4129

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

4250554

Date of Notification (1): 07 / 28 / 25	Name of Building Owner/Operator (2): Heath Village Job #: 2409-3300 Check#4129
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5.23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 430 Schooley's Mountain Road
	City, State, Zip Code: Hackettstown NJ 07840
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Heath Village		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 430 Schooley's Mountain Road			
City (5): Hackettstown		Square Feet: 38,095	# of Floors: 3 / Bldg. Age: 144
County (6): Morris	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Retirement Community	

Name of Monitoring Firm Hired by Building Owner (8): Criterion Labs	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.	
Street Address: 400 Street Road		Street Address: 70 Stacy Haines Road Suite 4	
City, State, Zip Code: Bensalem PA 19020		City, State, Zip Code: Lumberton NJ 08048	
Project Manager for Monitoring Firm: Mike Panepresso	Telephone No.: 215-244-1300	Telephone No.: 609-702-0400	License No.: 00862
Start Date (10): 08 / 06 / 25	Scheduled Completion Date (11): 09 / 12 / 25	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Regular/ Weekend _____AM-_____PM/_____PM-_____AM		Street Address: 200 U.S. Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Asbestos and Mold Services	NJDEP Waste Hauler ID No.: 0035680	Cubic Yards of Waste: 5	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton NJ		Disposal Date: 09/12/2025	City, State: Morrisville PA

Completed By (Print or Type): Kaysi Gruner	Title: Admin	Signature:	Date: 8/20/25

ASB-41
MAY 11

* Do not use this form for asbestos licensure exempted activities

1090

Print Form

PAID

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

RECEIVED
MAR 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/03/2026	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended [ ] Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
	Street Address: 320 E Poplar Ave
	City, State, Zip Code: Wildwood NJ, 08260
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 320 E Poplar Avenue	Square Feet: 2700 / # of Floors: 2 / Bldg. Age: 106
City (5): Wildwood	
County (6): Cape May / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Private Residence
Name of Monitoring Firm Hired by Building Owner (8): Iris Environmental Laboratories / ASCM No.	Name of Abatement Contractor (9): Green Team Contracting
Street Address: 2333 Route 22 West	Street Address: 100 Louis Street
City, State, Zip Code: Madison, NJ 07083	City, State, Zip Code: South Hackensack, NJ 07606
Project Manager for Monitoring Firm: Rick Eustaquio / Telephone No.: 908-206-0073	Telephone No.: 551-393-0960 / License No.: 02119
Start Date (10): 03/06/2026 / Scheduled Completion Date (11): 03/20/2026	Name of OSHA Monitor: Iris Environmental Laboratories
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 2333 Route 22 West / City, State, Zip Code: Madison, NJ 07083

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Transite	2,400SF	X			

Name of Registered Waste Hauler: Century Waste Services LLC	NJDEP Waste Hauler ID No.: BIC-1323	Cubic Yards of Waste: 40	Name of Registered Landfill: Grand Central Landfill
City, State: Elizabeth, NJ		Disposal Date: 03/21/2026	City, State: Pen Argyl, PA

Completed by: Carlo Limongi	Title: Owner	Signature: Carlo Limongi	Date: 03/03/2026

ASB-41 (R-06-08)

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

1251

Check# 1251

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

PAID

RECEIVED
MAR 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/10/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 205 Scherrer Street	
City, State, Zip Code: Cranford, NJ 07016	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private house	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 205 Scherrer Street	Square Feet / # of Floors / Bldg. Age
City (5): Cranford, NJ 07016	
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): Gr Tech LLC
Street Address	Street Address: 576 Valley Road#283
City, State, Zip Code	City, State, Zip Code: Wayne, NJ 07470
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 973-356-3511 / License No.: 01127
Start Date (10): 03/11/2026 / Scheduled Completion Date (11): 03/12/2026	Name of OSHA Monitor: Envirovision Consultants, Inc
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 20-21 Wagaraw Road, Bldg.# 35 E City, State, Zip Code: Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	15 LF	x			

Name of Registered Waste Hauler: Gr Tech LLC	NJDEP Waste Hauler ID No.: 0033785	Cubic Yards of Waste: TBD	Name of Registered Landfill: T.R.R.F. Inc
City, State: Wayne, NJ 07470		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: G.Ristanovic	Title: Owner	Signature: Gradimir Ristanovic	Date: 03/10/2026

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

ASB-41 (R-06-08)

1895

Print Form

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

PAID

Chk #1895

MAR 13 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
3/9/2026	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	2086 Westfield Ave.
		City, State, Zip Code: Scotch Plains, NJ 07076
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential Property	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2086 Westfield Ave.	
City (5): Scotch Plains, NJ 07076	Square Feet: 3,000 / # of Floors: 2 / Bldg. Age: 1946
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.	Telephone No.: 908-906-4123 / License No.: 01355
Start Date (10): 3/10/2026	Scheduled Completion Date (11): 3/13/2026	Name of OSHA Monitor: Iris Environmental Laboratories, Inc.
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: OCCUPIED		Street Address: 2333 Route 22 West City, State, Zip Code: Union, NJ 07083

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal/Clean up	Repair	Encapsulate	Enclosure
Basement			X	Pipe insulation	100 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Danvic Contracting LLC	37574	TBD	Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Jeymy Donneys	Owner	Jeymy Donneys	3/10/2026

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

ASB-41 (R-06-08)

4197

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

PAID

RECEIVED
MAR 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 5 / 26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☑ DOLWD ☑ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment # ☑ Emergency (including justification) ☐ Cancellation
Street Address: 163 Harding Dr	
City, State, Zip Code: South Orange, NJ 07079	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 163 Harding Dr			
City (5): South Orange		Square Feet: 2300	# of Floors: 2	Bldg. Age: 92
County (6): Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Home	

Name of Monitoring Firm Hired by Building Owner (8): AZ Solution Consulting	ASCM No.	Name of Abatement Contractor (9): Brick Industries, Inc.	
Street Address: 27 Susquehanna Ave		Street Address: PO Box 915	
City, State, Zip Code: Rochelle Park, NJ 07662		City, State, Zip Code: Brick, NJ 08723	
Project Manager for Monitoring Firm: Aleksander Zivanov	Telephone No.: 347-612-1572	Telephone No.: 7328997499	License No.: 01196
Start Date (10): 3 / 6 / 26	Scheduled Completion Date (11): 3 / 7 / 26	Name of OSHA Monitor: AZ Solution Consulting	
Occupancy Status During Abatement (Check only one): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 27 Susquehanna Ave	
		City, State, Zip Code: Rochelle Park, NJ 07662	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	☐	☐	☐	Pipe insulation	6LF	☒	☐	☐	☐
Basement	☐	☐	☐	Floor tile	240SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Brick Industries, Inc.	NJDEP Waste Hauler ID No.: 21602	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill
City, State: Brick, NJ		Disposal Date: 3/9/26	City, State: Morrisville, PA

Completed By (Print or Type): Eric Plackis	Title: President	Signature	Date: 3/5/26

ASB-41
JAN 13

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

4198

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

PAID

RECEIVED
MAR 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 6 / 26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☑ DOLWD ☑ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment # ☑ Emergency (including justification) ☐ Cancellation
Street Address: 111 Harbor Green Circle	
City, State, Zip Code: Red Bank, NJ 07701	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 111 Harbor Green Circle			
City (5): Red Bank		Square Feet: 2000	# of Floors: 2	Bldg. Age: 68
County (6): Monmouth	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Home	

Name of Monitoring Firm Hired by Building Owner (8): AZ Solution Consulting	ASCM No.	Name of Abatement Contractor (9): Brick Industries, Inc.	
Street Address: 27 Susquehanna Ave		Street Address: PO Box 915	
City, State, Zip Code: Rochelle Park, NJ 07662		City, State, Zip Code: Brick, NJ 08723	
Project Manager for Monitoring Firm: Aleksander Zivanov	Telephone No.: 347-612-1572	Telephone No.: 7328997499	License No.: 01196
Start Date (10): 3 / 9 / 26	Scheduled Completion Date (11): 3 / 11 / 26	Name of OSHA Monitor: AZ Solution Consulting	
Occupancy Status During Abatement (Check only one): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 27 Susquehanna Ave City, State, Zip Code: Rochelle Park, NJ 07662	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	☐	☐	☐	Floor tile	720SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Brick Industries, Inc.	NJDEP Waste Hauler ID No.: 21602	Cubic Yards of Waste:	Name of Registered Landfill: Fairless Landfill
City, State: Brick, NJ		Disposal Date: 3/12/26	City, State: Morrisville, PA

Completed By (Print or Type): Eric Plackis	Title: President	Signature:	Date: 3/6/26

ASB-41
JAN 13

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

13599

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

B & G Project # 2026-38

PAID

Check # 13599

RECEIVED
MAR 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
03/10/2026	

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

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

Street Address: 29 Reinhardt Road
City, State, Zip Code: Wayne, NJ 07470
Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address: 29 Reinhardt Road
City (5): Wayne, NJ 07470
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): residential

Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.

