE DRIVE		Square Feet 72,000	
City (5) SOMERSET		# of Floors 4	Bldg. Age 1975
County (6) SOMERVILLE	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished) INDUSTRIAL	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334
Start Date (10) 2/2/2026	Scheduled Completion Date (11) 4/24/2026		Name of OSHA Monitor Checkmark Industrial
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 54 Morgan Dr City, State, Zip Code Sparta NJ 07871	

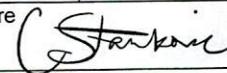
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Yes	No	N/A
ROOF	X	ROOF MEMBRANE	24,000	X		
STAIRCASES	X	MASTIC	600 SF	X		
2ND FLOOR ROOM-KITCHEN	X	VAT	90 SF	X		

Name of Registered Waste Hauler WESTPHAL		NJDEP Waste Hauler ID No. 320	Cubic Yards of Waste 320	Name of Registered Landfill FAIRLESS		
City, State RIDGEWOOD PARK NJ			Disposal Date	City, State MORRISVILLE PA		
Completed by Corey Stankovic		Title CEO		Signature <i>C. Stankovic</i>		Date

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

113444960

Date of Notification (1) JANUARY 20, 2026		Name of Building Owner/Operator (2) IDIL EXECUTIVE DRIVE LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
		Street Address 1197 PEACHTREE STREET NE, SUITE 600		ASBESTOS CONTROL & LICENSING				
		City, State, Zip Code ATLANTA, GA 30361		RECEIVED				
		Name of Contact MATT DIMARCO		Telephone Number 908-319-5638				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) BUILDING 2		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 2 EXECUTIVE DRIVE		Square Feet 72,000	# of Floors 4					
City (5) SOMERSET		Bldg. Age 1975						
County (6) SOMERVILLE		Current Use (Prior if being demolished) INDUSTRIAL						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial					
Street Address		Street Address 54 Morgan Dr						
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871						
Project Manager for Monitoring Firm		Telephone No. 973-570-2645		License No. 01334				
Start Date (10) 2/2/2026		Scheduled Completion Date (11) 4/24/2026		Name of OSHA Monitor Checkmark Industrial				
Occupancy Status During Abatement (Check Only One)		Street Address 54 Morgan Dr						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code Sparta NJ 07871						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;">Yes</td> <td style="width: 33.33%;">No</td> <td style="width: 33.33%;">N/A</td> </tr> </table>		Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				Yes	No	N/A		
Amount (Specify SF or LF)	Abatement Type							
BATHROOMS		X		15 SF	X			
4TH FLOOR		X		18,520 SF	X			
ROOF		X		24,000 SF	X			
Name of Registered Waste Hauler WESTPHAL		NJDEP Waste Hauler ID No.		Name of Registered Landfill FAIRLESS				
City, State RIDGEWOOD PARK NJ		Disposal Date		City, State MORRISVILLE PA				
Completed by Corey Stankovic		Title CEO		Signature 				
1/20/2026								

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

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

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Date of Notification (1) JANUARY 20, 2026		Name of Building Owner/Operator (2) IDIL EXECUTIVE DRIVE LLC				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1197 PEACHTREE STREET NE, SUITE 600				
		City, State, Zip Code ATLANTA, GA 30361				
		Name of Contact MATT DIMARCO		Telephone Number 908-319-5638		
		FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) BUILDING 3		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 3 EXECUTIVE DRIVE		Square Feet 90,000	# of Floors 5	Bldg. Age 1975		
City (5) SOMERSET		Current Use (Prior if being demolished) INDUSTRIAL				
County (6) SOMERVILLE		County Code (7) (STATE USE ONLY) _____				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial			
Street Address		Street Address 54 Morgan Dr				
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871				
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334			
Start Date (10) 2/2/2026	Scheduled Completion Date (11) 4/24/2026		Name of OSHA Monitor Checkmark Industrial			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 54 Morgan Dr			
			City, State, Zip Code Sparta NJ 07871			
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
INTERIOR	X		VAT	600 SF	X	
ROOF	X		ROOF MEMBRANE	24,000 SF	X	
EXTERIOR WINDOW	X		WINDOW CAULK	1,400 SF	X	
Name of Registered Waste Hauler WESTPHAL		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 360	Name of Registered Landfill FAIRLESS		
City, State RIDGEWOOD PARK NJ			Disposal Date	City, State MORRISVILLE PA		
Completed by Corey Stankovic		Title CEO		Signature <i>C. Stankovic</i>	Date 1/20/2026	

