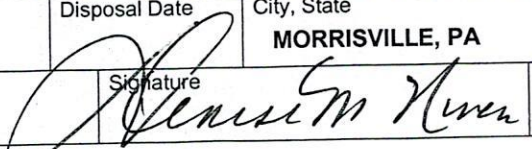


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <div style="text-align: center;">01 / 23 / 26</div>		Name of Building Owner/Operator (2) <b>VIRTUA HEALTH</b>							
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 <b>20 WEST STOW ROAD-STE. 3</b>							
		City, State, Zip Code <b>MARLTON, NJ 08053</b>							
		Name of Contact <b>JULIE HERB</b>	Telephone Number <b>(856) 355-0951</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>VIRTUA-OUR LADY OF LOURDES</b>		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 <b>1600 HADDON AVENUE</b>		Square Feet <b>46,000</b>	# of Floors <b>6</b>						
City (5) <b>CAMDEN</b>		Bldg. Age <b>50+/-</b>							
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOSPITAL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>VERTEX COMPANIES</b>		Name of Abatement Contractor (9) <b>PEPPER ENVIRONMENTAL SERVICES, INC.</b>							
Street Address <b>2501 SEAPORT DRIVE-SUITE BH 110</b>		Street Address <b>2251 FRALEY STREET</b>							
City, State, Zip Code <b>CHESTER, PA 19013</b>		City, State, Zip Code <b>PHILADELPHIA, PA 1917</b>							
Project Manager for Monitoring Firm <b>DON HEIM</b>		Telephone No. <b>(610)787-0402</b>	Telephone No. <b>(215) 533-5155</b>						
License No. <b>01166</b>									
Start Date (10) <div style="text-align: center;">01 / 26 / 26</div>	Scheduled Completion Date (11) <div style="text-align: center;">09 / 25 / 26</div>	Name of OSHA Monitor <b>VERTEX COMPANIES</b>							
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 <b>2501 SEAPORT DRIVE-SUITE BH 110</b>							
		City, State, Zip Code <b>CHESTER, PA 19013</b>							
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 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) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>SEE ATTACHED</b>		<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 <b>HORIZON DISPOSAL SERVICES</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <b>WASTE MANAGEMENT</b>					
City, State <b>TRENTON, NJ</b>		Disposal Date		City, State <b>MORRISVILLE, PA</b>					
Completed By (Print or Type) <b>DENISE M. NIVEN</b>		Title <b>ADMIN. ASST.</b>		Signature 		Date <b>1/23/26</b>			

LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY 13	IN 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, VMT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	ABATEMENT TYPE			ABATEMENT TYPE
				REMOVAL	REPAIR	ENCAPSULATE	
MAIN BUILDING-BASEMENT MECHANICAL ROOM	N/A	ACPI	30 LF	YES	NO	NO	NO
MAIN BUILDING-BASEMENT MECHANICAL ROOM	N/A	DUCT INSULATION	300 SF	YES	NO	NO	NO



3497

PAID

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JAN 29 2026

Print Form

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

Check 3497

Date of Notification (1) 01/22/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 2 Maplewood Dr							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middletown Township, NJ 07748							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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		Square Feet 1,560	# of Floors 1						
City (5) Middletown Township, NJ 07748		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. 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:420)

Check 3455

Date of Notification (1) 01/23/2026		Name of Building Owner/Operator (2) JAN 29 2026							
Agencies Notified	Type Notification	Street Address 24 Townsend St							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newton, NJ 07860							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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)		ASCN 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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation	80 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 02/09/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez				Date 01/23/2026		

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



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

**RECEIVED**  
 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					
<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		695 Route 46 - Suite 205					
				City, State, Zip Code Fairfield, NJ 07004					
		Name of Contact Christine Bunner, RC Andersen		Telephone Number (973) 227-8100					
<b>FACILITY INFORMATION</b>									
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) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Branchburg, NJ 08876				Square Feet TBD	# of Floors 1				
County (6) Somerset				Bldg. Age 1975					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Group, LLC			ASCM No.	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	License No. 02126				
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	N/A			Removal	Repair	Encapsulate	Enclosure
Please see attached									
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 Lubica Perez			Date 01/20/2026		

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	



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

Check 3498

Date of Notification (1) 01/22/2026		Name of Building Owner/Operator (2) Gary Ruth		JAN 29 2026	
Agencies Notified		Type Notification		Street Address	
<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		388 South Livingston Avenue	
				City, State, Zip Code Livingston, NJ 07039	
		Name of Contact Gary Ruth		Telephone Number (917) 459-2175	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Aquinas Academy				Type of Facility (4)	
Street Address 388 South Livingston Avenue				<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.)	
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)				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 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)
	Yes	No	N/A		
Please see attached					
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

**VEL Construction LLC**

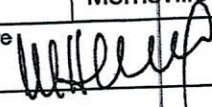
**388 South Livingston Avenue, Livingston, NJ - Aquinas Academy**

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, 203, 204	No	floor tile	3,220 SF	Removal
Hall East Wing	No	floor tile	840 SF	Removal



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

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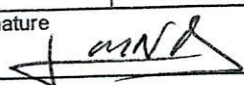
Date of Notification (1) 01/15/2026		Name of Building Owner/Operator (2)  							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 158 Mountain Way							
		City, State, Zip Code Morris Plains NJ 07950							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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	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) MHM Restoration LLC						
Street Address		Street Address 164 Meriline Ave Apt C							
City, State, Zip Code		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm		Telephone No. 862-386-8433	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) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 164 Meriline Ave Apt C							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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		

\* 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) 01/19/2026		Name of Building Owner/Operator (2) <div align="right">JAN 28 2026</div>							
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 99 Star St							
		City, State, Zip Code Iselin NJ 08830							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 99 Star St		Square Feet	# of Floors						
City (5) Iselin		Bldg. Age							
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) 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. 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) <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 143 Acme St							
		City, State, Zip Code Elizabeth NJ 07202							
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	Enclosure
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 			Date 01/19/2026			

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



CKW 6361

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

RECEIVED

JAN 29 2026

Date of Notification (1) <b>1-24-26</b>		Name of Building Owner/Operator (2) <b>GRAND CONSTRUCTION MANAGEMENT</b>					
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 <b>2142 LENAPE DR.</b>					
		City, State, Zip Code <b>COPLAY PA. 18037-2452</b>					
		Name of Contact _____					
		Telephone Number _____					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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 <b>313 E 10<sup>TH</sup> AVE</b>		Square Feet <b>1500</b>	# of Floors <b>2</b>				
City (5) <b>N WILLOWOOD</b>		Bldg. Age <b>50+</b>					
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>KLEMCO INC</b>					
Street Address _____		Street Address <b>369 S. SPRUCE AVE</b>					
City, State, Zip Code _____		City, State, Zip Code <b>MAPLE SHADE NJ 08052</b>					
Project Manager for Monitoring Firm _____		Telephone No. <b>856-779-0472</b>	License No. <b>1371</b>				
Start Date (10) <b>2-3-26</b>	Scheduled Completion Date (11) <b>2-13-26</b>	Name of OSHA Monitor <b>N/A</b>					
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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>1500 SF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>SIDING</b>	<b>X</b>	<b>TRANSITE</b>	<b>1500 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>C M C M V A</b>			
City, State <b>MAPLE SHADE N.J. 08052</b>		Disposal Date _____	City, State <b>WOODBINE NJ</b>				
Completed By <b>MICHAEL KLEMM</b>	Title <b>PRES.</b>	Signature <i>[Signature]</i>	Date <b>1-24-26</b>				



CK # 6361

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

RECEIVED

JAN 29 2026

Date of Notification (1) <b>1-24-26</b>		Name of Building Owner/Operator (2) <b>DRB DEVELOPERS</b>	
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 <b>10310 FIRST AVE</b>
			City, State, Zip Code <b>STONE HARBOR</b>
		Name of Contact	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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 <b>10310 FIRST AVE</b>		Square Feet <b>1500</b>	# of Floors <b>2</b>
City (5) <b>STONE HARBOR</b>		Bldg. Age <b>50+</b>	
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>KLEMCO INC</b>
Street Address		Street Address <b>369 S. SPRUCE AVE</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE NJ 08052</b>	
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b>N 1371</b>
Start Date (10) <b>2-4-26</b>	Scheduled Completion Date (11) <b>2-14-26</b>	Name of OSHA Monitor <b>N/A</b>	
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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>SIDING</b>			<b>TRANSITE</b>
			<b>1500 SF</b>
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Name of Registered Landfill <b>CMC MVA</b>
City, State <b>MAPLE SHADE N.J 08052</b>		Cubic Yards of Waste <b>5</b>	City, State <b>WOODBRIDGE NJ</b>
Disposal Date		Signature <b>[Signature]</b>	Date <b>1-24-26</b>
Completed By <b>MICHAEL KLEMM</b>		Title <b>PRES.</b>	



11073

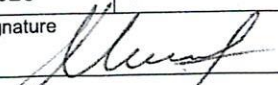
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Print Form

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

JAN 27 2026

Date of Notification (1) 1/21/2026		Name of Building Owner/Operator (2)							
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 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							
Street Address 431 Cambridge Rd		City, State, Zip Code Ridgewood NJ 07450							
Name of Contact		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling				Type of Facility (4)					
Street Address 431 Cambridge 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) Ridgewood NJ 07450				Square Feet N/A	# of Floors N/A				
County (6) Bergen				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		City, State, Zip Code Union NJ 07083		Street Address 24 Morley Drive					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073		City, State, Zip Code Woodland Park NJ 07424					
Start Date (10) 1/22/2026		Scheduled Completion Date (11) 1/25/2026		Telephone No. 862-243-1471					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Teal Management		License No. 02063					
<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 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	Enclosure
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 Eoodland Park NJ 07424		Disposal Date 1/25/2026		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 1/21/2026			



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

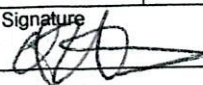
RECEIVED

Date of Notification (1) <b>01/20/2026</b>		Name of Building Owner / Operator (2) <b>Springpoint At Meadow Lakes Inc.</b>		JAN 27 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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>300 Meadow Lakes</b> City, State & Zip Code <b>East Windsor, NJ 08520</b> Telephone Number <b>717-723-0671</b>					
Name of Contact <b>Mr. James Kasopsky</b>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Dining Hall / Lounge</b>			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 <b>300 Meadow Lakes</b>			Square Feet <b>Approx. 11,000</b>	# of Floors <b>2</b>	Bldg. Age <b>Over 50 Years</b>				
City (5) <b>East Windsor</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential Community</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Resource Management Group, LLC.</b>						
Street Address <b>P.O. Box 365</b>		Street Address <b>2115 Hamilton Avenue, Suite 202</b>							
City, State & Zip Code <b>Berlin, NJ 08009</b>		City, State & Zip Code <b>Trenton, NJ 08619</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone Number <b>609-839-2432</b>	Telephone Number <b>609-914-4279</b>	License Number <b>01185</b>					
Scheduled Start Date (10) <b>01-22-2026</b>		Scheduled Completion Date (11) <b>01-26-2026</b>		Name of OSHA Monitor <b>J&amp;S Environmental Laboratories, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During Normal Hours Describe: <b>8:30am to 4:30pm</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>2333 Route 22 West</b> City, State & Zip Code <b>Union, NJ 07083</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf $\geq 260$ 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"/> 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)			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
Dining Hall / Lounge – Duct Flanges	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic Adhesive	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Resource Management Group, LLC.</b>		NJDEP Waste Hauler ID No. <b>0035218</b>		Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Grows Landfill</b>				
City, State <b>Trenton, NJ 08619</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Mr. Brian Haney</b>		Title <b>President</b>		Signature <i>Brian Haney</i>			Date <b>01-20-2026</b>		



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) JAN 28 2026							
Agencies Notified	Type Notification	Street Address 60 Elmwood Terrace							
<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	City, State, Zip Code Irvington, NJ 07111							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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	County Code (7) (STATE USE ONLY) _____	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						
License No. 01260									
Start Date (10) 2/9/2026	Scheduled Completion Date (11) 5/9/2026	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: private home- unoccupied		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 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	Encapsulate	Enclosure
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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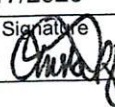
**PAID**  
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to NJAC 8:60 and 12:120)**

RECEIVED

Date of Notification (1) 1/26/2026		Name of Building Owner/Operator (2) JAN 29 2026							
Agencies Notified	Type Notification	Street Address 280 Montross Avenue							
<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	City, State, Zip Code Rutherford, NJ 07070							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)							
Street Address 280 Montross Avenue		<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) Rutherford		Square Feet 3863	# of Floors 2						
		Bldg. Age 108							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	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						
		License No. 01260							
Start Date (10) 2/11/2026	Scheduled Completion Date (11) 6/9/2026	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 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 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	Encapsulate	Enclosure
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		



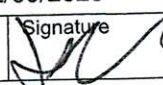
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/28/2026		Name of Building Owner/Operator (2) Jersey City Board of Education							
Agencies Notified	Type Notification	Street Address 346 Claremont Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" 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 Jersey City, NJ 07305							
		Name of Contact Dr. Norma Fernandez	Telephone Number 201-915-6000						
<b>FACILITY INFORMATION</b>									
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 Merseles 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	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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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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**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

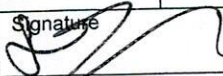
RECEIVED

Date of Notification (1) 01/27/2026		Name of Building Owner/Operator (2) 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 Amendment # 2 <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						
<b>FACILITY INFORMATION</b>									
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	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 Pearce	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 02/05/2026	Scheduled Completion Date (11) 02/09/2026	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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 02/09/2026		City, State Morrisville, PA					
Completed by Samantha Brown		Title Operations Coordinator		Signature 			Date 01/27/2026		



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

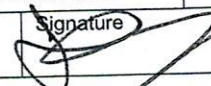
**RECEIVED**

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 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
<b>FACILITY INFORMATION</b>					
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) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.			ASCN 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) 8 LF
	Yes	No	N/A		
Arts Room		X		Pipe Insulation	
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 01/27/2026



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


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Date of Notification (1) 01/22/2026		Name of Building Owner/Operator (2) <div style="text-align: right;">JAN 30 2026</div>							
Agencies Notified	Type Notification	Street Address 27 Maple Lane							
<input checked="" 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 Howell, NJ 07731							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 27 Maple Lane		<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) Howell		Square Feet 1,134	# of Floors 1						
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 70						
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		Current Use (Prior if being demolished) Residence							
Street Address PO Box 341		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	City, State, Zip Code Maple Shade, NJ 08052						
Start Date (10) 01/23/2026		Telephone No. 856-755-0099	License No. 00842						
Scheduled Completion Date (11) 01/30/2026		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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	



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	Type Notification	Street Address 392 Flanders Road							
<input checked="" type="checkbox"/> EPA <input checked="" 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bellmawr, NJ 08031							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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.)							
City (5) Bellmawr	Square Feet 912	# of Floors 1	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 Pearce		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
Start Date (10) 01/28/2026		Scheduled Completion Date (11) 02/02/2026	License No. 00842						
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.							
		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) 170 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen & Laundry Room			X	Floor Tile		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		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) 01/28/2026		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 <input type="checkbox"/> 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						
	ASBESTOS CONTROL & LICENSING								
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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		County Code (7) (STATE USE ONLY)	Bldg. Age 98						
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) 02/10/2026		Scheduled Completion Date (11) 02/12/2026	License No. 00842						
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.							
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 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) 822 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior of House			X	Siding		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 <i>Shannon Thomson</i>		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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 Rector Street	
		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
City (5) Newark, NJ		Bldg. Age	
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 Envir
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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<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	Encapsulate	Enclosure
1st Floor		X		Pipe Insulation	600 LF	X			
2nd Floor		X		Pipe Insulation	550 LF	X			
3rd Floor		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

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



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 Heaven		Check No. 3999
Agencies Notified	Type Notification	Street Address 30 Engleside Ave		
<input checked="" type="checkbox"/> EPA <input checked="" 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 Beach Heaven, 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		Square Feet 20000	# of Floors 2
City (5) Beach Haven, New Jersey 08008		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	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"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition            | <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) 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
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		Mudded 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
-----------------------------------	--------------------	---	--------------------

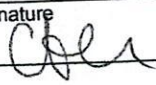
\* Do not use this form for asbestos licensure exempted activities.