Street Address
City, State, Zip Code

Project Manager for Monitoring Firm | Telephone No.

Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 1234 Route 23
City, State, Zip Code: Butler, NJ 07405
Telephone No.: 973-696-6869 | License No.: 00378

Start Date (10): 03/12/2026
Scheduled Completion Date (11): 03/13/2026
Name of OSHA Monitor: B & G Restoration, Inc.

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

Street Address: 1234 Route 23
City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)
- ☒ ≥3 sf or ≥3 lf
- ☐ ≥160 sf or ≥260 lf
- ☒ Renovation
- ☐ Demolition
- ☐ Wrap and Cut
- ☐ Full Containment with Negative Pressure
- ☒ Mini-Enclosure
- ☒ Glovebag Procedure
- ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement laundry room			X	pipe insulation	18 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
B & G Restoration Inc.	19563	½	Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 03/13/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Gordana Luna	Secretary / Treasurer	Gordana Luna	03/10/2026

ASB-41 (R-06-08)

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

5165

PAID

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

Date of Notification (1): 03/05/2026	Name of Building Owner/Operator (2): One Management
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended [ ] Amendment #_____ [✓] Emergency (including justification) [ ] Cancellation
	Street Address: 67 Broadway Ave
	City, State, Zip Code: Lakewood, NJ 08701
	Name of Contact / Telephone Number

RECEIVED
MAR 17 2026
ASBESTOS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 24 Adair Dr	
City (5): Brick	Square Feet / # of Floors / Bldg. Age
County (6): Ocean; County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): AAA Lead Professionals
Street Address		Street Address: 6 White Dove Court
City, State, Zip Code		City, State, Zip Code: Lakewood, NJ, 08701
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-719-5649 / License No.: 1200

Start Date (10): 03/06/2026	Scheduled Completion Date (11): 03/09/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____		Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior				Asbestos Debris		✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 03/09/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 03/05/2026

ASB-41 (R-06-08)

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

17794 95 96 97

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED

MAR 10 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 4 / 26	Name of Building Owner/Operator (2): PSE&G / Job #2603-6545 Check #17794, 17795,17796,17797
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 4000 Hadley Road
	City, State, Zip Code: South Plainfield, NJ
	Name of Contact: Andrew Goddard — Telephone Number: 856-371-0874

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Vacant Buildings	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 138 Route 22 East	
City (5): Hillside — Square Feet: — # of Floors: — Bldg. Age:	
County (6): Union — County Code (7)(STATE USE ONLY): —	Current Use (Prior if being demolished): Vacant Buildings

Name of Monitoring Firm Hired by Building Owner (8): Matrix New World	ASCM No.: 00121	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address: 26 Columbia Turnpike		Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Florham Park, NJ 07932		City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Matt Sheldon — Telephone No.: 973-240-1800		Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 3 / 18 / 26	Scheduled Completion Date (11): 4 / 24 / 26	Name of OSHA Monitor: IATL
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 9000 Commerce Pkwy. Suite B; City, State, Zip Code: Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	☐	☐	☒	SEE ATTACHED	SEE ATTACHED	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Veolia ES — NJDEP Waste Hauler ID No.: 000151	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Landfill	
City, State: Flanders, NJ	Disposal Date: 4/24/26	City, State: Morrisville, PA	
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: gmt	Date: 3/5/24

ASB-41
MAY 11

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

TABLE 2
SUMMARY OF ASBESTOS-CONTAINING MATERIALS
PSEG HILLSIDE DOREMUS LHFU
138 ROUTE 22 EAST, HILLSIDE, NJ 07205
MATRIX NO. 20-93-157/R26-00230

HA No	Material Description	Material Location	Details		Estimated Quantity		Recommended Abatement method	Additional Notes
			Friability	Condition	Quantity	Units		
Materials Identified as ACM by Matrix								
Main Building								
04	Cementitious Siding Panels	Commercial Office Building Exterior Façades	Non-Friable	Good	1,000	SF	Exterior Non-Friable	Transite siding to house structure.
08	Gasket to Furnace	Bay Area (West)	Friable	Good	2	SF	Intact Removal	
15	Tar to Wall (Interior)	Men's Restroom (South)	Non-Friable	Good	50	SF	Full Containment (depending on method of abatement)	Located above the ceiling plenum. Likely need power tools to get off CMU walls
18	Window Glazing	Main Building - Storage Room	Non-Friable	Good	75	LF	Intact Removal	3 Units= 25 LF per
34	Multilayer Roofing Composite - Built Up Roofing, Membrane, Tar	Bay Area Roof	Non-Friable	Significantly Damaged	7,600	SF	Exterior Non-Friable	Base layer of material was identified as ACM, therefore, all subsequent layers must also be handled as ACM. Note that the tar to the vent stack was the same as the roof tar and shall be removed as ACM.
35	Multilayer Flashing Composite - Flashing Membrane, Tar	Bay Area Roof Perimeter	Non-Friable	Significantly Damaged		SF	Exterior Non-Friable	Base layer of material was identified as ACM, therefore, all subsequent layers must also be handled as ACM.
39	Parapet Tar	South Façade Roof Parapet East	Non-Friable	Significantly Damaged	150	SF	Exterior Non-Friable	
Storage Building								
28	Furnace Panel Gasket	Storage Building (North)	Friable	Good	2	SF	Intact Removal	
29	Rope Gasket to Furnace	Storage Building (North)	Non-Friable	Good	1	SF	Intact Removal	
32	Grey Exterior Paint	Storage Buidling (West Façade)	Non-Friable	Good	750	SF	Exterior Non-Friable (depending on method)	
40	Multilayer Roofing Composite - Built up Roofing, Tar Paper, Membrane, Seam Tar	Storage Building East Roof	Non-Friable	Significantly Damaged	2,250	SF	Exterior Non-Friable	Base layer of material was identified as ACM, therefore, all subsequent layers must also be handled as ACM. Note that the tar to the vent stack was the same as the roof tar and shall be removed as ACM.
Materials Assumed to be ACM by Matrix								
-	Braided Wiring to Elcirial Panels	Commercial Office Building (South Façade)	Non-Friable	Good	200 (allowance)	LF	Tent	Braided wire insulation to incoming feeder cables were not sampled due to safety concerns. Quantity depents on demolition scope of work.
-	Braided Wiring to Elctrial Panels	Storage Building	Non-Friable	Good	200 (allowance)	LF	Tent	

Notes:
F - Friable
NF - Non Friable
LF - Linear Feet
SF - Square Feet

G - Good
D - Damaged
SD - Significantly Damaged

Print Form

1514

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

RECEIVED
MAR - 9 2026
VIGILANCE CONTROL & LICENSING

Date of Notification (1): 03/04/2026	Name of Building Owner/Operator (2): Stevens Institute of Technology
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1 Castle Point on Hudson
	City, State, Zip Code: Hoboken, NJ 07030
	Name of Contact: David Fernandez — Telephone Number: 201-216-8705

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Williams Library	Type of Facility (4): [ ] School (K-12) [x] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1036 Park Ave	
City (5): Hoboken	Square Feet: N/A — # of Floors: N/A — Bldg. Age: N/A
County (6): Hudson — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Howe Center offices

Name of Monitoring Firm Hired by Building Owner (8): Briggs Associates	ASCM No.: 0004	Name of Abatement Contractor (9): D&S Abatement Company LLC
Street Address: 3 Crosswicks Street Bordentown, New Jersey 08505		Street Address: 329 Parish Drive
City, State, Zip Code: 3 Crosswicks Street Bordentown, New Jersey 08505		City, State, Zip Code: Wayne, NJ 07470
Project Manager for Monitoring Firm: Michael Hoodak — Telephone No.: 609-228-5520		Telephone No.: 9733458685 — License No.: 02097
Start Date (10): 03/15/2026	Scheduled Completion Date (11): 03/19/2026	Name of OSHA Monitor: D&S Abatement Company LLC
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: unoccupied		Street Address: 329 Parish Drive; City, State, Zip Code: Wayne, NJ 07470

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
see attached		X				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: 03/04/2026

ASB-41 (R-06-08)

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

B. Description of work: The Contractor shall supply all labor, materials, services and equipment required to perform all of the work as herein described.