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

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Date of Notification (1) 1 / 28 / 26		Name of Building Owner/Operator (2) NJ DPMC / Job #2601-6534 Check #17708						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 0034					
			City, State, Zip Code Trenton, NJ 08625					
	Name of Contact Business Admin		Telephone Number 609-292-9292					
	FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Richard J Hughes Justice Complex			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 25 Market Street			Square Feet	# of Floors				
City (5) Trenton, NJ 08611				Bldg. Age				
County (6) Mercer		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 344 West State Street			Street Address 30 Maple Ave. PO Box 25					
City, State, Zip Code Trenton, NJ 08618			City, State, Zip Code Lumberton, NJ 08048					
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-556-8101	Telephone No. 609-265-2107	License No. 00529				
Start Date (10) 2 / 9 / 26	Scheduled Completion Date (11) 4 / 30 / 26		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM			Street Address 9000 Commerce Parkway Suite B					
			City, State, Zip Code Mount Laurel, NJ 08054					
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure 								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Exterior, Lower-Level Cooling Tower		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Grey Sealant/Caulk	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior, Lower-Level Cooling Tower		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Black Caulk	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penthouse		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Tan Caulk	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Gaskets assoc. with valves/flanges	200 units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.			NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill			
City, State Lumberton, NJ			Disposal Date 4/30/26	City, State Tullytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 1-28-26		

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

Check # 58465

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Date of Notification (1) <u>2</u> / <u>2</u> / <u>26</u>		Name of Building Owner/Operator (2) Deborah								
		FEB - 3 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
		Street Address 200 Trenton Road								
		City, State, Zip Code Brown Mills, NJ 08015								
		Name of Contact John Dugan		Telephone Number 609-893-1200						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Deborah Heart and Lung Hospital			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 200 Trenton Road										
City (5) Brown Mills			Square Feet 20000	# of Floors 5						
County (6) Burlington		County Code (7)(STATE USE ONLY) Health Facility								
Name of Monitoring Firm Hired by Building Owner (8) Terracon		ASCM No. Associated Specialty Contractors								
Street Address 930 Harvest Drive			Street Address 98 Lacrue Avenue							
City, State, Zip Code Blue Bell, PA 19422			City, State, Zip Code Glen Mills, PA 19342							
Project Manager for Monitoring Firm Amanda Ege		Telephone No. 267-512-7049		Telephone No. 610-364-9622						
Start Date (10) <u>2</u> / <u>16</u> / <u>26</u>		Scheduled Completion Date (11) <u>3</u> / <u>13</u> / <u>26</u>		Name of OSHA Monitor Terracon						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-1PM/9PM-</u> <u>AM</u>			Street Address 930 Harvest Drive							
			City, State, Zip Code Blue Bell, PA 19422							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf					<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
					<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type			
							Yes	No	N/A	Removal
4th Floor Lessor		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Pipe Insulation		20 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"/>
4th Floor Lessor		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Floor Tile / Mastic		10 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler TriState Recycling			NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill Republic Conestoga			
City, State 8950 State Road Philadelphia, PA 19136			Disposal Date 3/10/26		City, State Morgantown, PA 19543					
Completed By (Print or Type) Vincent Primavera		Title Project Manager			Signature 		Date 2/2/2026			

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

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Date of Notification (1) January 27, 2026		Name of Building Owner/Operator (2) Inspira Health Center Bridgeton					
Agencies Notified	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 333 Irving Avenue				
			City, State, Zip Code Bridgeton, NJ 08302				
			Name of Contact Maintenance		Telephone Number 856-575-4500		
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Inspira Health Center Bridgeton			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 333 Irving Avenue			Square Feet 90,000	# of Floors 6			
City (5) Bridgeton			Bldg. Age 50+				
County (6) Cumberland		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Medical			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Technicians		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC				
Street Address 441 E High Street, #25			Street Address 303 B National Road				
City, State, Zip Code Philadelphia, PA 19144			City, State, Zip Code Exton, PA 19341				
Project Manager for Monitoring Firm Norm Harrison		Telephone No. 215-852-9654	Telephone No. 484-872-884	License No. 01161			
Start Date (10) 2/6/26	Scheduled Completion Date (11) 2/6/26		Name of OSHA Monitor EMSL				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 200 Route 130 North				
			City, State, Zip Code Cinnaminson, NJ				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Hall at Physical Therapy	X		VAT and Mastic	64SF	X		
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill			
City, State Vineland, NJ			Disposal Date 2/2/26	City, State Millville, NJ			
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally (at)</i>		Date 1/27/26	