ASB-41 (R-06-08)



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

RECEIVED

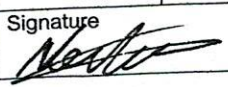
Date of Notification (1) 1/28/2025		Name of Building Owner/Operator (2) FEB 2 2026							
Agencies Notified	Type Notification	Street Address 97 Satterthwaite Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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	City, State, Zip Code Nutley, NJ							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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	# 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 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	Encapsulate	Enclosure
2nd Floor closet in child's bedroom			X	wallplaster	100f	X			
			X						
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 			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) 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 PI  City, State, Zip Code West Orange, NJ 07052  Name of Contact _____ Telephone Number _____					
	<b>FACILITY INFORMATION</b>							
	Name of Facility Where Abatement is Taking Place (3) Home  Street Address 5 Cecil Lane PI  City (5) West Orange  County (6) Essex  Name of Monitoring Firm Hired by Building Owner (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.)  Square Feet 1,955 SF # of Floors 2 Bldg. Age 98 YRS  County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Residence  ASCM No. _____ Name of Abatement Contractor (9) True Star Contracting  Street Address 54 Hedden Terrace  City, State, Zip Code North Arlington, New Jersey 07031  Project Manager for Monitoring Firm _____ 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  Street Address 54 Hedden Terrace  City, State, Zip Code North Arlington, New Jersey 07031					
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: _____								
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <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) TO BE ABATED In Facility (13)  Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Pipe Insulation	Amount (Specify SF or LF) 15 LF	Abatement Type Removal Repair Encapsulate Enclosure 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		

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



# 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)

Check 10396

2026

Date of Notification (1) 12/4/25		Name of Building Owner/Operator (2) Fortuna Park LLC							
Agencies Notified	Type Notification	Street Address 342 W 9th St							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Jeff Debastos	Telephone Number 609-618-4100						
<b>FACILITY INFORMATION</b>									
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) <del>2/28/26</del> 2/28/26	License No. 00727						
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							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Room 18 Kilo	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)  Kilo	Amount (Specify SF or LF)  15 SE	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Throughout 1951 & 1962 Sections			x	Floor Tile & Mastic	25,000 SF	x			
Kitchen			x	Exhaust Hood Insulation	25LF	x			
Room 18			x	Transite Panels	16 LF	x			
Throughout 1951 & 1962 Sections			x	Exterior Louver Caulk	105 LF	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 			Date 12/4/25			

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



# 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)

Check 10396

Date of Notification (1) 12/4/25		Name of Building Owner/Operator (2) Fortuna Park LLC						
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 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						
Name of Contact Jeff Debastos		Telephone Number 609-618-4100						
<b>FACILITY INFORMATION</b>								
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) <del>2/28/26</del> 2/28/26	License No. 00727					
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 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) In Facility (13) <u>Boiler Room</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) <u>32.5 SF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
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 		Date 12/4/25			

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



Page 3 of 3

# Amended Notification New Completion Date & Additional Material

Print Form

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

Check 10396 B 3

2026

Date of Notification (1) 12/4/25		Name of Building Owner/Operator (2) Fortuna Park LLC							
Agencies Notified	Type Notification	Street Address 342 W 9th St							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # 1	City, State, Zip Code Ship Bottom NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jeff Debastos	Telephone Number 609-618-4100						
<b>FACILITY INFORMATION</b>									
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	License No. 00727						
Start Date (10) 12/17/25	Scheduled Completion Date (11) <del>2/28/26</del> 2/28/26	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 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									
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
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 Anthony Perna			Date 12/4/25			



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

RECEIVED

Date of Notification (1)

1 / 20 /2026

Agencies Notified

☒ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☒ Initial Notification  
☐ Amended Notification  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

ATLANTIC HEALTH SYSTEM HOSPITAL GROUP

Street Address

475 SOUTH STREET

City, State, Zip Code

MORRISTOWN, NEW JERSEY 07960, ASBESTOS CONTROL & LICENSING

Name of Contact

VICTOR PENA

Telephone Number

917-596-2158

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

OVERLOOK HOSPITAL

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

99 BEAUVOIR AVENUE

Square Feet  
400,000

# of Floors  
8

Bldg. Age  
60+

City (5)

SUMMIT

County (6)

UNION

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
HOSPITAL

Name of Monitoring Firm Hired by Building Owner (8)

HILLMAN CONSULTING

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1600 Route 22 East, Suite 107

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

Union, NJ 07083

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

Mike Rivera

Telephone Number

908-632-5450

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

2 / 2 /26  
Month Day Year

Sched. Completion Date (11)

12 / 30 /26  
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Street Address

1379 US HIGHWAY 9

City, State, Zip Code

WAPPINGERS FALL, NEW YORK 12590

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF

☒ Renovation

☒ Full Containment  
☐ Mini Enclosure, Tent  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
8TH FLOOR IN PATIENT UNIT			X	FLOORING / MASTIC	1,175 SF	X			
7TH FLOOR MER			X	PIPE INSULATION	30 LF	X			

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste Hauler ID No.  
913

Cubic Yards of Waste  
20

Name of Registered Landfill  
GRAND CENTRAL SANITARY

City, State

NEWARK, NEW JERSEY

Disposal Date

1/22/26-02/22/26

City, State

PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

VICE PRESIDENT, OPERATIONS

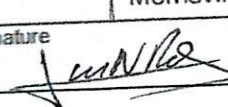
Signature

Date

1-20-26



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

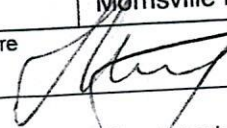
Date of Notification (1) <b>01/30/2026</b>		Name of Building Owner/Operator (2)							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>46 Fiat Ave</b>							
		City, State, Zip Code <b>Iselin NJ 08830</b>							
		Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential Home</b>		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 <b>71 Elm Ave</b>		Square Feet	# of Floors						
City (5) <b>Iselin</b>		Bldg. Age							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Residential Home</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>United Demo LLC</b>						
Street Address		Street Address <b>143 Acme St</b>							
City, State, Zip Code		City, State, Zip Code <b>Elizabeth NJ 07202</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>862-218-3930</b>	License No. <b>02045</b>						
Start Date (10) <b>02/09/2026</b>	Scheduled Completion Date (11) <b>02/10/2026</b>	Name of OSHA Monitor <b>United Demo LLC</b>							
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 <b>143 Acme St</b>							
		City, State, Zip Code <b>Elizabeth NJ 07202</b>							
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 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	Encapsulate	Enclosure
Exterior wall siding			X	Transite siding	1200 SF	X			
Name of Registered Waste Hauler <b>United Demo LLC</b>		NJDEP Waste Hauler ID No. <b>0040986</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Elizabeth NJ</b>		Disposal Date <b>TBD</b>	City, State <b>Morrisville PA</b>						
Completed by <b>Jose N Rosas</b>		Title <b>Manager</b>	Signature 				Date <b>01/30/2026</b>		

\* 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) 01/19/2026		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							
Name of Contact		Telephone Number							
<b>FACILITY INFORMATION</b>									
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						
City (5) Garfield NJ 07026		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) 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		Name of OSHA Monitor Teal Management							
Start Date (10) 1/29/2026	Scheduled Completion Date (11) 2/15/2026		Street Address 24 Morley Drive						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____			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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	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					

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




2263

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

**RECEIVED**

FEB 3 2026

Date of Notification (1) 1/30/2026		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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 76 East 34th Street		City, State, Zip Code Paterson, NJ 07514							
Name of Contact		Telephone Number							
<b>FACILITY INFORMATION</b>									
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		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) 1/31/2026		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.							
		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
		City, State, Zip Code Fair Lawn, NJ 07410							
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) 20 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Basement boiler room		X		TSI		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 		Date 1/30/2026			




2248

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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)	
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 82 McKay Avenue City, State, Zip Code East Orange, NJ 07018		ASBESTOS CONTROL & LICENSING 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		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		County Code (7) (STATE USE ONLY) _____	Square Foot 2,000 # of Floors 2 Bldg. Age 55+
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Unicorn Contracting Corp. Street Address 14 Willow Street City, State, Zip Code Bloomfield, NJ 07003	Current Use (Prior if being demolished) Telephone No. 973-333-9176 License No. 01331
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Rd., Bldg. 35-E City, State, Zip Code Fair Lawn, NJ 07410	
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			
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)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement boiler room		X	
Name of Registered Waste Hauler Unicorn Contracting Corp. City, State Bloomfield, New Jersey		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1+ Disposal Date TBD
Completed by Blazhe Grozdanov		Title Project Manager	Signature 
		Name of Registered Landfill Fairless Hills Landfill City, State Morrisville, PA	
		Date 1/22/2026	



2883

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

RECEIVED

Proj. #: 26-16

FEB 3 2026

Date of Notification (1) 01/17/2026		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 Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 131 Highland Avenue		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 (Private/Commercial Bldgs./Homes, etc.)	
Street Address 131 Highland Avenue		Square Feet 2,500 SF	# of Floors 03
City (5) Basking Ridge, NJ 07920		Bldg. Age 64	
County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential	

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address				Street Address 144 US Highway 46	
City, State, Zip Code				City, State, Zip Code Budd Lake, NJ 07828	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
Start Date (10) 01/27/2026		Sched. Completion Date (11) 02/03/2026		License Number 02007	
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: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours				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)

- ☒ Full Containment w/negative pressure  
☐ Mini-enclosure  
☐ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Ground Floor Bedroom		<input checked="" type="checkbox"/>		VAT + Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Living Room		<input checked="" type="checkbox"/>		VAT + Mastic	255 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Bathroom		<input checked="" type="checkbox"/>		VAT + Mastic	60 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Hallway		<input checked="" type="checkbox"/>		Mastic	200 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

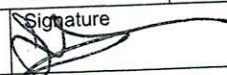
Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA	Date 01/27/2026
Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature	

\* 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)

**RECEIVED**

Date of Notification (1) 01/21/2026		Name of Building Owner/Operator (2) <div style="text-align: right;">FEB 3 2026</div>							
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 _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 21 Florister 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 & commercial buildings, homes, etc.)							
City (5) Hamilton		Square Feet 2,592	# of Floors 2						
County (6) Mercer		Bldg. Age 62							
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 Pearce		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
License No. 00842		Name of OSHA Monitor EMSL Analytical, Inc.							
Start Date (10) 01/28/2026		Scheduled Completion Date (11) 02/02/2026							
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 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	Removal	Repair	Encapsulate	Enclosure
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		Signature 				Date 01/21/2026	

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



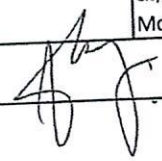
2247

PAID

RECEIVED

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

FEB 3 2026

Date of Notification (1) 1/21/2026		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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 169 Academy Street		City, State, Zip Code South Orange, NJ 07079						
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 169 Academy Street		Square Foot 1,500	# of Floors 2					
City (5) South Orange		Bldg. Age 55+						
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) 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	Name of OSHA Monitor Envirovision Consultants, 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: 8am-4:30pm		Street Address 20-21 Wagaraw Rd., Bldg. 35-E						
City, State, Zip Code Fair Lawn, NJ 07410								
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) 30 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement boiler room		X		TSI		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 	Date 1/21/2026				



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~~FEB 3 2026~~

	EPA	<input checked="" type="checkbox"/>	Initial Notification
	DEP	<input type="checkbox"/>	Amended Notification
<input checked="" type="checkbox"/>	DOL	<input type="checkbox"/>	Cancellation
<input checked="" type="checkbox"/>	DOH	<input type="checkbox"/>	On Hold
	DCA	<input type="checkbox"/>	EMERGENCY NOTIFICATION

Telephone Number  
862-370-1484

Bldg. Age	40+
-----------	-----

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:
<input checked="" type="checkbox"/>	Other - Describe: FRIDAY - SATURDAY 7AM-12 AM

City, State, Zip Code  
WAPPINGERS FALLS, NY 12590

X	Full Containment
	Mini-Enclo ,
	Glovebag Procedure
	Non-Friable Procedure

	Demolition
X	>3SF OR LF
	>160 SF OR 260 LF

Location of  
Asbestos-containing  
Material (ACM)  
**TO BE ABATED**  
in Facility (13)

Is Location  
normally used  
solely by  
Maint/Custodial  
Staff (12)

Yes	No	N/A
-----	----	-----

Description of Asbestos-Containing Material (ACM)  
(ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount  
(Specify  
SF or LF)