Scope of Work: Removal and disposal of asbestos materials located in renovation areas of the Williams Library.

1. The following is a detailed scope of work:

Location	Materials	Quantity	Abatement Method
1st Floor Men's Room	Sprayed On Insulation	40 sf	Full Containment Procedures
	Pipe Insulation	20 lf	Full Containment Procedures
	Pipe Fittings	5	Full Containment Procedures
1st Floor Women's Room	Texured Ceiling	82 sf	Full Containment Procedures
L1 Mezzanine Men's Room	Sprayed On Insulation	40 sf	Full Containment Procedures
	Pipe Insulation	20 lf	Full Containment Procedures
	Pipe Fittings	5	Full Containment Procedures
L1 Mezzanine Women's Room	Sprayed On Insulation	40 sf	Full Containment Procedures
	Pipe Insulation	20 lf	Full Containment Procedures
	Pipe Fittings	5	Full Containment Procedures

2. Preparation: The Contractor shall prepare the work areas in the following manner:

a. The asbestos containing materials shall be abated utilizing full containment procedures as outlined in N.J.A.C. 5:23-8 and project specifications. This shall include, but not be limited to performing the following procedures:

1. All HVAC and Electrical systems within the work area shall be shut down and locked out prior to the commencement of abatement activities.

2. A fully operational decontamination unit consisting of a clean room, shower room and equipment room shall be constructed at the entrance to the work area. Each room shall be 4'x4' in size. Hot and cold water operable at the source shall be supplied to the shower unit. A sign-in log shall be present at the decontamination unit to document the ingress/egress of all personnel. All authorized personnel permitted to enter the area shall wear protective clothing and proper respiratory equipment.

3. All openings inside the work area (windows, vents, floor drains, etc.) shall be sealed with critical barriers consisting of two layers of six mil polyethylene plastic. One layer of six mil polyethylene plastic shall be applied to walls and two layers of six mil polyethylene plastic shall be applied to floors.

13605

B & G Project # 2026-43

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

Check # 13605

Date of Notification (1): 03/13/2026	Name of Building Owner/Operator (2): New Brunswick Development Corporation
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 120 Albany Street, 7th Floor, Tower 1
	City, State, Zip Code: New Brunswick, NJ 08901
	Name of Contact: John Ruddy / GC — Telephone Number: 732-940-1923

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MAR 17 2026
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): H-3 at The Helix	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 57 Paterson Street	
City (5): New Brunswick, NJ 07901	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Middlesex — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): residential

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): 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 — License No.: 00378
Start Date (10): 03/25/2026	Scheduled Completion Date (11): 04/24/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 1234 Route 23 — City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SEE SURVEY NEXT PAGE			X	SEE SURVEY NEXT PAGE		x			

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 120	Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 03/25/26 - 04/24/26	City, State: Pen Argyl, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 03/13/2026

ASB-41 (R-06-08)

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

		Results	ACM	
EXTERIOR - ACM/ASSUMED ACM FINDINGS				
Caulking associated with brick walls	Perimeter Walls	ACM	20 LF	—
1ST FLOOR LEVEL - ACM/ASSUMED ACM FINDINGS				
9-inch square dark brown floor tiles	1st Floor - Between Stair and Wall - Stair to the 2nd Floor	ACM	150 SF	Approximately 10 SF of floor tile was observed between staircase and wall. Additional layers of floor tiles may exist under the metal staircase structure and layer of non-ACM 12-inch square gray floor tiles.
ROOFS - ACM/ASSUMED ACM FINDINGS				
Caulking associated with parapet stones	Roof	ACM	120 LF	—
Mastic associated with HVAC units components	Roof	ACM	100 SF	—

Material	Material Locations	Survey Results		Estimated Quantity of ACM
NON-ACM BUT CONTAINING ASBESTOS FIBERS <1.0% FINDINGS				
Wall plaster	Stair to the 2nd Floor	Non-ACM	CHRY 1.0%	500 SF
Gypsum board	Throughout the Building	Non-ACM	ND –	14,000 SF
Joint compound to gypsum board		Non-ACM	CHRY< 1.0%	

17822

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

EA FERRY

RECEIVED MAR 13 2026 ASBESTOS DIVISION

Date of Notification (1): 3 / 11 / 26	Name of Building Owner/Operator (2): Jersey City Public Schools Job #2601-6527 Check #17822

Agencies Notified	Type Notification	Street Address	
☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	346 Claremont Avenue	
		City, State, Zip Code: Jersey City, NJ 07305	
		Name of Contact: Business Administration	Telephone Number: 201-915-6000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): James J Ferris High School		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 35 Colgate Street			
City (5): Jersey City		Square Feet	# of Floors / 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): Environmental Connection	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 120 North Warren St.		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Jordan Reed	Telephone No.: 609-392-4200	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 3 / 23 / 26	Scheduled Completion Date (11): 5 / 15 / 26	Name of OSHA Monitor: IATL	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/3PM-12AM		Street Address: 9000 Commerce Parkway City, State, Zip Code: Mount Laurel, NJ 08054	

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~~ wrap & cut
☒ ~~Glovebag Procedure~~
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	☐	☒	☐	SEE ATTACHED	SEE ATTACHED	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: 5/15/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwen Trumbetti	Title: Operations Coord.	Signature: Gwen	Date: 3-11-26

ASB-41
MAY 11

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- Removal and disposal of 240 SF of floor tile and mastic, 97 LF of pipe fitting insulation, and 120 SF of duct vibration collar.

- **Alternate A**- Removal and disposal of 90 SF of floor tile and mastic, and 20 LF of pipe fitting insulation.

- **Alternate B**- Removal and disposal of 315 SF of floor tile and mastic at 18 Rooms.

Pg. 1

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

RECEIVED
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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 11 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8) Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **MacMillan Building, Elm Drive** City, State, Zip Code: **Princeton, NJ 08544** Name of Contact: **Eric Emery** Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Guyot Hall** Street Address: **106A Guyot Lane**			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
City (5): **Princeton**		Square Feet:	# of Floors: Bldg. Age: **63**
County (6): **MERCER**	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): **Dining/Dormitory**	

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc** Street Address: **1253 North Church Rd** City, State, Zip Code: **Moorestown, NJ 08057** Project Manager for Monitoring Firm: **Michael Keehn** Telephone No.: **609-386-8800** Start Date (10): 3 / 16 / 26 Scheduled Completion Date (11): 8 / 31 / 26 Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM	ASCM No.	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC** Street Address: **1123 BEAVER STREET** City, State, Zip Code: **BRISTOL, PA 19007** Telephone No.: **215-788-6040** License No.: **02121** Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC** Street Address: **1123 BEAVER STREET** City, State, Zip Code: **BRISTOL, PA 19007**

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1959 Wing B Level	☐	☒	☐	**Pipe Fittings(wrap and cut)**	**48 LF**	☒	☐	☐	☐
1959 Wing B Level	☐	☒	☐	**Lab Counter tops**	**350 SF**	☒	☐	☐	☐
1959 Wing B Level	☐	☒	☐	**Transite fume hood liner**	**125 SF**	☒	☐	☐	☐
1959 Wing B Level	☐	☒	☐	**Fire doors**	**6 ea**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage, INC**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type)	Title	Signature	Date
Brian Scafiro	**Estimator**	Brian Scafiro /MP	3/11/26