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

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Date of Notification (1) 01/23/2026		Name of Building Owner/Operator (2) Mediterranean Towers West CK#3291					
Agencies Notified	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 555 North Avenue FEB - 3 2026				
			City, State, Zip Code Fort Lee, New Jersey, 07024				
			Name of Contact Javier Valenzuela	Telephone Number 201-370-2047			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Mediterranean Towers West - Apt. # 18H			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 555 North Ave			Square Feet 120,000SF+	# of Floors 26			
City (5) Fort Lee, NJ			Bldg. Age 43				
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment Complex				
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic LLC				
Street Address 464 Valley Brook Ave			Street Address 16 Glenwild Ave				
City, State, Zip Code Lyndhurst, NJ 07071			City, State, Zip Code Bloomingdale, NJ 07403				
Project Manager for Monitoring Firm John H. Chiaviello		Telephone No. (800) 423-0766	Telephone No. 973-928-3995	License No. 01181			
Start Date (10) 02/04/2026	Scheduled Completion Date (11) 02/05/2026		Name of OSHA Monitor Hazmat Diagnostic LLC				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Apt. will be un-occupied during entire period of abatement			Street Address 16 Glenwild Ave				
			City, State, Zip Code Bloomingdale, NJ 07403				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Apt. 18H - Bathrooms		X	Popcorn Ceiling	70 SF	X		
Name of Registered Waste Hauler Hazmat Diagnostic LLC / Century Waste		NJDEP Waste Hauler ID No. 35440 / 32797	Cubic Yards of Waste TBD	Name of Registered Landfill WM Grand Central Landfill			
City, State Bloomingdale, NJ / Elizabeth, NJ			Disposal Date TBD	City, State Pen Argyl, PA			
Completed by Deni Naumovski		Title President		Signature		Date 01/23/2026	

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

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Date of Notification (1) 01/23/2026		Name of Building Owner/Operator (2) Mediterranean Towers West		CK#3292		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 555 North Avenue		FEB - 3 2026		
		City, State, Zip Code Fort Lee, New Jersey, 07024		ASBESTOS CONTROL & LICENSING Name of Contact Javier Valenzuela		Telephone Number 201-370-2047
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Mediterranean Towers West - Apt. # LD			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 555 North Ave			Square Feet 120,000SF+	# of Floors 26	Bldg. Age 43	
City (5) Fort Lee, NJ			Current Use (Prior if being demolished) Apartment Complex			
County (6) Bergen		County Code (7) (STATE USE ONLY) _____				
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic LLC			
Street Address 464 Valley Brook Ave			Street Address 16 Glenwild Ave			
City, State, Zip Code Lyndhurst, NJ 07071			City, State, Zip Code Bloomingdale, NJ 07403			
Project Manager for Monitoring Firm John H. Chiaviello		Telephone No. (800) 423-0766	Telephone No. 973-928-3995	License No. 01181		
Start Date (10) 02/09/2026	Scheduled Completion Date (11) 02/20/2026		Name of OSHA Monitor Hazmat Diagnostic LLC			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Apt. will be un-occupied during entire period of abatement			Street Address 16 Glenwild Ave			
			City, State, Zip Code Bloomingdale, NJ 07403			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
Apt. LD		X	Popcorn Ceiling	975 SF	X	
Name of Registered Waste Hauler Hazmat Diagnostic LLC / Century Waste		NJDEP Waste Hauler ID No. 35440 / 32797		Cubic Yards of Waste TBD	Name of Registered Landfill WM Grand Central Landfill	
				Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Deni Naumovski		Title President		Signature		Date 01/23/2026

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

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Date of Notification (1) 01/23/2026		Name of Building Owner/Operator (2) Mediterranean Towers West CK#3290									
Agencies Notified	Type Notification	Street Address 555 North Avenue									
		FEB - 3 2026									
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
		City, State, Zip Code Fort Lee, New Jersey, 07024									
		Name of Contact Javier Valenzuela									
		Telephone Number 201-370-2047									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Mediterranean Towers West - Apt. # 3K		Type of Facility (4)									
Street Address 555 North Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Fort Lee, NJ		Square Feet 120,000SF+	# of Floors 26								
County (6) Bergen		Bldg. Age 43									
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic LLC								
Street Address 464 Valley Brook Ave		Street Address 16 Glenwild Ave									
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Bloomingdale, NJ 07403									
Project Manager for Monitoring Firm John H. Chiaviello		Telephone No. (800) 423-0766	Telephone No. 973-928-3995								
Start Date (10) 02/04/2026		License No. 01181									
Scheduled Completion Date (11) 02/05/2026		Name of OSHA Monitor Hazmat Diagnostic LLC									
Occupancy Status During Abatement (Check Only One)		Street Address 16 Glenwild Ave									
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Apt. will be un-occupied during entire period of abatement		City, State, Zip Code Bloomingdale, NJ 07403									
Scope of Work (Check All That Apply)											
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Yes	No	N/A	Removal
Apt. 3K - Bathrooms				Popcorn Ceiling		70 SF		X			
Name of Registered Waste Hauler Hazmat Diagnostic LLC / Century Waste			NJDEP Waste Hauler ID No. 35440 / 32797		Cubic Yards of Waste TBD		Name of Registered Landfill WM Grand Central Landfill				
City, State Bloomingdale, NJ / Elizabeth, NJ			Disposal Date TBD		City, State Pen Argyl, PA						
Completed by Deni Naumovski		Title President			Signature			Date 01/23/2026			