Abatement Type

REMOV

REPAIR

ENCAPS

ENCLOSURE

2nd FLOOR VENDING MACHINE ROOM

COVE BASE MOLDING

80 SF

	X
--	---

Disposal Date	02/13/26-03/28/26
---------------	-------------------

City, State  
BLAINFIELD TOWNSHIP, PA

Date 1-29-76



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

Check 3450

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 123 Christie Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07011							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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. 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) In Facility (13) <u>TO BE ABATED</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) 840 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		floor tile & mastic		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			



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

**Check 3441**

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							
		City, State, Zip Code Mountainside, NJ 07092							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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 252 Pembroke Rd		Square Feet 2,000	# of Floors 2						
City (5) Mountainside, NJ 07092		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) <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	Encapsulate	Enclosure
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		

\* 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  
**Check 3451**

Date of Notification (1) 01/19/2026		Name of Building Owner/Operator (2) <div style="text-align: right;">FEB 2 2026</div>							
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 251 Burgess Pl							
		City, State, Zip Code Clifton, NJ 07011							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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	# of Floors 2						
City (5) Clifton, NJ 07011		Bldg. Age 1900							
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. 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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	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 <i>Lubica Perez</i>			Date 01/19/2026			



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

Check 3452

FEB 2 2026

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							
		City, State, Zip Code Basking Ridge, NJ 07920							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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						
City (5) Basking Ridge, NJ 07920		Bldg. Age 1948							
County (6) Somerset	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) 01/29/2026	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) 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
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		

\* 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 3454**

Date of Notification (1) 01/20/2026		Name of Building Owner/Operator (2) <div style="text-align: right;">FEB 2 2026</div>							
Agencies Notified	Type Notification	Street Address 18 Kierst St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Parlin, NJ 08859							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address 18 Kierst St		<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		Bldg. Age 1968							
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) 01/22/2026	Scheduled Completion Date (11) 01/29/2026	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	Enclosure
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			



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

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Check 3453

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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 513 Clifton St City, State, Zip Code Westfield, NJ 07090							
		Name of Contact Telephone Number							
<b>FACILITY INFORMATION</b>									
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)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		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) 01/22/2026	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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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			

\* 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  
**Check 3493**

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 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							
<b>FACILITY INFORMATION</b>									
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	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		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) 01/30/2026	Scheduled Completion Date (11) 02/06/2026		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							
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"/> 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) 45 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation		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	

\* 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 3494

RECEIVED

Date of Notification (1) 01/20/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 485 Edgewood Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code White House Station, NJ 08889							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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.	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 checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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	Enclosure
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	Type Notification	Street Address 163 Rollins Trail							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hopatcong, NJ 07843							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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 163 Rollins Trail		Square Feet 1,712	# of Floors 1						
City (5) Hopatcong, NJ 07843		Bldg. Age 1975							
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) 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 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	Enclosure
Living room		X		Floor tile	300 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 01/28/2026	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.



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

Date of Notification (1) <b>01 / 30 / 26</b>		Name of Building Owner/Operator (2) <b>Department of The Army</b>							
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 <b>5418 S. Scott Plaza</b>							
		City, State, Zip Code <b>Fort Dix, NJ 08640</b>							
		Name of Contact <b>Jeanine Brownlee</b>	Telephone Number <b>609-562-2458</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building 5258</b>		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 <b>5418 S.Scott Plaza</b>		Square Feet <b>10000</b>	# of Floors <b>2</b>						
City (5) <b>Fort Dix</b>		Bldg. Age <b>75 +/-</b>							
County (6) <b>Burlington</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental Group</b>		ASCM No.	Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>						
Street Address <b>301 9th Street</b>		Street Address <b>8436 Enterprise Avenue</b>							
City, State, Zip Code <b>West Deptford, NJ 08086</b>		City, State, Zip Code <b>Philadelphia, PA 19153</b>							
Project Manager for Monitoring Firm <b>Steve Flanagan</b>	Telephone No. <b>856-848-0800</b>	Telephone No. <b>215-365-5810</b>	License No. <b>1156</b>						
Start Date (10) <b>02 / 09 / 26</b>	Scheduled Completion Date (11) <b>03 / 09 / 26</b>	Name of OSHA Monitor <b>USA Environmental Management, Inc</b>							
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: <b>7:00 AM-5:00PM</b> PM-____AM		Street Address <b>8436 Enterprise Avenue</b>							
		City, State, Zip Code <b>Philadelphia, PA 19153</b>							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 <b>USA Environmental Management, Inc.</b>		NJDEP Waste Hauler ID No. <b>32610</b>	Cubic Yards of Waste <b>150 CY</b>	Name of Registered Landfill <b>Cumberland County MUA</b>					
City, State <b>Philadelphia, PA 19153</b>		Disposal Date <b>03/31/2026</b>		City, State <b>Milleville, NJ</b>					
Completed By (Print or Type) <b>Tracy Smith</b>		Title <b>President</b>		Signature <i>For: T-Smith</i>				Date <b>01/30/26</b>	



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

Date of Notification (1) <b>01 / 30 / 26</b>		Name of Building Owner/Operator (2) <b>Department of The Army</b>							
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 <b>5418 S. Scott Plaza</b>							
		City, State, Zip Code <b>Fort Dix, NJ 08640</b>							
		Name of Contact <b>Jeanine Brownlee</b>	Telephone Number <b>609-562-2458</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building 5257</b>		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 <b>5418 S. Scott Plaza</b>		Square Feet <b>10000</b>	# of Floors <b>2</b>						
City (5) <b>Fort Dix</b>		Bldg. Age <b>75 +/-</b>							
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental Group</b>		ASCM No.	Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>						
Street Address <b>301 9th Street</b>		Street Address <b>8436 Enterprise Avenue</b>							
City, State, Zip Code <b>West Deptford, NJ 08086</b>		City, State, Zip Code <b>Philadelphia, PA 19153</b>							
Project Manager for Monitoring Firm <b>Steve Flanagan</b>	Telephone No. <b>856-848-0800</b>	Telephone No. <b>215-365-5810</b>	License No. <b>1156</b>						
Start Date (10) <b>02 / 16 / 26</b>	Scheduled Completion Date (11) <b>04 / 30 / 26</b>	Name of OSHA Monitor <b>USA Environmental Management, Inc</b>							
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: <b>7:00 AM-5:00 PM</b> / ____ PM- ____ AM		Street Address <b>8436 Enterprise Avenue</b>							
		City, State, Zip Code <b>Philadelphia, PA 19153</b>							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>First Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor tile, mastic and cove base</b>	<b>11320 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile</b>	<b>2720 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Joint Compound</b>	<b>12000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exterior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Tar of porch</b>	<b>880 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>USA Environmental Management, Inc.</b>		NJDEP Waste Hauler ID No. <b>32610</b>	Cubic Yards of Waste <b>150 CY</b>	Name of Registered Landfill <b>Cumberland County MUA</b>					
City, State <b>Philadelphia, PA 19153</b>		Disposal Date <b>03/31/2026</b>		City, State <b>Milleville, NJ</b>					
Completed By (Print or Type) <b>Tracy Smith</b>	Title <b>President</b>		Signature <i>Tracy Smith</i>			Date <b>01/30/26</b>			



6/3/02 CK# 6362

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

PAID

RECEIVED

FEB 4 2006

Date of Notification (1) <b>1-29-26</b>		Name of Building Owner/Operator (2) <b>HALLIDAY &amp; LEONARD</b>					
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 <b>700 HAVEN AVE</b>		City, State, Zip Code <b>OCEAN CITY N.J 08226</b>					
Name of Contact		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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 <b>5024 WEST AVE</b>		Square Feet	Bldg. Age				
City (5) <b>OCEAN CITY</b>		Current Use (Prior if being demolished)					
County (6) <b>CAPE MAY</b>		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.					
Street Address		Name of Abatement Contractor (9) <b>KLEMCO INC.</b>					
City, State, Zip Code		Street Address <b>369 S SPRUCE AVE</b>					
Project Manager for Monitoring Firm		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>					
Telephone No.		Telephone No. <b>856-779-0472</b>					
Start Date (10) <b>2-8-26</b>		License No. <b>01371</b>					
Scheduled Completion Date (11) <b>2-18-26</b>		Name of OSHA Monitor <b>N/A</b>					
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					
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		City, State, Zip Code					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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) <b>3000 SF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>SIDING</b>		<b>TRANSITE</b>		<b>X</b>			
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>9</b>	Name of Registered Landfill <b>CMCMUA</b>			
City, State <b>MAPLE SHADE N.J 08053</b>		Disposal Date		City, State <b>WOOD BINE NJ</b>			
Completed By <b>MIKE KLEMM</b>	Title <b>PRESIDENT</b>	Signature <i>Mike Klemm</i>		Date <b>1-29-26</b>			



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) <b>1-29-26</b>		Name of Building Owner/Operator (2) <b>DAVES DEMOLITION</b>								
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 <b>121 TRUDY AVE</b>							
			City, State, Zip Code <b>EGG HARBOR TWP., NJ 08234</b>							
			Name of Contact Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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 <b>154 OCEAN RD</b>		Square Feet <b>1500</b>	# of Floors <b>2</b>							
City (5) <b>OCEAN CITY</b>		Bldg. Age <b>50+</b>								
County (6) <b>CAPE MAY</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>KLEMCO INC</b>							
Street Address		Street Address <b>369 S. SPRUCE AVE</b>								
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE NJ 08052</b>								
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b>1371</b>							
Start Date (10) <b>2-10-26</b>	Scheduled Completion Date (11) <b>2-20-26</b>		Name of OSHA Monitor <b>N/A</b>							
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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure	
<b>SIDING</b>			<b>X</b>	<b>TRANSITE</b>	<b>3000 SF</b>	<b>X</b>				
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>C M C M V A</b>						
City, State <b>MAPLE SHADE N.J 08052</b>		Disposal Date	City, State <b>WOODBINE NJ</b>							
Completed By <b>MICHAEL KLEMM</b>	Title <b>PRES.</b>	Signature <i>[Signature]</i>		Date <b>1-29-26</b>						



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


RECEIVED

Date of Notification (1) <b>01/16/2026</b> <i>1/30/26</i>		Name of Building Owner/Operator (2) <b>KS GROUP</b>		FEB 4 2026					
Agencies Notified <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		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 <b>60 PARK PLACE</b>					
		City, State, Zip Code <b>NEWARK, NJ 07102</b>		Telephone Number <b>9739319295</b>					
		Name of Contact <b>MATHEW DREIFUS</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>NOVA TOWERS COMMERCIAL WAREHOUSE</b>				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 <b>16-24 WILLIAM ST</b>				Square Feet <b>20,000</b>	# of Floors <b>2</b>				
City (5) <b>NEWARK</b>				Bldg. Age <b>+50</b>					
County (6) <b>ESSEX</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>VACANT COMMERCIAL PROPERTY</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>MALCO ENVIRONMENTAL LLC</b>					
Street Address		Street Address <b>24 LINCOLN AVE W</b>							
City, State, Zip Code		City, State, Zip Code <b>CRANFORD, NJ 07016</b>							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>732-513-3487</b>	License No. <b>02113</b>				
Start Date (10) <b>01/19/2026</b>		Scheduled Completion Date (11) <b>01/30/2026</b> <i>2/20/26</i>		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 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR ROOF left		X		ROOF MATERIAL	12000SF				
EXTERIOR ROOF left		X		FLASHING	500LF				
Name of Registered Waste Hauler <b>CENTURY WASTE</b>		NJDEP Waste Hauler ID No. <b>32797</b>		Cubic Yards of Waste	Name of Registered Landfill <b>UNITED STATES</b>				
City, State <b>623 DOWD AVE ELIZABETH, NJ 07201</b>				Disposal Date	City, State <b>MORRISVILLE, PA</b>				
Completed by <b>JENNIFER GOMES</b>		Title <b>PRESIDENT</b>		Signature <i>[Signature]</i>		Date <b>1/16/2026</b> <i>1/30</i>			



**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)  							
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 433 Park Str., Montclair, NJ							
		City, State, Zip Code Montclair, NJ 07042							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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) 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
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 Morrisville PA 19067					
Completed by Darko Raloski		Title Owner		Signature 				Date 1/21/2026	



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



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

Date of Notification (1) 1/19/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Dumont, NJ 07628, USA							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residential		Type of Facility (4)							
Street Address 67 Prospect 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) Dumont		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
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) 1/30/2026	Scheduled Completion Date (11) 2/12/2026	Name of OSHA Monitor Empire Environmental LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 150 River Rd, F4							
<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 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		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	



ASB-41 (R-06-08)

\* 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)

FORM 1001

Date of Notification (1) 1/22/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	71 Prospect Ave, City, State, Zip Code Dumont, NJ 07628, USA							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residential		Type of Facility (4)							
Street Address 71 Prospect 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) Dumont		Square Feet	# of Floors						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)							
Street Address		Name of Abatement Contractor (9) MKD Property Maintenance LLC							
City, State, Zip Code		Street Address 105 Van Riper Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Clifton NJ 07011							
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)		Street Address 150 River Rd, F4							
<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 Montville NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
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 			Date 1/22/2026			




**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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

REV #6

Date of Notification (1) <b>1 / 28 / 2026</b>		Name of Building Owner/Operator (2) <b>County of Union</b>							
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 # <b>#6</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2325 South Avenue</b>							
		City, State, Zip <b>1d</b> <b>Scotch Plains, NJ 07076</b>							
		Name of Contact <b>M. Ferraro</b>	Telephone Number <b>908-820-4000 Main office</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Union County New Annex Building</b>		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.)							
Street Address <b>2 Broad Street</b>		Square Feet	# of Floors						
City (5) <b>Elizabeth NJ 07201</b>		Bldg. Age							
County (6) <b>Union</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Government Building</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>RJB Environmental</b>	ASCM No. <b>00149</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>							
Street Address <b>PO BOX 869</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code <b>Levittown, PA 19068</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>Rick Beech</b>	Telephone No. <b>(267) 991-9212</b>	Telephone No. <b>215 542 7000</b>	License No. <b>00847</b>						
Start Date (10) <b>4 / 14 / 2025</b>	Scheduled Completion Date (11) <b>3 / 6 / 2026</b>	Name of OSHA Monitor <b>CES</b>							
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: <del>7:00 AM - 3:00 PM</del> <b>3:00 PM - 12:00 AM</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
		City, State, Zip Code <b>Spring House, PA 19477</b>							
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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
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 <b>Century Waste</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Grand Central Sanitation &amp; Landfill GSC</b>					
City, State <b>Elizabeth, NJ 07201</b>			Disposal Date	City, State <b>Pen Argyle, PA 18072</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>	Signature 			Date <b>1/28/26</b>			