ASB-41
MAY 11 BS2503

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

Pg. 2

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

Date of Notification (1): 3 / 11 / 26		Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **MacMillan Building, Elm Drive**
		City, State, Zip Code: **Princeton, NJ 08544**
		Name of Contact: **Eric Emery** / Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Guyot Hall**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **106A Guyot Lane**		Square Feet: / # of Floors: / Bldg. Age: **63**
City (5): **Princeton**		
County (6): **MERCER**	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): **Dining/Dormitory**
Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc**	ASCM No.:	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**
Project Manager for Monitoring Firm: **Michael Keehn** / Telephone No.: **609-386-8800**		Telephone No.: **215-788-6040** / License No.: **02121**
Start Date (10): 3 / 16 / 26	Scheduled Completion Date (11): 8 / 31 / 26	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** / City, State, Zip Code: **BRISTOL, PA 19007**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1959 Wing Exterior	☐	☒	☐	**Wall Flashing**	**310 LF**	☒	☐	☐	☐
1963 Wing Throughout	☐	☒	☐	**Pipe Fittings(wrap and cut)**	**1158 LF**	☒	☐	☐	☐
1963 Wing Throughout	☐	☒	☐	**Window sills**	**782 SF**	☒	☐	☐	☐
1963 Wing-Exterior	☐	☒	☐	**Windows Caulk and Glazing**	**6,900 LF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage, INC**	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date:	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro/LMD	Date: 3/11/26

ASB-41
MAY 11 BS3502-3

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

Pg.3

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 3 / 11 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **MacMillan Building, Elm Drive**
	City, State, Zip Code: **Princeton, NJ 08544**
	Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Guyot Hall**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **106A Guyot Lane**	
City (5): **Princeton** — Square Feet: — # of Floors: — Bldg. Age: **63**	
County (6): **MERCER** — County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished): **Dining/Dormitory**
Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc** — ASCM No.	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**
Street Address: **1253 North Church Rd**	Street Address: **1123 BEAVER STREET**
City, State, Zip Code: **Moorestown, NJ 08057**	City, State, Zip Code: **BRISTOL, PA 19007**
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040** — License No.: **02121**
Start Date (10): 3 / 16 / 26 — Scheduled Completion Date (11): 8 / 31 / 26	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM	Street Address: **1123 BEAVER STREET** — City, State, Zip Code: **BRISTOL, PA 19007**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1963 Wing-1st floor 154	☐	☒	☐	**Glue dots**	**35 SF**	☒	☐	☐	☐
1963 Wing-Mezzanine M60VES	☐	☒	☐	**Floor tile & Mastic**	**40SF**	☒	☐	☐	☐
1963 Wing Exterior	☐	☒	☐	**Waterproofing**	**1,890 SF**	☒	☐	☐	☐
1963 Wing Roof	☐	☒	☐	**Roof flashing**	**850 SF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage, INC**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro /lmp	Date: 3/11/26

ASB-41
MAY 11 BS25023

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

Pg 4

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 3 / 11 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **MacMillan Building, Elm Drive**
	City, State, Zip Code: **Princeton, NJ 08544**
	Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Guyot Hall**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **106A Guyot Lane**	
City (5): **Princeton** — Square Feet: — # of Floors: — Bldg. Age: **63**	
County (6): **MERCER** — County Code (7)(STATE USE ONLY): —	Current Use (Prior if being demolished): **Dining/Dormitory**

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc** — ASCM No.:	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**	Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**	City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040** — License No.: **02121**	
Start Date (10): 3 / 16 / 26 — Scheduled Completion Date (11): 8 / 31 / 26	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM	Street Address: **1123 BEAVER STREET** — City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1963 Wing Roof	☐	☒	☐	**Transite**	**45 SF**	☒	☐	☐	☐
1979 Wing 1st floor hallway	☐	☒	☐	**Floor tile and mastic**	**1,387 SF**	☒	☐	☐	☐
1979 Wing 1st floor 174 & 175	☐	☒	☐	**Glue dots**	**115 SF**	☒	☐	☐	☐
1979 Wing Mezzanine Hallway	☐	☒	☐	**Mastic**	**2,750 SF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage, INC** — NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**	
City, State: **Freehold, NJ**	Disposal Date:	City, State: **MORRISVILLE, PA 19067**	
Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro Jr.	Date: 3/11/26

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

Pg 5

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

Date of Notification (1): 3 / 11 / 26		Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **MacMillan Building, Elm Drive**
		City, State, Zip Code: **Princeton, NJ 08544**
		Name of Contact: **Eric Emery** / Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Guyot Hall**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **106A Guyot Lane**		Square Feet: / # of Floors: / Bldg. Age: **63**
City (5): **Princeton**		
County (6): **MERCER**	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): **Dining/Dormitory**
Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc**	ASCM No.	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**
Project Manager for Monitoring Firm: **Michael Keehn** / Telephone No.: **609-386-8800**		Telephone No.: **215-788-6040** / License No.: **02121**
Start Date (10): 3 / 16 / 26	Scheduled Completion Date (11): 8 / 31 / 26	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** / City, State, Zip Code: **BRISTOL, PA 19007**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1979 Wing Mezzanine 183CLO	☐	☒	☐	**Floor tile and mastic**	**105 SF**	☒	☐	☐	☐
Exterior Pipe Tunnels	☐	☒	☐	**Pipe insulation(wrap and cut)**	**1300 LF**	☒	☐	☐	☐
	☐	☒	☐			☒	☐	☐	☐
	☐	☒	☐			☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage, INC**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro UMP	Date: 3/11/26

ASB-41 MAY 11 BS25073

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Pg. 1

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

RECEIVED
MAR 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 13 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8) Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **MacMillan Building, Elm Drive** City, State, Zip Code: **Princeton, NJ 08544** Name of Contact: **Eric Emery** Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Guyot Hall**			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **106A Guyot Lane**			
City (5): **Princeton**		Square Feet:	# of Floors: Bldg. Age: **63**
County (6): **MERCER**	County Code (7)*(STATE USE ONLY)*:		Current Use (Prior if being demolished): **Dining/Dormitory**

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc**	ASCM No.	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn**	Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): ON HOLD	Scheduled Completion Date (11): ON HOLD	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC**	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1959 Wing B Level	☐	☒	☐	**Pipe Fittings(wrap and cut)**	**48 LF**	☒	☐	☐	☐
1959 Wing B Level	☐	☒	☐	**Lab Counter tops**	**350 SF**	☒	☐	☐	☐
1959 Wing B Level	☐	☒	☐	**Transite fume hood liner**	**125 SF**	☒	☐	☐	☐
1959 Wing B Level	☐	☒	☐	**Fire doors**	**6 ea**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage, INC**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro	Date: 3/13/26

ASB-41
MAY 11

B525C23

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

Pg. 2

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

Date of Notification (1): 3 / 13 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **MacMillan Building, Elm Drive**
	City, State, Zip Code: **Princeton, NJ 08544**
	Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Guyot Hall**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **106A Guyot Lane**	
City (5): **Princeton**	Square Feet: — # of Floors: — Bldg. Age: **63**
County (6): **MERCER** — County Code (7)(*STATE USE ONLY*):	Current Use (Prior if being demolished): **Dining/Dormitory**
Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc** — ASCM No.:	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**
Street Address: **1253 North Church Rd**	Street Address: **1123 BEAVER STREET**
City, State, Zip Code: **Moorestown, NJ 08057**	City, State, Zip Code: **BRISTOL, PA 19007**
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040** — License No.: **02121**
Start Date (10): ON HOLD — Scheduled Completion Date (11): ON HOLD	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM	Street Address: **1123 BEAVER STREET** City, State, Zip Code: **BRISTOL, PA 19007**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1959 Wing Exterior	☐	☒	☐	**Wall Flashing**	**310 LF**	☒	☐	☐	☐
1963 Wing Throughout	☐	☒	☐	**Pipe Fittings(wrap and cut)**	**1158 LF**	☒	☐	☐	☐
1963 Wing Throughout	☐	☒	☐	**Window sills**	**782 SF**	☒	☐	☐	☐
1963 Wing-Exterior	☐	☒	☐	**Windows Caulk and Glazing**	**6,900 LF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage, INC**	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date:	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro MHO	Date: 3/13/26

ASB-41 MAY 11 BS25003

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

PC, 3

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 3 / 13 / 26		Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **MacMillan Building, Elm Drive** City, State, Zip Code: **Princeton, NJ 08544** Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Guyot Hall**			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **106A Guyot Lane**			
City (5): **Princeton**		Square Feet:	# of Floors: — Bldg. Age: **63**
County (6): **MERCER**	County Code (7)(*STATE USE ONLY*):		Current Use (Prior if being demolished): **Dining/Dormitory**