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

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

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Date of Notification (1) <u>01</u> / <u>28</u> / <u>26</u>		Name of Building Owner/Operator (2) Saint Peter's Healthcare System								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
		Street Address 254 Easton Avenue								
		City, State, Zip Code New Brunswick, NJ 08901								
		Name of Contact Thomas Geiger-agent		Telephone Number 908-715-2600						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Saint Peter's University Hospital			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 254 Easton Avenue			Square Feet 120,000	# of Floors 6						
City (5) New Brunswick			Bldg. Age 80							
County (6) Middlesex		County Code (7) (STATE USE ONLY) Hospital								
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 64 Broad Street			Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Matawan, NJ 07747			City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) <u>01</u> / <u>30</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>04</u> / <u>26</u>		Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 1056 Stelton							
			City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)						
						Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	Amount (Specify SF or LF)	Abatement Type
5E Cardiology Wing Area		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		asbestos waterproofing tar		500 sf	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey			Disposal Date 02/04/26		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager			Signature 			Date 1/28/26		

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

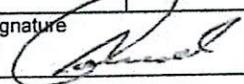
4344492

Date of Notification (1) 08/25/2023		Name of Building Owner/Operator (2) RECEIVED					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
		Street Address 35 Leonard ST City, State, Zip Code Jersey City NJ 07307 Name of Contact ASBESTOS CONTROL & LICENSING Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 35 Leonard St		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) RECEIVED					
Street Address 35 Leonard St		Square Feet FEB - 2026	# of Floors 2				
City (5) Jersey City NJ 07307		Bldg. Age					
County (6) Hudson		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ASBESTOS CONTROL & LICENSING E & V Services LLC				
Street Address		Street Address 711 Sip Street					
City, State, Zip Code		City, State, Zip Code Union City NJ 07087					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 2018757290	License No. 02053			
Start Date (10) 02/12/2026	Scheduled Completion Date (11) 02/24/2026		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One)		Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			
						Abatement Type	
				Removal	Repair		
				Encapsulate	Enclosure		
INTERIOR				Plaster 950 1st foor	LF	X	
INTERIOR				Plaster 810 2nd foor	LF	X	
INTERIOR				80 foor tile with mastic	SF	X	
Name of Registered Waste Hauler TRISTATE TRANSFER INC		NJDEP Waste Hauler ID No. 24-1129		Cubic Yards of Waste 2		Name of Registered Landfill MINERVA ENTERPRISES LLC	
City, State BRONX NY 10474				Disposal Date		City, State WAYNESBURG OH 44688	
Completed by Angel Penaherrera		Title Owner		Signature		Date 08/25/2023	

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

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

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Date of Notification (1) 01/28/2026		Name of Building Owner/Operator (2) FED - 2/28/2026					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 Carriage Way	City, State, Zip Code Cinnaminson, NJ 08077				
		Name of Contact ASBESTOS CONTROL & LICENSING	Telephone Number ASBESTOS CONTROL & LICENSING				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 9 Carriage Way		Square Feet 3,047	# of Floors 2	Bldg. Age 59			
City (5) Cinnaminson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence			
County (6) Burlington							
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental				
Street Address 617 Stokes Road, Suite 4-318		Street Address 150 Glenwood Drive					
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Washington Crossing, PA 18977					
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 1-888-715-2211	Telephone No. 215-313-7427	License No. 02081			
Start Date (10) 02/11/2026	Scheduled Completion Date (11) 02/11/2026		Name of OSHA Monitor Same				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Removal	Repair
Basement			Vinyl Floor Tile & associated mastic	350 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise			
City, State New Castle, DE			Disposal Date TBD	City, State Waynesburg, OH			
Completed by Andre Gosek		Title Project Manager		Signature 		Date 01/28/2026	

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

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

Date of Notification (1) 1/20/2026		Name of Building Owner/Operator (2) RECEIVED					
Agencies Notified	Type Notification	Street Address 4-58 Ivy Ln					
		City, State, Zip Code Fair Lawn NJ					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
		Name of Contact AST RECEIVED					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 4-58 Ivy Lane		Square Feet unknown	# of Floors 2				
City (5) Fair Lawn		Bldg. Age unknown					
County (6) Bergen		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Asbestos Abatement LLC				
Street Address		Street Address 30 Sherman Ave					
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307					
Project Manager for Monitoring Firm TBD		Telephone No.	License No. 908-270-8556				
Start Date (10) 1/31/2026	Scheduled Completion Date (11) 2/1/2026		Name of OSHA Monitor John Kim				
Occupancy Status During Abatement (Check Only One)		Street Address 254 Ridgewood Ave					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code Glen Ridge NJ 07028					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Basement		X	VAT	480 SF	X		
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860		Cubic Yards of Waste 3	Name of Registered Landfill Grand Central		
City, State Elizabeth, NJ			Disposal Date		City, State Pen Argyl		
Completed by John Kim		Title President		Signature		Date 1/21/2026	

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

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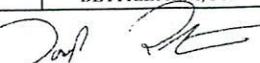
FEB - 3 - 2026