Rev #5 Dated 11/18/25

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**

Rev #4 dated 9/12/25 - Original sent on 3/11/25 notification (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>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Union County New Annex Building</b>		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.) <b>Occupied</b>							
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>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <u>Government Building</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>RJB Environmental</u>	ASCM No. <u>00149</u>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>							
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>	Telephone No. <u>215 542 7000</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 <b>CES</b>							
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 - 3:30 PM / 3:00 PM - 12:00 AM</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)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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	Enclosure
<u>5th Floor North</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Tile &amp; Mastic 7335 &amp; adhesive 440 SF</u>	<u>7775 SF (total)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>5th Floor North</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Spray on Fireproofing</u>	<u>1600 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>5th Floor North</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Ceiling Tile 4508 SF and Thinset 150 SF</u>	<u>4658 SF (total)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>5th Floor North</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Cove Base</u>	<u>1056 LF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Century Waste</b>		NJDEP Waste Hauler ID No. <u>32797</u>	Cubic Yards of Waste	Name of Registered Landfill <b>Grand Central Sanitation &amp; Landfill GSC</b>					
City, State <u>Elizabeth, NJ 07201</u>		Disposal Date		City, State <u>Pen Argyle, PA 18072</u>					
Completed By (Print or Type) <b>Patricia Visco</b>	Title <b>Office Manager</b>	Signature 				Date <u>1/28/26</u>			

ASB-41

JAN 13 Page 3 of 4 Pages

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

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FYI  
Air Tech  
Firm -RJB-  
has signed  
off on the  
5th floor  
as  
completed  
as of  
11/14/25




**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

av #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							
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 City, State, Zip Code Scotch Plains, NJ 07076 Name of Contact M. Ferraro Telephone Number 908-820-4000 Main office							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Union County New Annex Building</b>		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.)							
Street Address 27 Elizabethtown Plaza		Square Feet							
City (5) Elizabeth NJ 07202		# of Floors							
County (6) Union		Bldg. Age							
County Code (7)(STATE USE ONLY) 00149		Current Use (Prior if being demolished) Government Building							
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental		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	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: <del>7:00 AM - 3:30 PM</del> <u>3:00 PM - 12:00 AM</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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
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"/>	<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"/>	<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"/>	<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"/>	<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) 1 / 28 / 26		Name of Building Owner/Operator (2) Ramapo College / Job #2601-6529 Check #17707							
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 505 Ramapo Valley Rd.							
		City, State, Zip Code Mahwah, NJ 07430							
		Name of Contact Business Admin	Telephone Number 201-684-7500						
<b>FACILITY INFORMATION</b>									
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.		Square Feet	# of Floors						
City (5) Mahwah		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) 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 <i>Wrap + cut</i> <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	Enclosure
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"/>			<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**  
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to NJAC 8:60 and 5:16)**

4610  
 Pg. 1  
 RECEIVED  
 CHECK # 4610

Date of Notification (1) <div style="text-align: center;">1 / 23 / 26</div>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>							
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 <b>15 East Montgomery Streety</b> City, State, Zip Code <b>Pittsburgh, PA 15212</b>							
		Name of Contact <b>Brian Kingsbury (Owners Rep)</b>	Telephone Number <b>201-388-0620</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Point Pleasant Central Office</b>		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 <b>1032 Ocean Road</b>									
City (5) <b>Point Pleasant</b>		Square Feet <b>+50000</b>	# of Floors <b>3</b>						
		Bldg. Age <b>+60</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Verizon Building</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA EMI</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>						
Street Address <b>344 West State Street</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Richard Reynolds</b>		Telephone No. <b>267-261-2837</b>	Telephone No. <b>215-788-6040</b>						
		License No. <b>02121</b>							
Start Date (10) <div style="text-align: center;">1 / 27 / 26</div>	Scheduled Completion Date (11) <div style="text-align: center;">2 / 12 / 26</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, LLC</b>							
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: ____AM-____PM/5PM-1AM		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
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	Enclosure
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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <b>Conestoga Landfill</b>					
City, State <b>Freehold NJ</b>		Disposal Date <b>TBD</b>	City, State <b>Morgantown, PA</b>						
Completed By (Print or Type) <b>Dillan DeCaro</b>	Title <b>Estimator</b>	Signature <i>Dillan DeCaro</i>			Date <b>1/23/26</b>				



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

check # 4610

Date of Notification (1) <b>1 / 23 / 26</b>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>							
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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>15 East Montgomery Streety</b>							
		City, State, Zip Code <b>Pittsburgh, PA 15212</b>							
		Name of Contact <b>Brian Kingsbury (Owners Rep)</b>	Telephone Number <b>201-388-0620</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Point Pleasant Central Office</b>		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 <b>1032 Ocean Road</b>									
City (5) <b>Point Pleasant</b>		Square Feet <b>+50000</b>	# of Floors <b>3</b>						
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>+60</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>USA EMI</b>		Current Use (Prior if being demolished) <b>Verizon Building</b>							
ASCN No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>							
Street Address <b>344 West State Street</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Richard Reynolds</b>		Telephone No. <b>267-261-2837</b>	License No. <b>02121</b>						
Start Date (10) <b>1 / 27 / 26</b>		Scheduled Completion Date (11) <b>2 / 12 / 26</b>							
Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, LLC</b>									
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: <b>5PM-1AM</b>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
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	Enclosure
<b>Basement South West Corner</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Tile &amp; Mastic</b>	<b>40 SFS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rooftop</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Equipment Curb Flashing</b>	<b>12 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <b>Conestoga Landfill</b>					
City, State <b>Freehold NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morgantown, PA</b>					
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dellam DeCaro/Chm</i>			Date <b>1/23/26</b>		



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

RECEIVED

Date of Notification (1) <b>1 / 23 / 26</b>		Name of Building Owner/Operator (2) <b>Princeton University Facilities Operations</b>		FEB - 3 2026					
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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>MavMillan Bldg 200 Elm Dr</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
Name of Contact			Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Residential</b>				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 <b>40 McCosh Circle</b>				Square Feet	# of Floors				
City (5) <b>Princeton</b>				Bldg. Age					
County (6) <b>MERCER</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Montrose Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>						
Street Address <b>500 Horizon Dr, Suite 540</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Robbinsville, NJ 08691</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Julian Fernandez-Obregon</b>		Telephone No. <b>609-890-7277</b>	Telephone No. <b>215-788-6040</b>	License No. <b>02121</b>					
Start Date (10) <b>1 / 22 / 26</b>		Scheduled Completion Date (11) <b>1 / 28 / 26</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, LLC</b>					
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: <b>7:00AM-3:00PM</b> / <b>PM</b> - <b>AM</b>				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
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) <b>400 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Kitchen area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile</b>		<input checked="" 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"/>
Name of Registered Waste Hauler <b>Bristol Environmental, LLC</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Bristol, PA</b>				Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>				
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <b>1/23/26</b>			



#545

PA 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)							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	149 N 12th St City, State, Zip Code Newark NJ 07107 Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 149 N 12th St		<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) Newark	Square Feet 1560	# of Floors 2	Bldg. Age 1917						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)							
Street Address	Street Address	Abated							
City, State, Zip Code	City, State, Zip Code	Elizabeth NJ 07206							
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.						
		908-372-8375	02019						
Start Date (10) 01/28/2026	Scheduled Completion Date (11) 02/05/2026	Name of OSHA Monitor Ryan Passas							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		111 Clark Place							
		City, State, Zip Code Elizabeth NJ 07206							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥140 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) 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
Stairwell & Foyer			X	Plaster	350 SF	X			
Exterior			X	Transite siding	500 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Abated		0038720	15	Fairless Hills (W-11)					
City, State		Disposal Date		City, State					
Elizabeth NJ		02/05/2026		Morrisville PA					
Completed by		Title	Signature		Date				
Ryan Passas		President			01/27/2026				



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.		RECEIVED FEB - 4 2026	
Agencies Notified <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		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 21-EDGEMERE ROAD		City, State, Zip Code LIVINGSTON, NJ 07039		Telephone Number	
City (5) LIVINGSTON		County Code (7) (STATE USE ONLY) <u>ESSEX</u>		Current Use (Prior if being demolished) RESIDENTIAL	
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.)		Square Feet 1500	
Street Address 21-EDGEMERE ROAD		# of Floors 1		Bldg. Age +50	
City (5) LIVINGSTON		Name of Abatement Contractor (9) Dinago Corp.		License No. 01240	
County (6) <u>ESSEX</u>		Name of Monitoring Firm Hired by Building Owner (8)		Telephone No. 201-341-0776	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		City, State, Zip Code <u>HILLSIDE NJ 07005</u>	
Street Address		Telephone No.		Name of OSHA Monitor	
City, State, Zip Code		Start Date (10) 2-6-26		Scheduled Completion Date (11) 2-9-26	
Project Manager for Monitoring Firm		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	
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	
City, State, Zip Code		Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 04516	
Cubic Yards of Waste		Disposal Date		Name of Registered Landfill Fairless Landfill/ Grand Central Landfill	
City, State 623-Dowd Ave. Elizabeth, NJ 07201		Signature 		Date 1-28-26	
Completed by CARLOS GOMES		Title PRESIDENT			



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

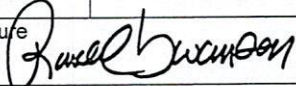
RECEIVED

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 -		City, State, Zip Code North Bergen, NJ 07047							
Name of Contact		Telephone Number							
<b>FACILITY INFORMATION</b>									
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 1						
City (5) New Brunswick		Bldg. Age							
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) <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 1119 East Grand							
		City, State, Zip Code Elizabeth, NJ 07201							
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	Repair	Encapsulate	Enclosure
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			



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


CHECK # 2049

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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WILMINGTON, DE 19809							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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	License No. 01145						
Start Date (10) 02/09/2026	Scheduled Completion Date (11) 03/16/2026	Name of OSHA Monitor EMSL							
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	Encapsulate	Enclosure
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		



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

RECEIVED

Date of Notification (1) <b>1/23/2026</b>		Name of Building Owner/Operator (2) <b>ASBESTOS CONTROL &amp; LICENSING</b>							
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 <b>401 2nd ave</b>		City, State, Zip Code <b>Asbury park NJ 07712</b>							
Name of Contact		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		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 <b>401 2nd ave</b>		Square Feet	# of Floors						
City (5) <b>Asbury</b>		Bldg. Age							
County (6) <b>Monmouth</b>	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. 732-719-5649	License No. 1200						
Start Date (10) <b>02/02/2026</b>	Scheduled Completion Date (11) <b>02/02/2026</b>	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 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)			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	80 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Lead Professionals Inc</b>		NJDEP Waste Hauler ID No. <b>35103</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>Lakewood, NJ</b>		Disposal Date <b>02/02/2026</b>		City, State <b>BETHLEHEM, PA</b>					
Completed by <b>JOSEPH PERLSTEIN</b>		Title <b>OWNER</b>		Signature 		Date <b>1/23/2026</b>			



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

Check  
# 11938

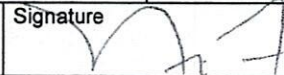
Print Form

Date of Notification (1) <b>JAN 30, 2026</b>		Name of Building Owner/Operator (2) <b>MARK FRANCHI DEMOLITION &amp; YARD SERVICES</b>							
Agencies Notified	Type Notification	Street Address <b>348 HURFFVILLE GRENLOCH ROAD</b>							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SEWELL, NJ 08080</b>							
		Name of Contact <b>ASBESTOS (</b>	Telephone Number <b>ING</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>SINGLE FAMILY DWELLING (FIRE DAMAGED HOUSE)</b>		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 <b>420 PRICE AVENUE</b>		Square Feet	# of Floors <b>1</b>						
City (5) <b>GLENDORA, NJ 08029</b>		Bldg. Age <b>55 +-</b>							
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>SINGLE FAMILY DWELLING</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC TECHNOLOGIES, INC</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC TECHNOLOGIES, INC</b>						
Street Address <b>P.O. BOX 337</b>		Street Address <b>P.O. BOX 337</b>							
City, State, Zip Code <b>NEW EGYPT, NJ 08533</b>		City, State, Zip Code <b>NEW EGYPT, NJ 08533</b>							
Project Manager for Monitoring Firm <b>STEVE SCHENKER</b>		Telephone No. <b>609-744-6384</b>	Telephone No. <b>609-744-6384</b>						
License No. <b>00394</b>									
Start Date (10) <b>FEBRUARY 9, 2026</b>	Scheduled Completion Date (11) <b>FEBRUARY 20, 2026</b>		Name of OSHA Monitor <b>EPC TECHNOLOGIES, INC</b>						
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: <b>P.O. BOX 337</b>							
		City, State, Zip Code <b>NEW EGYPT, NJ 08533</b>							
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) In Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>500 SF</b>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>EXTERIOR WALLS</b>			<b>XXX</b>	<b>SIDING SHINGLES</b>	<b>500 SF</b>	<b>XXX</b>			
Name of Registered Waste Hauler <b>EPC TECHNOLOGIES, INC</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>					
City, State <b>NEW EGYPT, NJ 08533</b>		Disposal Date <b>2/20/26</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>STEVE SCHENKER</b>		Title <b>PRESIDENT</b>	Signature <i>Steve Schenker</i>			Date <b>1/30/26</b>			



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

4342719

Date of Notification (1) <b>01 / 27 / 26</b>		Name of Building Owner/Operator (2) <b>Collinson Home Improvement</b>		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 <b>479 Euclid Avenue</b>							
		City, State, Zip Code <b>Manasquan, NJ 08736</b>							
		Name of Contact <b>ASDES</b>		Telephone Number <b>CSING</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			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 <b>70 Pearce Avenue</b>									
City (5) <b>Manasquan</b>			Square Feet <b>1100</b>	# of Floors <b>1</b>	Bldg. Age <b>75</b>				
County (6) <b>Monmouth</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>					
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>				
Start Date (10) <b>02 / 05 / 26</b>		Scheduled Completion Date (11) <b>02 / 12 / 26</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>					
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 <b>1056 Stelton</b>						
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>						
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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>02/12/26</b>		City, State <b>Morrisville, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>1/27/26</b>			



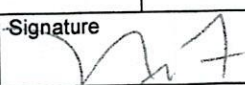
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*0342627e*