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc** — ASCM No.		Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**
Street Address: **1253 North Church Rd**		Street Address: **1123 BEAVER STREET**
City, State, Zip Code: **Moorestown, NJ 08057**		City, State, Zip Code: **BRISTOL, PA 19007**
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**		Telephone No.: **215-788-6040** — License No.: **02121**
Start Date (10): ON HOLD — Scheduled Completion Date (11): ON HOLD		Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC**
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM		Street Address: **1123 BEAVER STREET** City, State, Zip Code: **BRISTOL, PA 19007**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1963 Wing-1st floor 154	☐	☒	☐	**Glue dots**	**35 SF**	☒	☐	☐	☐
1963 Wing-Mezzanine M60VES	☐	☒	☐	**Floor tile & Mastic**	**40SF**	☒	☐	☐	☐
1963 Wing Exterior	☐	☒	☐	**Waterproofing**	**1,890 SF**	☒	☐	☐	☐
1963 Wing Roof	☐	☒	☐	**Roof flashing**	**850 SF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage, INC**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro	Date: 3/13/26

ASB-41
MAY 11 BS25023

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

Pg. 4

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 3 / 13 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **MacMillan Building, Elm Drive**
	City, State, Zip Code: **Princeton, NJ 08544**
	Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Guyot Hall**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **106A Guyot Lane**	Square Feet: — # of Floors: — Bldg. Age: **63**
City (5): **Princeton**	
County (6): **MERCER** — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): **Dining/Dormitory**
Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc** — ASCM No.:	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**
Street Address: **1253 North Church Rd**	Street Address: **1123 BEAVER STREET**
City, State, Zip Code: **Moorestown, NJ 08057**	City, State, Zip Code: **BRISTOL, PA 19007**
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040** — License No.: **02121**
Start Date (10): ON HOLD — Scheduled Completion Date (11): ON HOLD	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM	Street Address: **1123 BEAVER STREET** City, State, Zip Code: **BRISTOL, PA 19007**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1963 Wing Roof	☐	☒	☐	**Transite**	**45 SF**	☒	☐	☐	☐
1979 Wing 1st floor hallway	☐	☒	☐	**Floor tile and mastic**	**1,387 SF**	☒	☐	☐	☐
1979 Wing 1st floor 174 & 175	☐	☒	☐	**Glue dots**	**115 SF**	☒	☐	☐	☐
1979 Wing Mezzanine Hallway	☐	☒	☐	**Mastic**	**2,750 SF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage, INC**	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date:	City, State: **MORRISVILLE, PA 19067**

Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro	Date: 3/13/26

ASB-41 MAY 11 BS25073

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

Pg. 5

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 3 / 13 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **MacMillan Building, Elm Drive**
	City, State, Zip Code: **Princeton, NJ 08544**
	Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Guyot Hall**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **106A Guyot Lane**	
City (5): **Princeton** — Square Feet: — # of Floors: — Bldg. Age: **63**	
County (6): **MERCER** — County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished): **Dining/Dormitory**
Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc** — ASCM No.	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**
Street Address: **1253 North Church Rd**	Street Address: **1123 BEAVER STREET**
City, State, Zip Code: **Moorestown, NJ 08057**	City, State, Zip Code: **BRISTOL, PA 19007**
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040** — License No.: **02121**
Start Date (10): ON HOLD — Scheduled Completion Date (11): ON HOLD	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM	Street Address: **1123 BEAVER STREET** — City, State, Zip Code: **BRISTOL, PA 19007**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1979 Wing Mezzanine 183CLO	☐	☒	☐	**Floor tile and mastic**	**105 SF**	☒	☐	☐	☐
Exterior Pipe Tunnels	☐	☒	☐	**Pipe insulation(wrap and cut)**	**1300 LF**	☒	☐	☐	☐
	☐	☒	☐			☒	☐	☐	☐
	☐	☒	☐			☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage, INC** — NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill: **Fairless Landfill**
City, State: **Freehold, NJ**		Disposal Date	City, State: **MORRISVILLE, PA 19067**
Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro	Date: 3/13/26

ASB-41
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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 02/26/2026	Name of Building Owner/Operator (2): Port Authority of NYNJ
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 150 Greenwhich Street
	City, State, Zip Code: New York, NY 10007
	Name of Contact: James Moorey
	Telephone Number: 646-642-3472

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Teterboro Airport- Air Traffic Control Tower	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 225 Fred Wehran Drive	Square Feet: 1960 / # of Floors: 6 / Bldg. Age: 20+
City (5): Teterboro, NJ 07608	
County (6): Bergen / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Air Traffic Control Tower
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection Inc. / ASCM No.: N/A	Name of Abatement Contractor (9): Gramercy Group Inc
Street Address: 120 North Warren Street	Street Address: 3000 Burns Ave
City, State, Zip Code: Trenton, NJ 08608	City, State, Zip Code: Wantagh NY 11793
Project Manager for Monitoring Firm: Ronald C Jones / Telephone No.: 609-392-4200	Telephone No.: 516-876-0020 / License No.: 01085
Start Date (10): 03/16/2026 / Scheduled Completion Date (11): 03/26/26	Name of OSHA Monitor: Gramercy Group Inc
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 3000 Burns Ave / City, State, Zip Code: Wantagh, NY 11793

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
All Equipment Rooms	X			12" x 12" Floor Tile and Mastic	1150 SF	X			
All Equipment Rooms	X			Carpet Mastic	810 SF	X			
1st Fl Elevator Machine Room	X			Fire Stop Cap	<1SF	X			

Name of Registered Waste Hauler: GWEC	NJDEP Waste Hauler ID No.: 32981	Cubic Yards of Waste: 100	Name of Registered Landfill: 110 Sand
City, State: Wantagh NY		Disposal Date	City, State: Melville NY
Completed by: Robert Lewin	Title: Enviromental Manager	Signature: Robert Lewin	Date: 2/26/2026

ASB-41 (R-06-08)

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

Via email to :Thomas.Voorhees@dol.nj.gov, Radovan.Djurin@dol.nj.gov, Paul.Horner@doh.nj.gov, kurt.pizzullo@dol.nj.gov

Page 1 of 4 Pages Rev #7 Dated 3/3/26

Original notification 3/11/25

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

RECEIVED MAR - 9 2026 ASBESTOS CONTROL & LICENSING

REV #7

Date of Notification (1): 3 / 3 / 2026

Name of Building Owner/Operator (2): County of Union

Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☒ DCA (NJAC 5:23-8)

Type Notification: ☐ Initial ☒ Amended #7 dated 3/3/26 Amendment # #7 ☐ Emergency (including justification) ☐ Cancellation

Street Address: 2325 South Avenue

City, State, Zip: Scotch Plains, NJ 07076

Name of Contact: M. Ferraro

Telephone Number: 908-820-4000 Main office

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Union County New Annex Building**

Street Address: 2 Broad Street

City (5): Elizabeth NJ 07201

Type of Facility (4): **Occupied**
☐ School (K-12)
☒ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet | # of Floors | Bldg. Age

County (6): Union

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished): Goverment Building

Name of Monitoring Firm Hired by Building Owner (8): RJB Environmental

ASCM No.: 00149

Name of Abatement Contractor (9): **Controlled Environmental Systems**

Street Address: 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**

Rev #7 dated 3/2/26 Change in completion Date to 8/31/26

Project Manager for Monitoring Firm: Rick Beech

Telephone No.: (267) 991-9212

Telephone No.: **215 542 7000**

License No.: **00847**

Start Date (10): 4 / 14 / 2025

Scheduled Completion Date (11): 8 / 31 / 2026

Name of OSHA Monitor: **CES**

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM- 3:00 PM/ 11:00 PM-_____AM

Street Address: **1121 N. Bethlehem Pike - Suite 60**

City, State, Zip Code: **Spring House, PA 19477**

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd Floor South	☐	☒	☐	Tile & Mastic 4344 & adhesive 0 SF	4001 SF (total)	☒	☐	☐	☐
2nd Floor South	☐	☒	☐	Spray on Fireproofing	1020 SF	☒	☐	☐	☐
2nd Floor South	☐	☒	☐	Ceiling Tile 4056 SF and Thinset 0-SF	4056 SF (total)	☒	☐	☐	☐
2nd Floor South	☐	☒	☐	Cove Base	922 LF	☒	☐	☐	☐