Date of Notification (1) 1/28/2026		Name of Building Owner/Operator (2) Craft Builders RAID				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 57 Bradhurst Ave				
		City, State, Zip Code Lakewood NJ 08701				
		Name of Contact		Telephone Number		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Reseidence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 207 Carol St			Square Feet	# of Floors		
City (5) Lakewood			Bldg. Age			
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals			
Street Address			Street Address 6 White Dove Court			
City, State, Zip Code			City, State, Zip Code Lakewood, NJ, 08701			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649	License No. 1200		
Start Date (10) 02/03/2026	Scheduled Completion Date (11) 02/03/2026		Name of OSHA Monitor AAA Lead Professionals			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address 6 White Dove Court			
			City, State, Zip Code Lakewood, NJ, 08701			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		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
Exterior			Siding	1500 SF	<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 5	Name of Registered Landfill IESI		
City, State Lakewood, NJ			Disposal Date 02/03/2026	City, State BETHLEHEM, PA		
Completed by JOSEPH PERLSTEIN	Title OWNER		Signature			Date 1/28/2026

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

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Date of Notification (1) 1/27/2026		Name of Building Owner/Operator (2)						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
		Street Address 257 Main St 2026 City, State, Zip Code South River NJ 08882						
		Name of Contact <small>ASBESTOS CONTROL & LICENSING</small> Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 257 Main St		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) South River		Square Feet	# of Floors					
County (6) Middlesex		Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals					
Street Address		Street Address 6 White Dove Court						
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701						
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.				
02/05/2026		02/05/2026	732-719-5649	1200				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor AAA Lead Professionals						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 6 White Dove Court						
		City, State, Zip Code Lakewood, NJ, 08701						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
		Yes	No			N/A	Removal	Repair
Interior				Boiler/furnace	80 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103		Cubic Yards of Waste 3	Name of Registered Landfill IESI			
City, State Lakewood, NJ				Disposal Date 02/05/2026	City, State BETHLEHEM, PA			
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 1/27/2026		

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

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

RECEIVED

Date of Notification (1) 01/23/2026		Name of Building Owner/Operator (2)					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5716 Bergenline Ave	2026				
		City, State, Zip Code West New York, 07093	Name of Contact D&S CONTROL & LICENSING	Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 5716 Bergenline Ave		Square Feet N/A	# of Floors N/A				
City (5) West New York, 07093		Bldg. Age N/A					
County (6) Hudson		Current Use (Prior if being demolished) house					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement Company LLC				
Street Address		Street Address 329 Parish Dr					
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm		Telephone No.	License No. 02097				
Telephone No. 973-345-8685	Scheduled Completion Date (11) 02/15/2026		Name of OSHA Monitor D&S Abatement Company LLC				
Occupancy Status During Abatement (Check Only One)		Street Address 329 Parish Dr					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: non-occupied		City, State, Zip Code Wayne, NJ 07470					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement	X		Pipe Insulation	110	X		
2nd floor	X		VAT	1160	X		
1st floor	X		Mastic	300	X		
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF			
City, State Wayne NJ			Disposal Date TBD	City, State Tullytown, PA			
Completed by Dejan Antic Dopsaj	Title President		Signature		Date 01/23/2026		

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

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

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Date of Notification (1) JANUARY 22, 2026		Name of Building Owner/Operator (2)				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 47 EBERHARDT RD	FEB - 2 2026			
		City, State, Zip Code EAST HANOVER NJ 07936	ASBESTOS CONTROL & LICENSING Name of Contact _____ Telephone Number _____			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 107 HANOVER ROAD		Square Feet 876	# of Floors 1			
City (5) EAST HANOVER		Bldg. Age 1950				
County (6) MORRIS	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residential				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial			
Street Address		Street Address 54 Morgan Dr				
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871				
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334			
Start Date (10) 2/4/2026	Scheduled Completion Date (11) 2/10/2026		Name of OSHA Monitor Checkmark Industrial			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 54 Morgan Dr				
		City, State, Zip Code Sparta NJ 07871				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <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
FIRST FLOOR	X		LINOLEUM	48 SF	X	
LIVING ROOM & FOYER	X		STUCCO	756 SF	X	
EXTERIOR FAÇADE	X		WINDOW GLAZING/ CAULK	452 LF	X	
EXTERIOR	X		TRANSITE SIDING AND FELT	1,000SF	X	
Name of Registered Waste Hauler WESTPHAL		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 40	Name of Registered Landfill FAIRLESS	
City, State RIDGEWOOD PARK NJ				Disposal Date	City, State MORRISVILLE PA	
Completed by Corey Stankovic		Title CEO		Signature <i>C. Stankovic</i>	Date 1/22/2026	

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

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

Date of Notification (1) 01 / 28 / 26		Name of Building Owner/Operator (2) Remax	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 113 Tindall Road		City, State, Zip Code Middletown, NJ 07748	
Name of Contact		Telephone Number	

FACILITY INFORMATION

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 4377 Old Bridge Matawan Road		Square Feet 3600	# of Floors 2
City (5) Old Bridge		Bldg. Age 200	
County (6) Middlesex		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fericola		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 02 / 09 / 26	Scheduled Completion Date (11) 02 / 11 / 26	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
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
basement & crawlspace		<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"/>	asbestos pipe insulation		110 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"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.			NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey			Disposal Date 02/11/26	City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Nicholas Fericola		Title Project Manager		Signature <i>Nicholas Fericola</i>		Date 1/28/26			