Date of Notification (1) <b>01 / 27 / 26</b>		Name of Building Owner/Operator (2) <div style="text-align: right;">RECEIVED</div>							
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 <b>1565 Route 9</b>							
		City, State, Zip Code <b>Toms River, NJ 08755</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		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 <b>1393 Whitesville Road</b>		Square Feet <b>1350</b>	# of Floors <b>1</b>						
City (5) <b>Toms River</b>		Bldg. Age <b>75</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>02 / 04 / 26</b>	Scheduled Completion Date (11) <b>02 / 10 / 26</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
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 <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1350 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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>02/10/26</b>	City, State <b>Morrisville, Pennsylvania</b>						
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature <i>Nicholas Fernicola</i>	Date <b>1/27/26</b>						



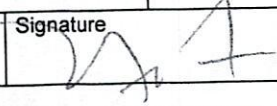
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">01 / 27 / 26</div>		Name of Building Owner/Operator (2) <div style="text-align: right; font-size: 1.2em;">RECEIVED</div>							
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 <b>102 1<sup>st</sup> Avenue</b> City, State, Zip Code <b>Manasquan, NJ 08736</b> Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		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 <b>511 Summit Drive</b>		Square Feet <b>1200</b>	# of Floors <b>1</b>						
City (5) <b>Point Pleasant</b>		Bldg. Age <b>70</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <div style="text-align: center;">02 / 03 / 26</div>	Scheduled Completion Date (11) <div style="text-align: center;">02 / 10 / 26</div>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
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 <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>1200 sf</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding		<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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>02/10/26</b>		City, State <b>Morrisville, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>		Signature 			Date <b>1/27/26</b>			



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

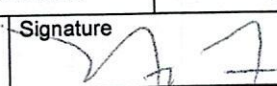
4342692  
4342629  
FEB - 3 2026

Date of Notification (1) <b>01 / 27 / 26</b>		Name of Building Owner/Operator (2) <b>FEB - 3 2026</b>						
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 <b>898 Bellwood Drive</b> City, State, Zip Code <b>Toms River, NJ 08753</b>						
		Name of Contact	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		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 <b>20 Madison Avenue</b>		Square Feet <b>2200</b>	# of Floors <b>2</b>					
City (5) <b>Toms River</b>		Bldg. Age <b>75</b>						
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>						
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>					
Start Date (10) <b>02 / 03 / 26</b>	Scheduled Completion Date (11) <b>02 / 10 / 26</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>						
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 <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>						
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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>2400 sf</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos siding</b>	<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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>02/10/26</b>	City, State <b>Morrisville, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 			Date <b>1/27/26</b>			



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

4343080

Date of Notification (1) <b>01 / 27 / 26</b>		Name of Building Owner/Operator (2) <b>Potts Excavating, Inc.</b>		RECEIVED 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>316 Main Street</b>		City, State, Zip Code <b>West Creek, NJ 08092</b>					
		Name of Contact		Telephone Number					
		<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			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 <b>4002 Ocean Blvd.</b>			Square Feet <b>1400</b>						
City (5) <b>Long Beach Twp.</b>			# of Floors <b>1</b>		Bldg. Age <b>80</b>				
County (6) <b>Ocean</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>					
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No.		License No. <b>00624</b>					
Start Date (10) <b>02 / 06 / 26</b>		Scheduled Completion Date (11) <b>02 / 13 / 26</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>					
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 <b>1056 Stelton</b>						
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>						
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	Repair	Encapsulate	Enclosure
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos siding</b>	<b>1400 sf</b>	<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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>02/13/26</b>		City, State <b>Morrisville, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>1/27/26</b>			



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

RECEIVED

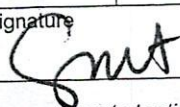
Date of Notification (1) <b>1 / 29 / 26</b>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>15 East Montgomery St</b>							
		City, State, Zip Code <b>Pittsburgh PA 15212</b>							
		Name of Contact <b>Brian Kingsbury (Owners Rep)</b>	Telephone Number <b>201.388.0620</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Roselle Co</b>		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 <b>208-214 Locust Street</b>		Square Feet <b>12,425</b>	# of Floors <b>2</b>						
City (5) <b>Roselle, NJ 07203</b>		Bldg. Age <b>+50</b>							
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Verizon</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA EMI</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>							
Street Address <b>344 West State Street</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Ricky Reynolds</b>		Telephone No. <b>609-656-8101</b>	License No. <b>02121</b>						
Start Date (10) <b>5 / 21 / 25</b>	Scheduled Completion Date (11) <b>5 / 27 / 25</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, LLC</b>							
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: <b>5PM-2AM</b>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
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)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Hallway</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>100 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement Mech Equip Room Area 1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Duct Insulation</b>	<b>5 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement Mech Equip Room Area 2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Duct Insulation</b>	<b>5 SF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold Nj</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville PA</b>					
Completed By (Print or Type) <b>Dillian DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillian DeCaro</i>			Date <b>1/29/26</b>		

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\* 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) <b>1 / 28 / 26</b>		Name of Building Owner/Operator (2) <b>PSEG / Job # 2511-6506</b>		Check # <b>RECEIVED</b>					
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 # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4000 Hadley Road</b>						
			City, State, Zip Code <b>South Plainfield, NJ</b>						
			Name of Contact <b>Andrew McCloskey</b>						
		Telephone Number <b>856-812-8045</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSEG Lakeside Substation</b>				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 <b>375 Lakeside Avenue</b>				Square Feet	Bldg. Age				
City (5) <b>Orange</b>				# of Floors					
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Substation</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Matrix New World</b>		ASCM No. <b>00121</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>26 Columbia Turnpike</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Florham Park, NJ 07932</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Matt Sheldon</b>		Telephone No. <b>973-240-1800</b>		Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>				
Start Date (10) <b>11 / 20 / 25</b>		Scheduled Completion Date (11) <b>2 / 27 / 26</b>		Name of OSHA Monitor <b>IATL</b>					
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 <b>9000 Commerce Pkwy. Suite B</b>					
				City, State, Zip Code <b>Mount Laurel, NJ 08054</b>					
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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>SEE ATTACHED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE ATTACHED</b>	<b>SEE ATTACHED</b>	<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 <b>Veolia ES</b>		NJDEP Waste Hauler ID No. <b>000151</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Flanders, NJ</b>		Disposal Date <b>2/27/26</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>1-28-26</b>		



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

RECEIVED

Date of Notification (1) <b>1 / 23 / 26</b>		Name of Building Owner/Operator (2) <b>VERIZON COMMUNICATIONS</b>		FEB - 3 2026	
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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>420 PARK AVENUE</b>			
		City, State, Zip Code <b>PLAINFIELD NEW JERSEY 07060</b>			
		Name of Contact <b>BRIAN KINGSBURY</b>		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>VERIZON</b>				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 <b>420 PARK AVENUE</b>					
City (5) <b>PLAINFIELD</b>				Square Feet <b>63000</b>	# of Floors <b>5</b>
				Bldg. Age <b>90</b>	
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>VERIZON COMMUNICATIONS</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>RBS ENVIRONMENTAL</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>	
Street Address <b>24 VETERANS SQUARE</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State, Zip Code <b>MEDIA PA 19063</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>MIKE STOKU</b>		Telephone No. <b>(267)261-2837</b>		Telephone No. <b>215-788-6040</b>	License No. <b>02121</b>
Start Date (10) <b>ON HOLD</b>		Scheduled Completion Date (11) <b>ON HOLD</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, LLC.</b>	
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: <b>5PM-2AM</b>				Street Address <b>1123 BEAVER STREET</b>	
				City, State, Zip Code <b>BRISTOL, PA 19007</b>	
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) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
<b>3RD FLOOR MECHANICAL ROOM</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>DUCT SECTIONSL SEALANT</b>	<b>25 SF</b>
<b>3RD FLOOR MECHANICAL ROOM</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>COVE BASE MASTIC</b>	<b>25 LF</b>
	<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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Conestoga Landfill</b>
City, State <b>Freehold, NJ</b>				Disposal Date <b>tbd</b>	City, State <b>Morgantown, PA</b>
Completed By (Print or Type) <b>Patrick T DeCaro</b>		Title <b>Estimator</b>		Signature <i>Patrick T DeCaro</i>	Date <b>1/23/20</b>

ASB-41  
MAY 11 PD25019

\* 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 # **ON HOLD**

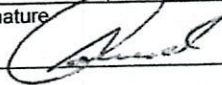
B & G Project # 2025-189

Date of Notification (1) <b>01/27/2026</b>		Name of Building Owner/Operator (2) <b>Newark Public Schools</b>		<b>RECEIVED</b>						
Agencies Notified		Type Notification		Street Address <b>190 Muhammad Ali Avenue</b>						
<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 checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <b>Newark, NJ 07102</b>						
		Name of Contact <b>Benjamin Olagadeyo</b>		Telephone Number <b>973-332-4012</b>						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Sussex Avenue School - Sub 8 ON HOLD</b>				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 <b>307 Sussex Avenue</b>				Square Feet <b>50,000+</b>	# of Floors <b>4</b>					
City (5) <b>Newark, NJ 07107</b>				Bldg. Age <b>50+</b>						
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>school</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environemntal, INC.</b>		ASCM No. <b>0003</b>		Name of Abatement Contractor (9) <b>B &amp; G Restoration, Inc.</b>						
Street Address <b>1253 North Church Street</b>		Street Address <b>1234 Route 23</b>								
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Butler, NJ 07405</b>								
Project Manager for Monitoring Firm <b>James Guillard</b>		Telephone No. <b>609-314-1683</b>		Telephone No. <b>973-696-6869</b>	License No. <b>00378</b>					
Start Date (10) <b>ON HOLD ***</b>		Scheduled Completion Date (11) <b>06/30/2026 ***</b>		Name of OSHA Monitor <b>B &amp; G Restoration, Inc.</b>						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>				Street Address <b>1234 Route 23</b>						
				City, State, Zip Code <b>Butler, NJ 07405</b>						
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"/> 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) <b>TO BE ABATED</b> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
		Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
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	250 SF	X			
Room 120A storage room & adjacent storage rooms			X		VAT & mastic	700 SF				
					pipe insulation	200 LF	X			
					spray-on column insulation	80 SF				
Name of Registered Waste Hauler <b>B&amp;G Restoration Inc.</b>		NJDEP Waste Hauler ID No. <b>19563</b>		Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Grand Central Landfill</b>					
City, State <b>Butler, NJ</b>				Disposal Date <b>12/23/25 - 06/30/26</b>		City, State <b>Pen Argyl, PA</b>				
Completed by <b>Gordana Luna</b>		Title <b>Secretary / Treasurer</b>		Signature <i>Gordana Luna</i>			Date <b>01/27/2026</b>			



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

4341996  
**RECEIVED**

Date of Notification (1) 01/22/2026		Name of Building Owner/Operator (2) George Wall Ford		FEB - 3 2026					
Agencies Notified		Type Notification		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 ASBESTOS CONTROL & LICENSING					
		Name of Contact Jay Wendell		Telephone Number 215-295-5055					
<b>FACILITY INFORMATION</b>									
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					
City (5) Tinton Falls				# of Floors 1					
County (6) Monmouth				Bldg. Age 47					
County Code (7) (STATE USE ONLY)		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		Scheduled Completion Date (11) 01/31/2026		License No. 02081					
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor Same					
<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	Encapsulate	Enclosure
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			



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

Date of Notification (1) <u>1</u> / <u>27</u> / <u>26</u>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>							
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 # <b>4</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>15 East Montgomery Street</b> City, State, Zip Code <b>Pittsburgh, PA 15212</b> Name of Contact <b>Brian Kingsbury (Owners Rep)</b> Telephone Number <b>201-388-0620</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Cliffside Park Co</b>		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 <b>617 Andersen Avenue</b>		Square Feet <b>+60,000</b>	# of Floors <b>3</b>						
City (5) <b>Cliffside Park</b>		Bldg. Age <b>+70</b>							
County (6) <b>Bergen</b>	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Verizon</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>RBS Environmetnal Solutions LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>						
Street Address <b>24 Veterans Square</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Mike Stocku</b>		Telephone No. <b>609-304-3969</b>	Telephone No. <b>215-788-6040</b> License No. <b>02121</b>						
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 <b>BRISTOL ENVIRONMENTAL, LLC</b>						
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>      </u> AM - <u>      </u> PM / <u>1</u> PM - <u>1</u> AM		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <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> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>2nd Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floortile and Mastic</b>	<b>5 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2nd Floor Pipe Chase</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>9 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Freehold NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville PA</b>					
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillan DeCaro</i>		Date <b>1/27/26</b>			



# State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) <b>January 23, 2026</b>		Name of Building Owner/Operator (2) <b>The Valley Hospital</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>223 North Van Dien Avenue</b>		City, State, Zip Code <b>Ridgewood, NJ</b>	
Name of Contact Debra Aluotto		Telephone Number 201.447.8000	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>The Valley Hospital- Cheel Wing # 1-Microbiology</b>		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 <b>223 N. Van Dien Avenue</b>		Sq. Feet: 80,000 # of Floors: 3 Bldg. Age: 80 years	
City (5) <b>Ridgewood</b>	County (6) <b>Bergen</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Colden Corp</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>630 Sentry Parkway, Suite 110</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>Blue Bell, PA 19422</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Jason Straut</b>	Telephone Number <b>215.496.9237</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>February 2, 2026</b>	Scheduled Completion Date (11) <b>February 28, 2026</b>		Name of OSHA Monitor <b>EMSL inc.</b>
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 <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<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) 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 miscell.)	Amount (Specify SF or LF)
Cheel # 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
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 <b>Fairless Landfill/ Grand Central Landfill</b>		City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072 GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265	
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561		Disposal Date <b>February 28, 2026</b>	
Hauler #2) Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>Sr. Project Manager</b>	Signature <i>Marin Graure</i>	Date <b>January 23, 2026</b>

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 2<sup>nd</sup> 2026 to February 28, 2026



13559

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

B & G Project # 2026-03D

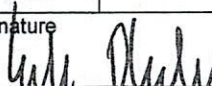
Check # 13559

Date of Notification (1) 01/27/2026		Name of Building Owner/Operator (2) New Brunswick Development Corporation							
Agencies Notified	Type Notification	Street Address 120 Albany Street, 7th Floor, Tower 1							
<input checked="" 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 New Brunswick, NJ 08901							
		Name of Contact John Ruddy / GC	Telephone 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. 973-696-6869	License No. 00378						
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"/> 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)			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
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	Name of Registered Landfill Grand Central Landfill					
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)