Name of Registered Waste Hauler: **Century Waste**

NJDEP Waste Hauler ID No.: 32797

Cubic Yards of Waste

Name of Registered Landfill: **Grand Central Sanitation & Landfill GSC**

City, State: **Elizabeth, NJ 07201**

Disposal Date

City, State: **Pen Argyle, PA 18072**

Completed By (Print or Type): **Patricia Visco**

Title: **Office Manager**

Signature

Date: 3/2/26

ASB-41 JAN 13

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1): March 5, 2026	Name of Building Owner/Operator (2): Lawrenceville Shopping Associates LLC
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOT ☐ DCA	Type Notification: ☐ Initial ☑ Amended Amendment # 3 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Burlington Store	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, business, etc.)
Street Address: 2495 Route 1	
City (5): Lawrenceville	Square Feet: 50,000 — # of Floors: 2 — Bldg. Age: 50+
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): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: in segregated area	Street Address: 200 Route 130 North
	City, State, Zip Code: Cinnaminson, NJ

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Western portion - Phase I		X		Mastic	9,580 SF	X			
Western portion - Phase II		X		Mastic	10,000 SF	X			

Name of Registered Waste Hauler: Waste Management of Trenton	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 100	Name of Registered Landfill: Fairless Landfill
City, State: Trenton, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by: Jack Bally	Title: Sr. Project Manager	Signature: Jack Bally @	Date: 3/5/26

AEB-41 (R 05-08)

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 10 / 26	Name of Building Owner/Operator (2): **Verizon Communications**
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8) Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **15 East Montgomery Street** City, State, Zip Code: **Pittsburgh, PA 15212** Name of Contact: **Peter Lesniak (Owners Rep)** — Telephone Number: **267-634-1010**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Verizon Atlantic City Central Office**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **1609 Pacific Avenue**	Square Feet: **88,000** — # of Floors: **7** — Bldg. Age: **+-75**
City (5): **Atlantic City**	
County (6): **Atlantic** — County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): **Verizon**
Name of Monitoring Firm Hired by Building Owner (8): **USA EMI** — ASCM No.	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**
Street Address: **344 West State Street**	Street Address: **1123 BEAVER STREET**
City, State, Zip Code: **Trenton, NJ 08618**	City, State, Zip Code: **BRISTOL, PA 19007**
Project Manager for Monitoring Firm: **Richard Reynolds** — Telephone No.: **267-261-2837**	Telephone No.: **215-788-6040** — License No.: **02121**
Start Date (10): 3 / 2 / 26 — Scheduled Completion Date (11): **ON HOLD**	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC**
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/5PM-1AM	Street Address: **1123 BEAVER STREET** City, State, Zip Code: **BRISTOL, PA 19007**

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Area	☐	☐	☒	**Pipe Fittings**	**2 LF**	☒	☐	☐	☐
Basement Mechanical Area	☐	☐	☒	**Pipe Fittings**	**4 LF**	☐	☐	☒	☐
Basement Crawl Space	☐	☐	☒	**Pipe Debris**	**10 SF**	☒	☐	☐	☐
Basement Storage Room & Exhaust	☐	☐	☒	**Pipe Insulation**	**60 LF**	☒	☐	☐	☐

Name of Registered Waste Hauler: **Bristol Environmental LLC**	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: **ACUA Landfill**
City, State: **Bristol PA**		Disposal Date: **TBD**	City, State: **Atlantic County NJ**

Completed By (Print or Type): **Dillan DeCaro**	Title: **Estimator**	Signature: Dillan DeCaro	Date: 3/10/26

ASB-41 JAN 13 DD26008

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

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MAR - 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/04/2026 check #0923	Name of Building Owner/Operator (2) ~~17 Bloomfield~~ llc
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 43 Broadway City, State, Zip Code Denville , NJ 07869 Name of Contact Rajesh sakaria Telephone Number 9732194578

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) commercial		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 9 Bloomfield ave		Square Feet 50x100	# of Floors 2fl
City (5) Denville, NJ 07869			Bldg. Age 50+
County (6) Morris	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) unoccupied	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) all solutions contracting	
Street Address		Street Address 24 church st	
City, State, Zip Code		City, State, Zip Code Elmwood park NJ 07407	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 2018739418	License No. 01301
Start Date (10) 03/18/2026	Scheduled Completion Date (11) 03/27/2026	Name of OSHA Monitor all solutions contracting	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8:00 am to 4:30 pm		Street Address 24 church st City, State, Zip Code Elmwood park NJ 07407	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	75 LF	x			

Name of Registered Waste Hauler Atlantic carting	NJDEP Waste Hauler ID No.	Cubic Yards of Waste tdb	Name of Registered Landfill grand central
City, State Wayne NJ		Disposal Date tdb	City, State pen argyl pa 18072
Completed by Luis arcila	Title president	Signature	Date 03/04/2026

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

ASB-41 (R-06-08)

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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MAR - 2 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2 / 27 / 26		Name of Building Owner/Operator (2): Transcontinental Gas Pipe Line	Job # 2602-6539 Check#
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 315 Cold Soil Rd.	
		City, State, Zip Code: Princeton, NJ 08540	
		Name of Contact: Kevin Schmidt	Telephone Number: 610-755-8956

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Williams/Transco Dig #540		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)		
Street Address: 849 St. George Avenue				
City (5): Woodbridge		Square Feet	# of Floors	Bldg. Age
County (6): Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Gas Pipe Line		

Name of Monitoring Firm Hired by Building Owner (8): NA	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 2 / 26 / 26	Scheduled Completion Date (11): 3 / 6 / 26	Name of OSHA Monitor: IATL Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ 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: Mt Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior #540 Dig	☐	☐	☒	Coal Tar Wrap- 20" Line	10 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 12	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 3/6/26	City, State: Morrisville, PA 19067

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: [signature]	Date: 2/27/26

ASB-41
MAY 11

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

4347358

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

Date of Notification (1): 2 / 24 / 26		Name of Building Owner/Operator (2): Transcontinental Gas Pipe Line	Job # 2602-6539 Check#
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 315 Cold Soil Rd.	
		City, State, Zip Code: Princeton, NJ 08540	
		Name of Contact: Kevin Schmidt	Telephone Number: 610-755-8956

RECEIVED FEB 27 2026 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Williams/Transco Dig #540		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 849 St. George Avenue		Square Feet	# of Floors / Bldg. Age
City (5): Woodbridge			
County (6): Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Gas Pipe Line	
Name of Monitoring Firm Hired by Building Owner (8): NA	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 2 / 26 / 26	Scheduled Completion Date (11): 3 / 3 / 26	Name of OSHA Monitor: IATL Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ 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: Mt Laurel, NJ 08054	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior #540 Dig	☐	☐	☒	Coal Tar Wrap- 20" Line	10 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 12	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 3/3//26	City, State: Morrisville, PA 19067
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: Gwen	Date: 2-24-26

ASB-41
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* Do not use this form for asbestos licensure exempted activities.

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

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ASBESTOS LICENSING

Date of Notification (1): 3/13/2026	Name of Building Owner/Operator (2): Paulsboro Refining Company
Agencies Notified: [ ] EPA [x] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 800 Billingsport Rd. City, State, Zip Code: Paulsboro NJ 08066 Name of Contact: Ravi Jarecha Telephone Number: 732-567-8659

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Paulsboro Refining Company	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 800 Billingsport Rd.	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
City (5): Paulsboro NJ 08066	
County (6): Gloucester County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Petrochemical
Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.:	Name of Abatement Contractor (9): BrandSafway
Street Address:	Street Address: 10 Industrial Hwy
City, State, Zip Code:	City, State, Zip Code: Lester PA 19029
Project Manager for Monitoring Firm Telephone No.	Telephone No.: 856-693-3752 License No.: 01009
Start Date (10): 3/16/2026 Scheduled Completion Date (11): 4/16/2026	Name of OSHA Monitor: Total Environmental Solutions
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: restricted Area Around Glove Bagging	Street Address: 1005 Saint Georges Lane City, State, Zip Code: Landenberg PA 19350

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Furf-2 02-B-101 Fuel Gas Piping		X		Thermal Insulation	120 LF	X			

Name of Registered Waste Hauler: Waste Masters	NJDEP Waste Hauler ID No.: 00234246	Cubic Yards of Waste: <10	Name of Registered Landfill: Gloucester County Solid Waste
City, State: New Castle DE		Disposal Date	City, State: Swedesboro NJ
Completed by: Michael Lucidi	Title: Site Lead	Signature: Michael Lucidi	Date: 3/16/2026