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

~~RECEIVED~~

Date of Notification (1) 1/23/26		Name of Building Owner/Operator (2) FEB - 3 2020													
Agencies Notified	Type Notification	Street Address 84 Vanderburgh Ave													
		City, State, Zip Code Rutherford, NJ 07070													
		ASBESTOS CONTROL & LICENSING													
FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)													
Street Address 84 Vanderburgh Ave		Square Feet	# of Floors												
City (5) Rutherford		Bldg. Age													
County (6) Bergen County		Current Use (Prior if being demolished)													
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Asbestos												
Street Address		Street Address 2208B Hamilton Blvd													
City, State, Zip Code		City, State, Zip Code South Plainfield, NJ 07080													
Project Manager for Monitoring Firm		Telephone No.	License No. 02010												
Start Date (10) 1/24/26	Scheduled Completion Date (11) 1/30/26		Name of OSHA Monitor Chris Weber												
Occupancy Status During Abatement (Check Only One)		Street Address 2208B Hamilton Blvd													
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code South Plainfield, NJ 07080													
Scope of Work (Check All That Apply) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> ≥3 sf or ≥3 lf</td> <td style="width: 25%;"><input type="checkbox"/> Renovation</td> <td style="width: 25%;"><input checked="" type="checkbox"/> Full Containment with Negative Pressure</td> </tr> <tr> <td><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf</td> <td><input type="checkbox"/> Demolition</td> <td>Mini-Enclosure</td> </tr> <tr> <td></td> <td></td> <td>Glovebag Procedure</td> </tr> <tr> <td></td> <td></td> <td>Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>				<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	Mini-Enclosure			Glovebag Procedure			Non-Exempted (*) and Non-Friable Procedure
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure													
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	Mini-Enclosure													
		Glovebag Procedure													
		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					
Hallway	X		Plaster Removal	25SF	X										
	X														
	X														
	X														
Name of Registered Waste Hauler AAA Asbestos			NJDEP Waste Hauler ID No. 113709	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill										
City, State Newark, NJ			Disposal Date TBD		City, State Pen Argyl, PA										
Completed by Frank Formisano		Title Owner		Signature		Date 1/23/26									

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

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

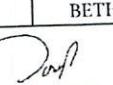
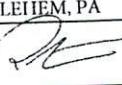
PAID

Date of Notification (1) 01/29/2026		Name of Building Owner/Operator (2) RECEIVED					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 29 Church Street City, State, Zip Code Windsor, NJ 08561 Name of Contact Telephone Number ASBESTOS CONTROL CONTRACTOR INC				
			FEB - 2 2026				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 29 Church Street		Square Feet na # of Floors na Bldg. Age na					
City (5) Windsor, NJ							
County (6) Mercer County		Current Use (Prior if being demolished) Vacated					
Name of Monitoring Firm Hired by Building Owner (8) none		ASCM No.	Name of Abatement Contractor (9) GI Solution Services LLC				
Street Address n/a		Street Address 3 E Logan Rd					
City, State, Zip Code n/a		City, State, Zip Code Randolph, NJ, 07869					
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-223-2391	License No. 02015			
Start Date (10) 01/30/2026	Scheduled Completion Date (11) 02/13/2026		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address City, State, Zip Code				
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition x wet clean up <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Outdoor (pile of debris)				Debris	120c/y	<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES		NJDEP Waste Hauler ID No. 10416		Cubic Yards of Waste 120c/y	Name of Registered Landfill Fairless Landfill		
City, State Trenton, NJ				Disposal Date NA	City, State Morrisville, PA		
Completed by William Mawyn		Title Project Manager		Signature <i>William Mawyn</i>		Date 01/29/2026	

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

RECEIVED

Date of Notification (1) 1/28/2026		Name of Building Owner/Operator (2)											
		FEB - 3 - 2026											
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation											
		Street Address 16 West 38th St City, State, Zip Code Bayonne NJ Name of Contact _____ Telephone Number _____											
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 16 West 38th St		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)											
City (5) Bayonne		Square Feet	# of Floors										
County (6) Hudson		Bldg. Age											
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals										
Street Address		Street Address 6 White Dove Court											
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701											
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.									
Start Date (10) 1/29/2026		Scheduled Completion Date (11) 1/29/2026		Name of OSHA Monitor AAA Lead Professionals									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 6 White Dove Court City, State, Zip Code Lakewood, NJ, 08701											
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If <table style="margin-left: 20px;"> <tr> <td><input checked="" type="checkbox"/> Renovation</td> <td><input type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Full Containment with Negative Pressure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Mini-Enclosure</td> <td></td> <td><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Glovebag Procedure</td> <td></td> <td></td> </tr> </table>					<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> Mini-Enclosure		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	<input checked="" type="checkbox"/> Glovebag Procedure		
<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure											
<input checked="" type="checkbox"/> Mini-Enclosure		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
<input checked="" type="checkbox"/> Glovebag 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) <table style="border-collapse: collapse; text-align: center;"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>		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			
				Yes	No	N/A							
Removal	Repair	Encapsulate	Enclosure										
Interior				pipe Insulation		140 LF	<input checked="" type="checkbox"/>						
Name of Registered Waste Hauler Lead Professionals Inc			NJDEP Waste Hauler ID No. 35103		Cubic Yards of Waste 4	Name of Registered Landfill IESI							
City, State Lakewood, NJ					Disposal Date 1/29/2026	City, State BETHLEHEM, PA							
Completed by JOSEPH PERLSTEIN		Title OWNER			Signature  		Date 1/28/2026						