RECEIVED

Date of Notification (1) <b>01 / 28 / 26</b>		Name of Building Owner/Operator (2) <b>City of Orange</b>							
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 # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>29 N Day Street</b>							
		City, State, Zip Code <b>Orange, NJ 07050</b>							
		Name of Contact <b>Rep. Don McDaniel (Eng.)</b>	Telephone Number <b>973-228-0999</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Train Station - Vacant</b>		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 <b>Scotland Road &amp; Highland Avenue</b>		Square Feet <b>2,000</b>	# of Floors <b>1</b>						
City (5) <b>Orange</b>		Bldg. Age <b>50 +</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Pre-Renovation - Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Detail Associates Inc./LCG</b>	ASCM No. <b>00012</b>	Name of Abatement Contractor (9) <b>East Coast Haz Mat Removal, Inc.</b>							
Street Address <b>560 Sylvan Ave., Suite 3065</b>		Street Address <b>494 East 41st Street</b>							
City, State, Zip Code <b>Englewood Cliffs, New Jersey</b>		City, State, Zip Code <b>Paterson, NJ 07504</b>							
Project Manager for Monitoring Firm <b>Clive Williams</b>	Telephone No. <b>973-494-0133</b>	Telephone No. <b>973-345-0022</b>	License No. <b>02117</b>						
Start Date (10) <b>02 / 04 / 26</b>	Scheduled Completion Date (11) <b>02 / 14 / 26</b>	Name of OSHA Monitor <b>Same as above</b>							
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: <b>7:00AM-03:30PM/</b> PM- <b>      </b> AM		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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Main Station Level - Ground Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>White Thermal Insulation - Heat Shield</b>	<b>160sf</b>	<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 <b>Century Waste Services, LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Waste Mgmt. - Fairless Hills</b>					
City, State <b>Elizabeth, NJ 07201</b>			Disposal Date <b>02-14-2026</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Leslie Olszewski</b>	Title <b>Sr. Project Mgr.</b>		Signature 			Date <b>01-28-2026</b>			



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

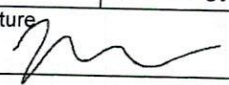
4344697

RECEIVED

FEB - 4 2026

ASBESTOS CONTROL & LICENSE

2013

Date of Notification (1) 2/2/2026		Name of Building Owner/Operator (2) Samer Dakhillala							
Agencies Notified	Type Notification	Street Address 71 Bridge St							
<input checked="" type="checkbox"/> EPA <input 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 Milford NJ 08848							
		Name of Contact Samer Dakhillala	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) USPS Milford		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 Bridge St		Square Feet unknown	# of Floors 1						
City (5) Milford		Bldg. Age unknown							
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCN 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. 908-270-8556	License No. 02109						
Start Date (10) 2/12/2026	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 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 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) 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
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) <b>1 / 29 / 26</b>		Name of Building Owner/Operator (2) <b>Verizon Communication</b>		FEB - 3 2026					
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 # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>15 East Montgomery Street</b>							
		City, State, Zip Code <b>Pittsburgh, PA 15212</b>							
		Name of Contact <b>Peter Lesnaik</b>		Telephone Number <b>2156402520</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Pleasantville Co</b>				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 <b>423 West Washington Ave</b>				Square Feet <b>55,435</b>	# of Floors <b>3</b>				
City (5) <b>Pleasantville, NJ 08232</b>				Bldg. Age <b>+50</b>					
County (6) <b>Atlantic</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Verizon Communications</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, LLC</b>						
Street Address <b>344 West State Street</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Richard Reynolds</b>		Telephone No. <b>609-656-8101</b>	Telephone No. <b>215-788-6040</b>	License No. <b>02121</b>					
Start Date (10) <b>2 / 10 / 25</b>		Scheduled Completion Date (11) <b>2 / 11 / 25</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>					
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: <b>5</b> AM- <b>1</b> PM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
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	Encapsulate	Enclosure
<b>1st Floor Frame Area</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT &amp; Mastic</b>	<b>4 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st Floor Frame Area</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT &amp; Mastic</b>	<b>4 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bristol Environmental, LLC</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <b>Acua Haneman Environmental Park</b>					
City, State <b>Bristol, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Egg Harbor Township</b>					
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillan DeCaro</i>		Date <b>1/29/26</b>			

ASB-41  
JAN 13 **DD73125**

\* 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)

RECEIVED

Date of Notification (1) February 3, 2025		Name of Building Owner/Operator (2) Lawrenceville Shopping Associates LLC		FEB - 4 2026	
Agencies Notified		Type Notification		Street Address	
<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		112 West 34th Street - Suite 2106	
				City, State, Zip Code New York, NY 10120	
		Name of Contact Jack J. Jemal		Telephone Number 212-629-4592	
<b>FACILITY INFORMATION</b>					
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				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	License No. 01161
Start Date (10) 2/17/26		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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)
	Yes	No	N/A		
Western portion		X		VAT and Mastic	19,580 SF
Mezzanine Office		X		VAT and Mastic	800 SF
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

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

Check #

RECEIVED

13555

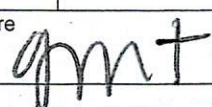
JAN 28 2026

B &amp; G Project # 2026-15

Date of Notification (1) 01/22/2026		Name of Building Owner/Operator (2) First Presbyterian Church of Verona							
Agencies Notified	Type Notification	Street Address 10 Fairview Avenue							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Verona, NJ 07044							
		Name of Contact Charles Heyer	Telephone Number 201-396-5569						
<b>FACILITY INFORMATION</b>									
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	County Code (7) (STATE USE ONLY)	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.	Telephone No. 973-696-6869						
Start Date (10) 02/03/2026		Scheduled Completion Date (11) 02/04/2026	License No. 00378						
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 B & G Restoration, Inc.							
		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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
basement 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			



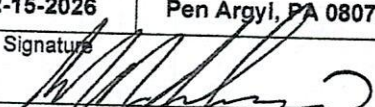
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 1 / 20 / 26		Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job # 2601-6535 Check #17705</b>							
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 <b>10 Legion Place- Building A</b>							
		City, State, Zip Code <b>Morristown, NJ 07960</b>							
		Name of Contact <b>Michael R. Kupres</b>	Telephone Number <b>610-755-7186</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JCPL Taylor Lane Substation</b>		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 <b>204 Taylor Lane</b>		Square Feet	# of Floors						
City (5) <b>Middletown</b>		Bldg. Age							
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Substation</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Colden Corporation</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>630 Sentry Parkway, Suite 110</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Bluebell, PA</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jason Straut</b>	Telephone No. <b>484-804-5956</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) 1 / 29 / 26	Scheduled Completion Date (11) 2 / 6 / 26	Name of OSHA Monitor <b>IATL</b>							
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 <b>9000 Commerce Parkway Suite B</b>							
		City, State, Zip Code <b>Mount Laurel, NJ 08054</b>							
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)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>2 Electrical Panels</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Asbestos Wire</b>	<b>150 LF</b>	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>2/4/26</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>		Signature 			Date <b>1/20/24</b>			

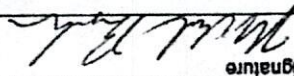


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

✓# 2075

Date of Notification (1) <b>01 / 28 / 26</b>		Name of Building Owner/Operator (2) <b>St. Francis of Assisi</b>							
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 <b>114 Mt. Vernon Street</b> City, State, Zip Code <b>Ridgefield Park, NJ 07660</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>St. Francis of Assisi</b>		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 <b>114 Mt. Vernon Street</b>									
City (5) <b>Ridgefield Park, NJ 07660</b>		Square Feet <b>5000</b>	# of Floors <b>2</b>						
County (6) <b>Bergen</b>		Bldg. Age <b>50+</b>							
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) <b>A. Mac Contracting Inc.</b>						
Street Address		Street Address <b>176 Saddle River Avenue</b>							
City, State, Zip Code		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
Project Manager for Monitoring Firm		Telephone No.	License No. <b>00156</b>						
Start Date (10) <b>01 / 29 / 26</b>		Scheduled Completion Date (11) <b>01 / 30 / 26</b>							
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: <b>8:00 AM-4:30 PM</b> AM		Name of OSHA Monitor <b>Asbestos Analytical Labs</b>							
		Street Address <b>51 Gage Road</b>							
		City, State, Zip Code <b>East Brunswick, NJ 08816</b>							
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
<b>Rectory 2<sup>nd</sup> Floor Bathroom</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation &amp; fittings</b>	<b>30 LF</b>	<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 <b>Century Waste Services, LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>2 Yards</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>					
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>02-15-2026</b>		City, State <b>Pen Argyl, PA 08072</b>					
Completed By (Print or Type) <b>Ralph Barnhardt</b>		Title <b>Sr. Project Manager</b>		Signature 			Date <b>01-28-2026</b>		



<b>Completed By (Print or Type)</b> Michael Barbour		<b>Title</b> Project Manager		<b>Signature</b> 		<b>Date</b> 1/9/21	
<b>City, State</b> Elizabeth, NJ		<b>Disposal Date</b> TBD		<b>City, State</b> Morrisville, PA		<b>Name of Registered Waste Hauler</b> Century Waste Services	
<b>Hauler ID No.</b> NJDEP Waste Hauler ID No. 32797		<b>Cubic Yards of Waste</b> 100		<b>Name of Registered Landfill</b> Fairless Landfill		<b>Within Substation</b> <input type="checkbox"/> Within Substation <input checked="" type="checkbox"/> Within Substation	
<b>Location of Asbestos-Containing Material (ACM) IN Facility (13)</b> TO BE ABATED		<b>Is Location Normally Used Solely by Custodial Staff? (12)</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<b>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</b> Asbestos Containing Material (ACM)		<b>Amount (Specify SF or LF)</b> 3170 ft	
<b>Abatement Type</b> Enclosure <input type="checkbox"/> Encapsulate <input type="checkbox"/> Repair <input type="checkbox"/> Removal <input checked="" type="checkbox"/>		<b>Scope of Work (Check all that apply)</b> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft <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 type="checkbox"/> Non-Exempted (?) and Non-Frangible Procedure		<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		<b>Time of Abatement: 7:00AM-3:30PM/ PM- AM</b>	
<b>Project Manager for Monitoring Firm</b> Ralph Campione		<b>Telephone No.</b> 201-954-1029		<b>Telephone No.</b> 212-564-8640		<b>License No.</b> 02027	
<b>City, State, Zip Code</b> Jersey City, NJ 07310		<b>City, State, Zip Code</b> New York, NY 10122		<b>Street Address</b> 14 Penn Plaza-21st Floor		<b>Street Address</b> 307 West 38th Street	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> Hudson		<b>ASCM No.</b> NA		<b>Name of Abatement Contractor (9)</b> GRB Environmental Services, Inc.		<b>Current Use (Facility Being Demolished)</b> PATH Electrical Substation	
<b>County (6)</b> Hudson		<b>County Code (7) (STATE USE ONLY)</b> 10000		<b>Square Feet</b> 10000		<b># of Floors</b> 5	
<b>City (5)</b> Jersey City		<b>City, State, Zip Code</b> Jersey City, NJ 07310		<b>Street Address</b> 80 Bay Street		<b>Path Substation No. 2</b> Name of Facility Where Abatement is Taking Place (3)	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA <input type="checkbox"/> NJAC 5.23-8		<b>Type Notification</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>Name of Building Owner/Operator (2)</b> Kelly Davis		<b>Telephone Number</b> 973-445-2162	
<b>Date of Notification (1)</b> 1 / 9 / 26		<b>Port Authority of NY &amp; NJ</b>		<b>Street Address</b> 241 Erie Street		<b>City, State, Zip Code</b> Jersey City, NJ 07310	

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

ASB-41  
JAN 13

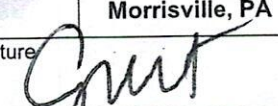
RECEIVED  
4177593  
NOTIFICATION OF ASBESTOS ABATEMENT  
State of New Jersey  
(Pursuant to NJAC 8:26 and 8:16)  
JAN 28 2021  
RECEIVED

4177593



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

4275224

Date of Notification (1) <div style="text-align: center;">1 / 16 / 26</div>		Name of Building Owner/Operator (2) <b>PSEG / Job #2502-6397</b>		Check # 17706					
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 # <b>6</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ</b> Name of Contact <b>Scott Penn</b>					
				Telephone Number <b>201-638-1684</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSEG Central Avenue Substation</b>				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 <b>157 S 14<sup>th</sup> Street</b>				Square Feet # of Floors Bldg. Age					
City (5) <b>Newark</b>		County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) <b>Substation</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Matrix New World</b>		ASCN No. <b>00121</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>26 Columbia Turnpike</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Florham Park, NJ 07932</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Matt Sheldon</b>		Telephone No. <b>973-240-1800</b>		Telephone No. <b>609-265-2107</b> License No. <b>00529</b>					
Start Date (10) <div style="text-align: center;">1 / 20 / 26</div>		Scheduled Completion Date (11) <div style="text-align: center;">6 / 30 / 26</div>		Name of OSHA Monitor <b>IATL</b>					
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>7</u> AM- <u>9</u> PM/____PM-____AM				Street Address <b>9000 Commerce Pkwy. Suite B</b> City, State, Zip Code <b>Mount Laurel, NJ 08054</b>					
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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>2,500 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Vault</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Cable Sock Insulation</b>		<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 <b>Veolia ES</b>		NJDEP Waste Hauler ID No. <b>000151</b>		Cubic Yards of Waste <b>40</b>		Name of Registered Landfill <b>Fairless Landfill</b>			
City, State <b>Flanders, NJ</b>				Disposal Date <b>6/30/26</b>		City, State <b>Morrisville, PA</b>			
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>1-16-26</b>			




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

Date of Notification (1) JANUARY 20, 2026		Name of Building Owner/Operator (2) IDIL EXECUTIVE DRIVE LLC							
Agencies Notified	Type Notification	Street Address 1197 PEACHTREE STREET NE, SUITE 600							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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) <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	# of Floors 4						
City (5) SOMERSET		Bldg. Age 1975							
County (6) SOMERVILLE	County Code (7) (STATE USE ONLY)	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) <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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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>Corey Stankovic</i>		Date			