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1087

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3 / 13 / 26	Name of Building Owner/Operator (2): **Newark Studios**
Agencies Notified: ☒ EPA ☐ DOLWD ☐ DHSS ☐ DCA (NJAC 5:23-8) Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **1 Riverfront Plaza** City, State, Zip Code: **Newark, NJ 07102** Name of Contact: **James Hancik** Telephone Number: **(732) 867-9810**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Newark Studios**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **741-811 Frelinghuysen Avenue**	
City (5): **Newark**	Square Feet: # of Floors: Bldg. Age:
County (6): **Essex County** County Code (7)(*STATE USE ONLY*):	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): **Hillmann Consulting** ASCM No.:	Name of Abatement Contractor (9): **JVN Restoration Inc**
Street Address: **1600 Route 22 East, Suite #107**	Street Address: **6233 Amboy Road**
City, State, Zip Code: **Union, NJ 07083**	City, State, Zip Code: **Staten Island NY 10309**
Project Manager for Monitoring Firm: **Tom Gulya** Telephone No.: **(908) 688-7800**	Telephone No.: **718-605-6256** License No.: **00774**
Start Date (10): 03 / 09 / 26 Scheduled Completion Date (11): 03 / 02 / 27	Name of OSHA Monitor: **Testor Tech**
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8AM-_____PM/4PM-_____AM	Street Address: **10-59 Jackson Avenue** City, State, Zip Code: **LIC NY 11101**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Ground Floor	☒	☐	☐	**Transite Piping**	**9008 LF**	☒	☐	☐	☐
Exterior Ground Floor	☒	☐	☐	**Waterproofing**	**500 LF**	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Century Waste** NJDEP Waste Hauler ID No.: **NJ-860**	Cubic Yards of Waste: **160**	Name of Registered Landfill: **IESI**	
City, State: **Newark, NJ**	Disposal Date: **3/15/2026**	City, State: **Bethlehem,PA**	
Completed By (Print or Type): **Ruben Diaz III**	Title: **Project Manager**	Signature:	Date: 3/13

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3/11/2026	Name of Building Owner/Operator (2): East Centre Realty LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 140 East Centre Street
	City, State, Zip Code: Nutley, NJ 07110
	Name of Contact: Sase Ancovski — Telephone Number: 862-823-6009

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 140 East Centre Street	Square Feet: — # of Floors: — Bldg. Age: —
City (5): Nutley	Current Use (Prior if being demolished):
County (6): Essex — County Code (7) *(STATE USE ONLY)* _____	

Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9): All Pro Management, LLC	
Street Address: PO Box 354		Street Address: 27 Outwater Lane	
City, State, Zip Code: South Orange, NJ 07079		City, State, Zip Code: Garfield, NJ 07026	
Project Manager for Monitoring Firm: Sarah Calandra — Telephone No.: 201-394-2666		Telephone No.: 973-928-4888	License No.: 1188
Start Date (10): 3/21/2026	Scheduled Completion Date (11): 4/30/2026	Name of OSHA Monitor: A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: PO Box 354 / City, State, Zip Code: South Orange, NJ 07079	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Interior			X	VAT	1,000 SF	X			

Name of Registered Waste Hauler: Century Waste LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Morrisville, PA

Completed by: Jacqueline Anello	Title: Office Administrator	Signature: Jacqueline Anello	Date: 3/11/2026

ASB-41 (R-06-08)

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PCL

State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 060-26

Date of Notification (1): **March 13, 2026**	Name of Building Owner/Operator (2): **RUTGERS, THE STATE UNIVERSITY OF NJ**
Agencies Notified: ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRED ☒ DOH	Notification Type: ☐ Initial Notification ☐ Amended Notification # ☐ Emergency (including justification) ☒ Cancelled	Street Address: **ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS**
		City, State, Zip Code: **PISCATAWAY, NJ 08854**
		Name of Contact: **MICHAEL F. SMITH, ENV. HEALTH & SAFETY** — Telephone Number: **848-445-2550**

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **DAVISON HALL, BLDG# 8322**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **DOUGLASS CAMPUS**	Sq. Feet: **N/A** # of Floors: **3** Bldg. Age: **60+ years**
City (5): **NEW BRUNSWICK** County (6): **MIDDLESEX** County Code (7) (State Use Only):	Current Use (prior if being demolished): **ACADEMIC**
Name of Monitoring Firm Hired by Bldg. Owner (8): **ATLAS** ASCM No.: **00098**	Name of Contractor (9): **GREENWOOD ABATEMENT CONSULTANTS, INC.**
Street Address: **3 TERRI LANE**	Street Address: **511 MAIN STREET**
City, State, Zip Code: **BURLINGTON, NJ 08016**	City State, ZipCode: **BUTLER, NJ 07405**
Project Manager for Monitoring Firm: **JOHN LUTZ** Telephone Number: **609-386-8800**	Telephone Number: **973-492-0477** License Number: **00840**
Scheduled Start Date (10): **03/13/2026** Scheduled Completion Date (11): **03/16/2026**	Name of OSHA Monitor: **ENVIROVISION, INC.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Facility Occupied During Abatement ☒ Other- Describe: **Shift Schedule: 4PM FRI– 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)**	Street Address: **20-21 WARGARAW ROAD, BLDG# 35E** City, State, Zip Code: **FAIRLAWN, NJ 07410**

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
☐ Glove bag Procedure / Wrap & Cut
☒ 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, o r other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
216A		☒		VAT	720 SF	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste:	Name of Registered Landfill
See Hauler Below #1 & 2	See Below	10 CY	Fairless Landfill / Grand Central Landfill

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201
NJ DEP # NJ-860

Disposal Date: **03/16/2026**

City, State: **FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072**

Completed by (Print or Type)	Title	Signature	Date
RAYMOND C. PEDALINO	**SENIOR PROJECT MANAGER**	*Raymond C. Pedalino*	**March 13, 2026**

Copies To: Rutgers, REHS, Attn: Mike Smith and ATLAS, Attn: John Lutz

Print Form

5/6/17

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3.11.26	Name of Building Owner/Operator (2): Short Hills Association LLC, a Delaware Limited Liabitlity Company
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 225 W Washington Street
	City, State, Zip Code: Indianapolis IN 46204
	Name of Contact: Neil Bukouricz — Telephone Number: 317.845.6739

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Macy's Short Hills Mall	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1200 Morris Tpke STE B161	Square Feet: 2,000,000 — # of Floors: 2 — Bldg. Age: 1957
City (5): Short Hills	
County (6): Essex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Commercial
Name of Monitoring Firm Hired by Building Owner (8): Hillman Consulting, LLC — ASCM No.: 00023	Name of Abatement Contractor (9): A.C.M. Consulting Corp.
Street Address: 1600 Route 22 East	Street Address: 2150 Stanley Terrace
City, State, Zip Code: Union, NJ 07083	City, State, Zip Code: Union, NJ 07083
Project Manager for Monitoring Firm: Thomas Gulya — Telephone No.: 908-688-7800	Telephone No.: 908-687-1008 — License No.: 00575
Start Date (10): 3.23.26 — Scheduled Completion Date (11): 3.27.26	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: M-F 9:30 PM - 6:30AM	Street Address: 307 W. 38th Street — City, State, Zip Code: New York, NY 10018

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Lower Level Lululemon Space		X		Vapor Barrier	150 SF	X			

Name of Registered Waste Hauler: Tri-State Transfer Associates	NJDEP Waste Hauler ID No.: 2A456	Cubic Yards of Waste: TBD	Name of Registered Landfill: Minerva Enterprise, Inc.
City, State: Bronx, NY		Disposal Date: TBD	City, State: Waynesburg, OH

Completed by: Erik Carlson	Title: Vice President	Signature: Erik T.	Date: 3.11.26

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

ASB-41 (R-06-08)

2057

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

CHECK # 2057

Date of Notification (1) 03/09/2026	Name of Building Owner/Operator (2) HERITAGE GROVE CONDOMINIUM ASSOC. RECEIVED
Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA Type Notification: ☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 117-4 ECHELON RD MAR 13 2026
	City, State, Zip Code VOORHEES NJ 08043
	Name of Contact MIKE PASCHALL Telephone Number 610-849-6375

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HERITAGE GROVE APARTMENTS	Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 103 WESTMINSTER DR.	
City (5) MT. LAUREL Square Feet: 6500 # of Floors: 3 Bldg. Age: 49	
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) HILLMANN CONSULTING	ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.
Street Address 304 HARPER DR.		Street Address 570 CLEMS RUN
City, State, Zip Code MOORESTOWN NJ 08057		City, State, Zip Code MULLICA HILL NJ 08062
Project Manager for Monitoring Firm RAFAEL TORRES	Telephone No. 856-581-9055	Telephone No. 610-304-4676 License No. 01145
Start Date (10) 03/20/2026	Scheduled Completion Date (11) 05/20/2026	Name of OSHA Monitor EMSL
Occupancy Status During Abatement (Check Only One) ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address 200 RT. 130 NORTH City, State, Zip Code CINNAMINSON NJ 08077