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

13554

B & G Project # 2026-14

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

RECEIVED

Check # 13354
JAN 28 2026

Date of Notification (1) 01/22/2026		Name of Building Owner/Operator (2) 163 West Main Street					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
		Street Address 163 West Main Street City, State, Zip Code Rockaway, NJ 07866					
		Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Street Address 163 West Main Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Rockaway, NJ 07866		Square Feet	# of Floors				
County (6) Morris		Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.				
Street Address		Street Address 1234 Route 23					
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405					
Project Manager for Monitoring Firm		Telephone No.	License No. 973-696-6869				
Start Date (10) 02/04/2026	Scheduled Completion Date (11) 02/05/2026		Name of OSHA Monitor B & G Restoration, Inc.				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 1234 Route 23 City, State, Zip Code Butler, NJ 07405					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
main house basement		X	pipe insulation (removal)	170 LF	X		
rear garage		X	pipe (wrap & cut)	45 LF	X		
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill		
City, State Butler, NJ				Disposal Date 02/06/2026	City, State Pen Argyl, PA		
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>		Date 01/22/2026	

13553
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

PAID RECEIVED
 13553

Check #

JAN 28 2026

B & G Project # 2026-10

Date of Notification (1) 01/22/2026		Name of Building Owner/Operator (2) Street Address 45 East Reid Place City, State, Zip Code Verona, NJ 07044 Name of Contact Telephone Number				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Street Address 45 East Reid Place City (5) Verona, NJ 07044		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
County (6) Essex		Square Feet	# of Floors			
County Code (7) (STATE USE ONLY)		Bldg. Age				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.			
Street Address		Street Address 1234 Route 23				
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405				
Project Manager for Monitoring Firm		Telephone No.	License No. 973-696-6869			
Start Date (10) 02/02/2026	Scheduled Completion Date (11) 02/03/2026		Name of OSHA Monitor B & G Restoration, Inc.			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 1234 Route 23				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
laundry room		X	pipe insulation	20 LF	X	
boiler room		X	pipe insulation	15 LF	X	
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill	
City, State Butler, NJ		Disposal Date 02/03/2026		City, State Pen Argyl, PA		
Completed by Gordana Luna	Title Secretary / Treasurer		Signature Gordana Luna		Date 01/22/2026	

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

888234

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

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1824
Date of Notification (1)
08/25/2023

Name of Building Owner/Operator (2)
Josephs Regional Medical Center

JAN 28 2026

Agencies Notified
 EPA
 DEP
 DOL

 DOH
 DCA

Type Notification
 Initial
 Amended
 Amendment # _____
 Emergency (including justification)
 Cancellation

Street Address
703 Main st
City, State, Zip Code
Paterson NJ 07503
Name of Contact _____
Telephone Number _____

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 703 Main st		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 703 Main st		Square Feet	# of Floors
City (5) Paterson		Bldg. Age	
County (6) Passaic		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. E & V Services LLC	Name of Abatement Contractor (9)
Project Manager for Monitoring Firm		Telephone No. 2018757290	License No. 02053
Start Date (10) 01/30/2025	Scheduled Completion Date (11) 02/15/2026	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 711 Sip Street	
		City, State, Zip Code Union City NJ 07087	

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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	Encapsulation
INTERIOR		X			PIPE INSULATION	20 LF	X	

Name of Registered Waste Hauler TRISTATE TRANSFER INC		NJDEP Waste Hauler ID No. 24-1129	Cubic Yards of Waste 2	Name of Registered Landfill MINERVA ENTERPRISES LLC
City, State BRONX NY 10474		Disposal Date	City, State WAYNESBURG OH 44688	
Completed by Angel Penaherrera	Title Owner		Signature	
			Date 08/25/2023	