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

4344496

Date of Notification (1) <b>JANUARY 20, 2026</b>		Name of Building Owner/Operator (2) <b>IDIL EXECUTIVE DRIVE LLC</b>							
Agencies Notified	Type Notification	Street Address <b>1197 PEACHTREE STREET NE, SUITE 600</b>							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>ATLANTA, GA 30361</b>							
		Name of Contact <b>MATT DIMARCO</b>	Telephone Number <b>908-319-5638</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BUILDING 2</b>		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 <b>2 EXECUTIVE DRIVE</b>		Square Feet <b>72,000</b>	# of Floors <b>4</b>						
City (5) <b>SOMERSET</b>		Bldg. Age <b>1975</b>							
County (6) <b>SOMERVILLE</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>INDUSTRIAL</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Checkmark Industrial</b>						
Street Address		Street Address <b>54 Morgan Dr</b>							
City, State, Zip Code		City, State, Zip Code <b>Sparta NJ 07871</b>							
Project Manager for Monitoring Firm		Telephone No. <b>973-570-2645</b>	License No. <b>01334</b>						
Start Date (10) <b>2/2/2026</b>	Scheduled Completion Date (11) <b>4/24/2026</b>	Name of OSHA Monitor <b>Checkmark Industrial</b>							
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 <b>54 Morgan Dr</b>							
		City, State, Zip Code <b>Sparta NJ 07871</b>							
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) In Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BATHROOMS</b>		X		<b>GREY CAULK</b>	<b>15 SF</b>	X			
<b>4TH FLOOR</b>		X		<b>VAT</b>	<b>18,520 SF</b>	X			
<b>ROOF</b>		X		<b>ROOF MEMBRANE</b>	<b>24,000 SF</b>	X			
Name of Registered Waste Hauler <b>WESTPHAL</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <b>FAIRLESS</b>					
City, State <b>RIDGEWOOD PARK NJ</b>			Disposal Date	City, State <b>MORRISVILLE PA</b>					
Completed by <b>Corey Stankovic</b>		Title <b>CEO</b>	Signature 				Date <b>1/20/2026</b>		



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

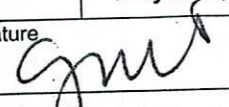
4344979  
RECEIVED

Date of Notification (1) <b>JANUARY 20, 2026</b>		Name of Building Owner/Operator (2) <b>IDIL EXECUTIVE DRIVE LLC</b>							
Agencies Notified	Type Notification	Street Address <b>1197 PEACHTREE STREET NE, SUITE 600</b>							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>ATLANTA, GA 30361</b>							
		Name of Contact <b>MATT DIMARCO</b>	Telephone Number <b>908-319-5638</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BUILDING 3</b>		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 <b>3 EXECUTIVE DRIVE</b>		Square Feet <b>90,000</b>	# of Floors <b>5</b>						
City (5) <b>SOMERSET</b>		Bldg. Age <b>1975</b>							
County (6) <b>SOMERVILLE</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>INDUSTRIAL</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Checkmark Industrial</b>						
Street Address		Street Address <b>54 Morgan Dr</b>							
City, State, Zip Code		City, State, Zip Code <b>Sparta NJ 07871</b>							
Project Manager for Monitoring Firm		Telephone No. <b>973-570-2645</b>	License No. <b>01334</b>						
Start Date (10) <b>2/2/2026</b>	Scheduled Completion Date (11) <b>4/24/2026</b>	Name of OSHA Monitor <b>Checkmark Industrial</b>							
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 <b>54 Morgan Dr</b>							
		City, State, Zip Code <b>Sparta NJ 07871</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) In Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 <b>WESTPHAL</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste <b>360</b>	Name of Registered Landfill <b>FAIRLESS</b>				
City, State <b>RIDGEWOOD PARK NJ</b>				Disposal Date	City, State <b>MORRISVILLE PA</b>				
Completed by <b>Corey Stankovic</b>		Title <b>CEO</b>		Signature <i>Corey Stankovic</i>			Date <b>1/20/2026</b>		



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


**RECEIVED**

Date of Notification (1) <div style="text-align: center;">1 / 28 / 26</div>		Name of Building Owner/Operator (2) <b>NJ DPMC / Job #2601-6534 Check #17708</b>							
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 <b>PO Box 0034</b> City, State, Zip Code <b>Trenton, NJ 08625</b> Name of Contact <b>Business Admin</b> Telephone Number <b>609-292-9292</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Richard J Hughes Justice Complex</b>		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 <b>25 Market Street</b>		Square Feet	# of Floors						
City (5) <b>Trenton, NJ 08611</b>		Bldg. Age							
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>344 West State Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>William Weisgarber</b>	Telephone No. <b>609-656-8101</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <div style="text-align: center;">2 / 9 / 26</div>	Scheduled Completion Date (11) <div style="text-align: center;">4 / 30 / 26</div>	Name of OSHA Monitor <b>IATL</b>							
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 <b>9000 Commerce Parkway Suite B</b> City, State, Zip Code <b>Mount Laurel, NJ 08054</b>							
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	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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>4/30/26</b>	City, State <b>Tullytown, PA</b>						
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>	Signature 				Date <b>1-28-26</b>		



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

check # 52465  
**RECEIVED**

Date of Notification (1) <div style="text-align: center;">2 / 2 / 26</div>		Name of Building Owner/Operator (2) <b>Deborah</b> <div style="text-align: right;">FEB - 3 2026</div>							
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 <b>200 Trenton Road</b>							
		City, State, Zip Code <b>Brown Mills, NJ 08015</b>							
		Name of Contact <b>John Dugan</b>	Telephone Number <b>609-893-1200</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Deborah Heart and Lung Hospital</b>		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 <b>200 Trenton Road</b>									
City (5) <b>Brown Mills</b>		Square Feet <b>20000</b>	# of Floors <b>5</b>						
County (6) <b>Burlington</b>		County Code (7)(STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) <b>Terracon</b>		ASCM No.	Name of Abatement Contractor (9) <b>Associated Specialty Contractors</b>						
Street Address <b>930 Harvest Drive</b>		Street Address <b>98 Lacrue Avenue</b>							
City, State, Zip Code <b>Blue Bell, PA 19422</b>		City, State, Zip Code <b>Glen Mills, PA 19342</b>							
Project Manager for Monitoring Firm <b>Amanda Ege</b>		Telephone No. <b>267-512-7049</b>	Telephone No. <b>610-364-9622</b>						
License No. <b>01103</b>									
Start Date (10) 2 / 16 / 26	Scheduled Completion Date (11) 3 / 13 / 26	Name of OSHA Monitor <b>Terracon</b>							
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-1PM/9PM-_____AM		Street Address <b>930 Harvest Drive</b>							
		City, State, Zip Code <b>Blue Bell, PA 19422</b>							
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	Repair	Encapsulate	Enclosure
4 <sup>th</sup> 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"/>
4 <sup>th</sup> 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"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>TriState Recycling</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <b>Republic Conestoga</b>					
City, State <b>8950 State Road Philadelphia, PA 19136</b>		Disposal Date <b>3/10/26</b>	City, State <b>Morgantown, PA 19543</b>						
Completed By (Print or Type) <b>Vincent Primavera</b>	Title <b>Project Manager</b>		Signature 				Date <b>2/2/2026</b>		




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

Date of Notification (1) January 27, 2026		Name of Building Owner/Operator (2) Inspira Health Center Bridgeton							
Agencies Notified	Type Notification	Street Address 333 Irving Avenue							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgeton, NJ 08302							
		Name of Contact Maintenance	Telephone Number 856-575-4500						
<b>FACILITY INFORMATION</b>									
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 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	Encapsulate	Enclosure
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 @</i>				Date 1/27/26		

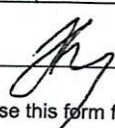


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/23/2026		Name of Building Owner/Operator (2) Mediterranean Towers West		CK#3291					
Agencies Notified		Type Notification		Street Address 555 North Avenue					
<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 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					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mediterranean Towers West - Apt. # 18H				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				
				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 Bloomington, 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)				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: <u>Apt. will be un-occupied during entire period of abatement</u>				City, State, Zip Code Bloomington, 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	Repair	Encapsulate	Enclosure
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 Bloomington, NJ / Elizabeth, NJ				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)

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	
		City, State, Zip Code Fort Lee, New Jersey, 07024		FEB - 3 2026	
		Name of Contact Javier Valenzuela		Telephone Number 201-370-2047	
<b>FACILITY INFORMATION</b>					
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+	
City (5) Fort Lee, NJ				# of Floors 26	
County (6) Bergen				Bldg. Age 43	
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	
Start Date (10) 02/09/2026		Scheduled Completion Date (11) 02/20/2026		License No. 01181	
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>Apt. will be un-occupied during entire period of abatement</u>				Name of OSHA Monitor Hazmat Diagnostic LLC	
				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)
	Yes	No	N/A		
Apt. LD			x	Popcorn Ceiling	975 SF
Name of Registered Waste Hauler Hazmat Diagnostic LLC / Century Waste		NJDEP Waste Hauler ID No. 35440 / 32797		Cubic Yards of Waste TBD	
City, State Bloomingdale, NJ / Elizabeth, NJ		Disposal Date TBD		Name of Registered Landfill WM Grand Central Landfill	
City, State Pen Argyl, PA					
Completed by Deni Naumovski		Title President		Signature 	
				Date 01/23/2026	

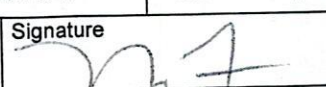


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/23/2026		Name of Building Owner/Operator (2) Mediterranean Towers West		CK#3290					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		555 North Avenue					
				City, State, Zip Code Fort Lee, New Jersey, 07024					
		Name of Contact Javier Valenzuela		Telephone Number 201-370-2047					
<b>FACILITY INFORMATION</b>									
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				County Code (7) (STATE USE ONLY) _____	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				Scheduled Completion Date (11) 02/05/2026	License No. 01181				
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor Hazmat Diagnostic LLC					
<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			Removal	Repair	Encapsulate	Enclosure
Apt. 3K - 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			



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

Date of Notification (1) <b>01 / 28 / 26</b>		Name of Building Owner/Operator (2) <b>Saint Peter's Healthcare System</b>							
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 <b>254 Easton Avenue</b>							
		City, State, Zip Code <b>New Brunswick, NJ 08901</b>							
		Name of Contact <b>Thomas Geiger-agent</b>	Telephone Number <b>908-715-2600</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Saint Peter's University Hospital</b>		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 <b>254 Easton Avenue</b>		Square Feet <b>120,000</b>	# of Floors <b>6</b>						
City (5) <b>New Brunswick</b>		Bldg. Age <b>80</b>							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>	ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address <b>64 Broad Street</b>		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code <b>Matawan, NJ 07747</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm <b>Tom Geiger</b>	Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>01 / 30 / 26</b>	Scheduled Completion Date (11) <b>02 / 04 / 26</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
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 <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>500 sf</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>5E Cardiology Wing Area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos waterproofing tar</b>		<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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>02/04/26</b>	City, State <b>Morrisville, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>1/28/26</b>		



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

RECEIVED

ASBESTOS CONTROL &amp; LICENSING

RECEIVED

ASBESTOS CONTROL &amp; LICENSING

Street Address

City, State, Zip Code

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

Abatement Type

Removal  
 Repair  
 Encapsulate  
 Enclosure

Amount (Specify SF or LF)

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes No N/A

Location of Asbestos-Containing Material (ACM)  
**TO BE ABATED**  
 In Facility (13)

INTERIOR

INTERIOR

INTERIOR

Plaster 950 1st floor

Plaster 810 2nd floor

80 floor tile with mastic

LF

LF

SF

X

X

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  
**WAYNESBURG OH 44688**

Completed by  
**Angel Penaherrera**

Title  
**Owner**

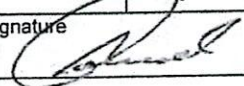
Signature

Date  
**08/25/2023**



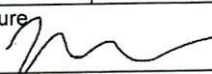
**PAID**  
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to NJAC 8:60 and 12:120)**

RECEIVED

Date of Notification (1) 01/28/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	9 Carriage Way							
		City, State, Zip Code Cinnaminson, NJ 08077							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)							
Street Address 9 Carriage Way		<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) Cinnaminson		Square Feet 3,047	# of Floors 2						
		Bldg. Age 59							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
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)		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	Enclosure
Basement			x	Vinyl Floor Tile	350 SF	x			
				& associated mastic					
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	



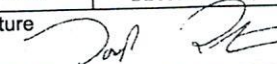
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/20/2026		Name of Building Owner/Operator (2) <div style="text-align: right;">RECEIVED</div>							
Agencies Notified	Type Notification	Street Address 4-58 Ivy Ln							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn NJ  Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
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	County Code (7) (STATE USE ONLY) _____	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. _____	Telephone No. 908-270-8556 License No. 02109						
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) <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 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	Repair	Encapsulate	Enclosure
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			



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

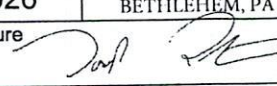
RECEIVED

Date of Notification (1) <b>1/28/2026</b>		Name of Building Owner/Operator (2) <b>Craft Builders</b>							
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 <b>57 Bradhurst Ave</b>							
		City, State, Zip Code <b>Lakewood NJ 08701</b>							
		Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		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 <b>207 Carol St</b>		Square Feet	# of Floors						
City (5) <b>Lakewood</b>		Bldg. Age							
County (6) <b>Ocean</b>	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) <b>02/03/2026</b>	Scheduled Completion Date (11) <b>02/03/2026</b>	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior				Siding	1500 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Lead Professionals Inc</b>		NJDEP Waste Hauler ID No. <b>35103</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill IESI					
City, State <b>Lakewood, NJ</b>		Disposal Date <b>02/03/2026</b>		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 			Date <b>1/28/2026</b>			

\* 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) <b>1/27/2026</b>		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 <b>257 Main St</b>		City, State, Zip Code <b>South River NJ 08882</b>							
Name of Contact		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		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 <b>257 Main St</b>		Square Feet	# of Floors						
City (5) <b>South River</b>		Bldg. Age							
County (6) <b>Middlesex</b>	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. 732-719-5649	License No. 1200						
Start Date (10) <b>02/05/2026</b>	Scheduled Completion Date (11) <b>02/05/2026</b>	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 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	Encapsulate	Enclosure
Interior				Boiler/furnace	80 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Lead Professionals Inc</b>		NJDEP Waste Hauler ID No. <b>35103</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>Lakewood, NJ</b>		Disposal Date <b>02/05/2026</b>		City, State <b>BETHLEHEM, PA</b>					
Completed by <b>JOSEPH PERLSTEIN</b>		Title <b>OWNER</b>		Signature 			Date <b>1/27/2026</b>		