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

✓# 2074

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Date of Notification (1) <u>01</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) Nelson Renovation Group, LLC.			
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA <small>(NJAC 5:23-8)</small>		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <small>Amendment #</small> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
		Street Address 25 Park Place <small>JAN 28 2026</small>			
		City, State, Zip Code Paramus, NJ 07652			
		Name of Contact <small>ASBESTOS CONTROL & LICENSING</small> <small>Telephone Number</small>			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address 81 Grand Avenue					
City (5) Englewood, NJ 07651		Square Feet 25000	# of Floors 4+	Bldg. Age 50+	
County (6) Bergen		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.		
Street Address		Street Address 176 Saddle River Avenue			
City, State, Zip Code		City, State, Zip Code South Hackensack, NJ 07606			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841	License No. 00156	
Start Date (10) <u>02</u> / <u>02</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>06</u> / <u>26</u>		Name of OSHA Monitor Asbestos Analytical Labs		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8:00 AM</u> - <u>PM/4:30 PM</u> - <u>AM</u>		Street Address 51 Gage Road City, State, Zip Code East Brunswick, NJ 08816			
Scope of Work (Check all that apply)					
<input type="checkbox"/> <u>>3 sf or >3 lf</u> <input checked="" type="checkbox"/> <u>>160 sf or >260 lf</u>		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED <small>IN Facility (13)</small>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				Amount (Specify SF or LF)	
Basement - Storage Room		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Pipe Insulation 312 LF	
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 2 Yards Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 02-15-2026		City, State Pen Argyl, PA 08072	
Completed By (Print or Type) Ralph Barnhardt		Title Sr. Project Manager		Signature	
				Date 01-20-2026	

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

RECEIVED
CHK # 1875

Date of Notification (1) 1/21/2026		Name of Building Owner/Operator (2) JAN 28 2026			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 309 Palisade Rd.			
		City, State, Zip Code Elizabeth, NJ 07208			
		Name of Contact	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 309 Palisade Rd.		Square Feet 1,800	# of Floors 2		
City (5) Elizabeth, NJ 07208		Bldg. Age 1935			
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. DANVIC CONTRACTING LLC	Name of Abatement Contractor (9)		
Street Address		Street Address 240 South 5th St.			
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206			
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355		
Start Date (10) 1/31/26	Scheduled Completion Date (11) 2/3/2026		Name of OSHA Monitor Iris Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West			
		City, State, Zip Code Union, NJ 07083			
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
				Yes	No
Basement Area		X	Pipe Insulation	100 LF	X
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by Jeymy Donneys	Title Owner		Signature	Date 1/21/2026	

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

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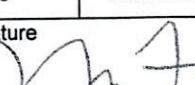
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

chk # 1876

Date of Notification (1) 1/21/2026		Name of Building Owner/Operator (2) Crew Builders LLC					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 160 Spring St.	JAN 28 2026				
		City, State, Zip Code Elizabeth, NJ 07201	ASBESTOS CONTROL & LICENSING				
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 123 Lake Dr.		Square Feet 2,220	# of Floors 2				
City (5) Mountain Lakes, NJ 07046		Bldg. Age 1942					
County (6) Morris		Current Use (Prior if being demolished) Residential Property					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. DANVIC CONTRACTING LLC	Name of Abatement Contractor (9)				
Street Address		Street Address 240 South 5th St.					
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206					
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355				
Start Date (10) 1/31/2026	Scheduled Completion Date (11) 2/4/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 2333 Route 22 West					
		City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
1st Floor Kitchen		X	VAT/Black Mastic	110 SF	X		
Basement Area		X	VAT	660	X		
Name of Registered Waste Hauler Danvic Contracting LLC			NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill		
City, State Elizabeth, NJ			Disposal Date TBD	City, State Morrisville, PA			
Completed by Jeymy Donneys		Title Owner		Signature <i>Jeymy Donneys</i>		Date 1/21/2026	

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

Date of Notification (1) <u>01</u> / <u>20</u> / <u>26</u>		Name of Building Owner/Operator (2) Potts Excavating, Inc.						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
		Street Address 316 Main Street		REF 9982 JAN 28 2026				
		City, State, Zip Code West Creek, NJ 08092		DIRECTOR OF ENVIRONMENTAL CONTROL & LICENSING				
		Name of Contact _____						
		Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 4002 Ocean Blvd.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
City (5) Long Beach Twp.		Square Feet 1400	# of Floors 1					
County (6) Ocean		Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address		Street Address 1889 Route 9, Unit 61						
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755						
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624					
Start Date (10) <u>01</u> / <u>30</u> / <u>26</u>		Scheduled Completion Date (11) <u>02</u> / <u>02</u> / <u>26</u>		Name of OSHA Monitor E.M.S.L. Analytical				
Occupancy Status During Abatement (Check only one)		Street Address 1056 Stelton		Street Address 1056 Stelton				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility <u>(13)</u>		Is Location Normally Used Solely by Maintenance/ Custodial Staff? <u>(12)</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)				
						Yes	No	N/A
exterior		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		asbestos siding				
				1400 sf	<input checked="" type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			
Name of Registered Waste Hauler Guardian Contracting, Inc.			NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill Fairless Landfill	
City, State Toms River, New Jersey			Disposal Date 02/02/26		City, State Morrisville, Pennsylvania			
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager			Signature 		Date 1/20/26	