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		Type Notification							
<input checked="" type="checkbox"/> EPA <input checked="" 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 5716 Bergenline Ave		City, State, Zip Code West New York, 07093							
Name of Contact		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 5716 Bergenline 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) West New York, 07093		Square Feet N/A	# of Floors N/A						
County (6) Hudson		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No.							
Street Address		Name of Abatement Contractor (9) D&S Abatement Company LLC							
City, State, Zip Code		Street Address 329 Parish Dr							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-345-8685	License No. 02097						
Start Date (10) 02/01/2026	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: <u>non-occupied</u>		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	Encapsulate	Enclosure
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)

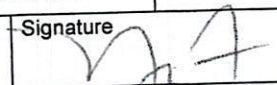


RECEIVED

Date of Notification (1) <b>JANUARY 22, 2026</b>		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 <b>47 EBERHARDT RD</b>							
		City, State, Zip Code <b>EAST HANOVER NJ 07936</b>							
		Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENTIAL</b>		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 <b>107 HANOVER ROAD</b>		Square Feet <b>876</b>	# of Floors <b>1</b>						
City (5) <b>EAST HANOVER</b>		Bldg. Age <b>1950</b>							
County (6) <b>MORRIS</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>residential</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) <b>Checkmark Industrial</b>						
Street Address		Street Address <b>54 Morgan Dr</b>							
City, State, Zip Code		City, State, Zip Code <b>Sparta NJ 07871</b>							
Project Manager for Monitoring Firm		Telephone No. <b>973-570-2645</b>	License No. <b>01334</b>						
Start Date (10) <b>2/4/2026</b>	Scheduled Completion Date (11) <b>2/10/2026</b>	Name of OSHA Monitor <b>Checkmark Industrial</b>							
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 <b>54 Morgan Dr</b>							
		City, State, Zip Code <b>Sparta NJ 07871</b>							
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	Repair	Encapsulate	Enclosure
FIRST FLOOR		X		LINOLEUM	48 SF	X			
LIVING ROOM & FOYER		X		STUCCO	756 SF	X			
EXTERIOR FACADE		X		WINDOW GLAZING/ CAULK	452 LF	X			
EXTERIOR		X		TRANSITE SIDING AND FELT	1,000SF	X			
Name of Registered Waste Hauler <b>WESTPHAL</b>		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>FAIRLESS</b>					
City, State <b>RIDGEWOOD PARK NJ</b>			Disposal Date	City, State <b>MORRISVILLE PA</b>					
Completed by <b>Corey Stankovic</b>		Title <b>CEO</b>	Signature 			Date <b>1/22/2026</b>			



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

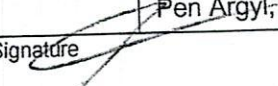
Date of Notification (1) <b>01 / 28 / 26</b>		Name of Building Owner/Operator (2) <b>Remax</b>		50017 RECEIVED FEB - 3 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 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 <b>113 Tindall Road</b>		City, State, Zip Code <b>Middletown, NJ 07748</b>					
		Name of Contact		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>				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 <b>4377 Old Bridge Matawan Road</b>				Square Feet <b>3600</b>	Bldg. Age <b>200</b>				
City (5) <b>Old Bridge</b>				County Code (7)(STATE USE ONLY)					
County (6) <b>Middlesex</b>				Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting</b>		ASCM No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>					
Street Address <b>1889 Route 9, Unit 61</b>		City, State, Zip Code <b>Toms River, New Jersey</b>		Street Address <b>1889 Route 9, Unit 61</b>					
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone No. <b>732-349-9932</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>					
Start Date (10) <b>02 / 09 / 26</b>		Scheduled Completion Date (11) <b>02 / 11 / 26</b>		Telephone No. <b>732-349-9932</b>					
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		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		License No. <b>00624</b>					
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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>110 lf</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>basement &amp; crawlspace</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos pipe insulation</b>		<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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>02/11/26</b>		City, State <b>Morrisville, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>1/28/26</b>			



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

RECEIVED

Date of Notification (1) <b>1/23/26</b>		Name of Building Owner/Operator (2)							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>84 Vanderburgh Ave</b>		City, State, Zip Code <b>Rutherford, NJ 07070</b>							
Name of Contact		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		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 <b>84 Vanderburgh Ave</b>		Square Feet	# of Floors						
City (5) <b>Rutherford</b>		Bldg. Age							
County (6) <b>Bergen County</b>		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>AAA Asbestos</b>							
Street Address		Street Address <b>2208B Hamilton Blvd</b>							
City, State, Zip Code		City, State, Zip Code <b>South Plainfield, NJ 07080</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-289-7360</b>	License No. <b>02010</b>						
Start Date (10) <b>1/24/26</b>	Scheduled Completion Date (11) <b>1/30/26</b>		Name of OSHA Monitor <b>Chris Weber</b>						
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 <b>2208B Hamilton Blvd</b>							
		City, State, Zip Code <b>South Plainfield, NJ 07080</b>							
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 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
Hallway		X		Plaster Removal	25SF	X			
		X							
		X							
		X							
Name of Registered Waste Hauler <b>AAA Asbestos</b>		NJDEP Waste Hauler ID No. <b>113709</b>		Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Grand Central Landfill</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Pen Argyl, PA</b>					
Completed by <b>Frank Formisano</b>		Title <b>Owner</b>		Signature 			Date <b>1/23/26</b>		

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



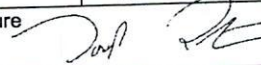
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>01/29/2026</b>		Name of Building Owner/Operator (2) <div style="text-align: right; font-weight: bold;">RECEIVED</div>							
Agencies Notified	Type Notification	Street Address <b>29 Church Street</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Windsor, NJ 08561</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  Street Address <b>29 Church Street</b>		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) <b>Windsor, NJ</b>		Square Feet <b>na</b>	# of Floors <b>2</b>						
County (6) <b>Mercer County</b>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Vacated</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>none</b>		ASCM No.	Name of Abatement Contractor (9) <b>GI Solution Services LLC</b>						
Street Address <b>n/a</b>		Street Address <b>3 E Logan Rd</b>							
City, State, Zip Code <b>n/a</b>		City, State, Zip Code <b>Randolph, NJ, 07869</b>							
Project Manager for Monitoring Firm <b>n/a</b>		Telephone No. <b>n/a</b>	Telephone No. <b>973-223-2391</b> License No. <b>02015</b>						
Start Date (10) <b>01/30/2026</b>	Scheduled Completion Date (11) <b>02/13/2026</b>	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  <input checked="" type="checkbox"/> <b>wet clean up</b> <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) In Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outdoor (pile of debris)		X		Debris	120c/y	X			
Name of Registered Waste Hauler <b>HORIZON DISPOSAL SERVICES</b>		NJDEP Waste Hauler ID No. <b>10416</b>	Cubic Yards of Waste <b>120c/y</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Trenton, NJ</b>		Disposal Date <b>NA</b>		City, State <b>Morrisville, PA</b>					
Completed by <b>William Mawyin</b>		Title <b>Project Manager</b>		Signature <i>William Mawyin</i>			Date <b>01/29/2026</b>		



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)							
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 16 West 38th St		City, State, Zip Code Bayonne NJ							
Name of Contact		Telephone Number							
<b>FACILITY INFORMATION</b>									
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 16 West 38th St		Square Feet	# of Floors						
City (5) Bayonne		Bldg. Age							
County (6) Hudson	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) 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 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			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			



13554

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

RECEIVED

B &amp; G Project # 2026-14

Check # 13354  
JAN 28 2026

Date of Notification (1) <b>01/22/2026</b>			Name of Building Owner/Operator (2)						
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>163 West Main Street</b> City, State, Zip Code <b>Rockaway, NJ 07866</b> Name of Contact _____ Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>163 West Main Street</b>			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) <b>Rockaway, NJ 07866</b>			Square Feet	# of Floors	Bldg. Age				
County (6) <b>Morris</b>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>residential</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) <b>B &amp; G Restoration, Inc.</b>						
Street Address		Street Address <b>1234 Route 23</b>							
City, State, Zip Code		City, State, Zip Code <b>Butler, NJ 07405</b>							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. <b>973-696-6869</b>	License No. <b>00378</b>					
Start Date (10) <b>02/04/2026</b>		Scheduled Completion Date (11) <b>02/05/2026</b>		Name of OSHA Monitor <b>B &amp; G Restoration, Inc.</b>					
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 <b>1234 Route 23</b> City, State, Zip Code <b>Butler, NJ 07405</b>						
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) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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>B &amp; G Restoration Inc.</b>		NJDEP Waste Hauler ID No. <b>19563</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Grand Central Landfill</b>					
City, State <b>Butler, NJ</b>		Disposal Date <b>02/06/2026</b>		City, State <b>Pen Argyl, PA</b>					
Completed by <b>Gordana Luna</b>		Title <b>Secretary / Treasurer</b>		Signature <i>Gordana Luna</i>			Date <b>01/22/2026</b>		



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

RECEIVED

B & G Project # 2026-10

Check #

13553

Date of Notification (1) <b>01/22/2026</b>		Name of Building Owner/Operator (2) <b>JAN 28 2026</b>							
Agencies Notified	Type Notification	Street Address <b>45 East Reid Place</b>							
<input type="checkbox"/> EPA <input checked="" 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 <b>Verona, NJ 07044</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>45 East Reid Place</b>		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) <b>Verona, NJ 07044</b>		Square Feet	# of Floors						
County (6) <b>Essex</b>		Bldg. Age							
County Code (7) <b>(STATE USE ONLY)</b>		Current Use (Prior if being demolished) <b>residential</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>B &amp; G Restoration, Inc.</b>							
Street Address		Street Address <b>1234 Route 23</b>							
City, State, Zip Code		City, State, Zip Code <b>Butler, NJ 07405</b>							
Project Manager for Monitoring Firm		Telephone No. <b>973-696-6869</b>	License No. <b>00378</b>						
Start Date (10) <b>02/02/2026</b>		Scheduled Completion Date (11) <b>02/03/2026</b>							
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 <b>B &amp; G Restoration, Inc.</b>							
		Street Address <b>1234 Route 23</b>							
		City, State, Zip Code <b>Butler, NJ 07405</b>							
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 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	Enclosure
laundry room			X	pipe insulation	20 LF	X			
boiler room			X	pipe insulation	15 LF	X			
Name of Registered Waste Hauler <b>B &amp; G Restoration Inc.</b>		NJDEP Waste Hauler ID No. <b>19563</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grand Central Landfill</b>					
City, State <b>Butler, NJ</b>		Disposal Date <b>02/03/2026</b>		City, State <b>Pen Argyl, PA</b>					
Completed by <b>Gordana Luna</b>		Title <b>Secretary / Treasurer</b>	Signature <i>Gordana Luna</i>			Date <b>01/22/2026</b>			



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

RECEIVED

1824

885234

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

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

**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**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
703 Main st

**Street Address**  
703 Main st

**City (5)**  
Paterson

**County (6)**  
Passaic

**County Code (7) (STATE USE ONLY)**

**Type of Facility (4)**

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

**Square Feet** | **# of Floors** | **Bldg. Age**

**Current Use (Prior if being demolished)**

**Name of Monitoring Firm Hired by Building Owner (8)** | **ASCM No.** | **Name of Abatement Contractor (9)**  
E & V Services LLC

**Street Address**  
711 Sip Street

**City, State, Zip Code**  
Union City NJ 07087

**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)**

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other - Describe: \_\_\_\_\_

**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	Enclosure
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

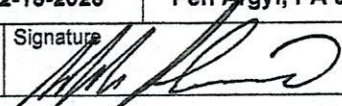
\* Do not use this form for asbestos licensure exempted activities.



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

✓# 2074

RECEIVED

Date of Notification (1) 01 / 20 / 26		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 (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 25 Park Place	
		City, State, Zip Code Paramus, NJ 07652	
		Name of Contact	Telephone Number
<b>FACILITY INFORMATION</b>			
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		Square Feet 25000	# of Floors 4+
City (5) Englewood, NJ 07651		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. 201-262-5841	License No. 00156
Start Date (10) 02 / 02 / 26	Scheduled Completion Date (11) 02 / 06 / 26		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: 8:00 AM-4:30 PM- AM		Street Address 51 Gage Road	
		City, State, Zip Code East Brunswick, NJ 08816	
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"/> 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 IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement - Storage Room	<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 Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 2 Yards
City, State Elizabeth, NJ		Name of Registered Landfill Grand Central Sanitary Landfill	
		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  
 CLK # 1875

Date of Notification (1) 1/21/2026		Name of Building Owner/Operator (2) JAN 28 2026							
Agencies Notified	Type Notification	Street Address 309 Palisade Rd.							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07208							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC						
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 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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement 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 Jeymy Donneys			Date 1/21/2026			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)

CHK # 1876  
RECEIVED

Date of Notification (1) 1/21/2026		Name of Building Owner/Operator (2) Crew Builders LLC							
Agencies Notified	Type Notification	Street Address 160 Spring St.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07201							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
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	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Property							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DANVIC CONTRACTING LLC						
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.	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	Encapsulate	Enclosure
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			

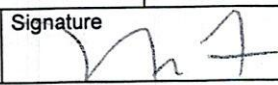


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>01 / 20 / 26</b>		Name of Building Owner/Operator (2) <b>Potts Excavating, Inc.</b>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>RECEIVED</b>  44982  JAN 28 2026 </div>	
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 <b>316 Main Street</b>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>	
		City, State, Zip Code <b>West Creek, NJ 08092</b>			
		Name of Contact		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			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 <b>4002 Ocean Blvd.</b>			Square Feet <b>1400</b>	# of Floors <b>1</b>	Bldg. Age <b>80</b>
City (5) <b>Long Beach Twp.</b>			County Code (7) (STATE USE ONLY)		
County (6) <b>Ocean</b>			Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address		Street Address <b>1889 Route 9, Unit 61</b>			
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>732-349-9932</b>		License No. <b>00624</b>
Start Date (10) <b>01 / 30 / 26</b>		Scheduled Completion Date (11) <b>02 / 02 / 26</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
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 <b>1056 Stelton</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos siding</b>	<b>1400 sf</b>	<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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>02/02/26</b>		City, State <b>Morrisville, Pennsylvania</b>	
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 		Date <b>1/20/26</b>	