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☑ ≥160 sf or ≥260 lf

☑ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
UNIT 1			X	JOINT COMPOUND	160 SF	X			
UNIT 2			X	JOINT COMPOUND	195 SF	X			

Name of Registered Waste Hauler HORIZON WASTE DISPOSAL	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill MERCER COUNTY IMPROVMT AUT
City, State TRENTON NJ		Disposal Date 05/20/2026	City, State EWING TOWNSHIP NJ
Completed by RON SWANSON	Title GENERAL MANAGER	Signature Ronald Swanson	Date 03/09/2026

ASB-41 (R-06-08)

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17823

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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MAR 13 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 11 / 26	Name of Building Owner/Operator (2): Transcontinental Gas Pipe Line	Job # 2603-6547	Check#17823
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 315 Cold Soil Rd.	
		City, State, Zip Code: Princeton, NJ 08540	
		Name of Contact: Kevin Schmidt	Telephone Number: 610-755-8956

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Williams/Transco Dig #C101786-3		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 301 Essex Ave. East		Square Feet	# of Floors / Bldg. Age
City (5): Avenel			
County (6): Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Gas Pipe Line	
Name of Monitoring Firm Hired by Building Owner (8): NA	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 3 / 20 / 26	Scheduled Completion Date (11): 3 / 23 / 26	Name of OSHA Monitor: IATL Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ 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: Mt Laurel, NJ 08054	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior #C1013786-3 Dig	☐	☐	☒	Coal Tar Wrap- 30" Line	24 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 12	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 3/23/26	City, State: Morrisville, PA 19067

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: Gwen	Date: 3-11-26

ASB-41
MAY 11

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1249

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

RECEIVED
MAR 13 2026
CONTROL & LICENSING

Date of Notification (1): 03/11/2026	Name of Building Owner/Operator (2): Clifford Muddell
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1347 Broad Street
	City, State, Zip Code: Clifton, NJ 07013
	Name of Contact: Lauren Baker — Telephone Number: 973-777-0064

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): VCA Foster Animal Hospital	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1347 Broad Street	
City (5): Clifton	Square Feet: 3,393 — # of Floors: 1 — Bldg. Age: 77
County (6): Passaic — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Animal Hopsital
Name of Monitoring Firm Hired by Building Owner (8): Sevnec Environmental — ASCM No.:	Name of Abatement Contractor (9): Dynamics Development Services Inc.
Street Address: 4365 Wilder Avenue 1st Floor	Street Address: 557 Grand Concourse suite 3-51
City, State, Zip Code: Bronx, NY 10466	City, State, Zip Code: Bronx, NY 10451
Project Manager for Monitoring Firm: Nosa Igbinosa — Telephone No.: 3476021704	Telephone No.: 718-906-1055 — License No.: 01241
Start Date (10): 3/25/26 — Scheduled Completion Date (11): 3/27/26	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: 4pm-6am	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Janitors Closet			x	12x12 VFT	77SF	x			

Name of Registered Waste Hauler: Century Waste Services	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: 3/26/26	City, State: Pen Argyl, PA

Completed by: Angela Martinez	Title: Owner	Signature: Angela Martinez	Date: 3/11/2026

ASB-41 (R-06-08)

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

222410

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
MAR 20 2026
ASBESTOS CONTROL AND LICENSING

Date of Notification (1): 03 / 18 / 26		Name of Building Owner/Operator (2): RP 201 Laurel Property Owner LLC	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 435 Devon Park Drive – Suite 500	
		City, State, Zip Code: Wayne, PA 19087	
		Name of Contact: Tony Bates	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Tony4to		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 201 Laurel Rd		Square Feet: 198,000	# of Floors: 9 / Bldg. Age: 1973
City (5): Voorhees			
County (6): Camden	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Vacnet	
Name of Monitoring Firm Hired by Building Owner (8): Hillmann Development Advisors, LLC	ASCM No.	Name of Abatement Contractor (9): Global Contracting	
Street Address: 1600 US-22		Street Address: 375 N. Main St	
City, State, Zip Code: Union, NJ 07083		City, State, Zip Code: Williiamstown NJ 08094	
Project Manager for Monitoring Firm: Jack F. Carney	Telephone No.: 609-381-4022	Telephone No.: 609-547-5198	License No.: 02142-02
Start Date (10): 03 / 28 / 26	Scheduled Completion Date (11): 05 / 15 / 26	Name of OSHA Monitor: Global Contracting	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 375 N. Main St / City, State, Zip Code: Williiamstown NJ 08094	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
4th Floor	☐	☐	☒	Mastic	22,000Sqft	☒	☐	☐	☐
3rd floor	☐	☐	☒	Mastic	22,000SqFt	☒	☐	☐	☐
2nd Floor	☐	☐	☒	Mastic	22,000Sqft	☒	☐	☐	☐
1st Floor	☐	☐	☒	Mastic	22,000sqft	☒	☐	☐	☐

Name of Registered Waste Hauler: American Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 30 Yard	Name of Registered Landfill: Fairless landfill
City, State: 4575 Torresdale Ave Phila PA 19124		Disposal Date	City, State: Morrisville, PA 19067
Completed By (Print or Type): Vernice Graham	Title: Spouse	Signature: Vernice Graham	Date: 3-19-26

ASB-41
MAY 11

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

17824

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED

MAR 25 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 19 / 26	Name of Building Owner/Operator (2): JCP&L/FirstEnergy Company / Job #2503-6415 Check# 17824
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 10 Legion Place- Building A
	City, State, Zip Code: Morristown, NJ 07960
	Name of Contact: Andrew Sapanaro / Telephone Number: 609-580-9022

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): JCPL Pole	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 64 Asbury Road	Square Feet / # of Floors / Bldg. Age
City (5): Hackettstown	
County (6): Warren / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Substation

Name of Monitoring Firm Hired by Building Owner (8): NA / ASCM No.		Name of Abatement Contractor (9): AbateTech, Inc.
Street Address		Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code		City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm / Telephone No.		Telephone No.: 609-265-2107 / License No.: 00529
Start Date (10): 3 / 19 / 26	Scheduled Completion Date (11): 3 / 20 / 26	Name of OSHA Monitor: IATL
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ 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)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior	☐	☐	☒	Transite Conduit	16 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 4	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 3/20/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwen Trumbetti	Title: Operations Coordinator	Signature: gmt	Date: 3/19/24

ASB-41
MAY 11

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

5813

State of New Jersey - Notification of Asbestos Abatement

PAID check # 3813

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

GAC Project # 060-26

Date of Notification (1): **March 16, 2026**	Name of Building Owner/Operator (2): **RUTGERS, THE STATE UNIVERSITY OF NJ**
Agencies Notified: ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRED ☒ DOH	Notification Type: ☒ Initial Notification ☐ Amended Notification # ☐ Emergency (including justification) ☐ Cancelled
	Street Address: **ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS**
	City, State, Zip Code: **PISCATAWAY, NJ 08854**
	Name of Contact: **MICHAEL F. SMITH, ENV. HEALTH & SAFETY** — Telephone Number: **848-445-2550**

RECEIVED MAR 16 2026 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **RWJMS RESEARCH TOWER, BLDG# 3688**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **RBHS BUSCH CAMPUS**	Sq. Feet: **N/A** # of Floors: **8** Bldg. Age: **60+ years**
City (5): **PISCATAWAY** — County (6): **MIDDLESEX** — County Code (7) (State Use Only):	Current Use (prior if being demolished): **ACADEMIC**
Name of Monitoring Firm Hired by Bldg. Owner (8): **ATLAS** — ASCM No.: **00098**	Name of Contractor (9): **GREENWOOD ABATEMENT CONSULTANTS, INC.**
Street Address: **3 TERRI LANE**	Street Address: **511 MAIN STREET**
City, State, Zip Code: **BURLINGTON, NJ 08016**	City State, ZipCode: **BUTLER, NJ 07405**
Project Manager for Monitoring Firm: **JOHN LUTZ** — Telephone Number: **609-386-8800**	Telephone Number: **973-492-0477** — License Number: **00840**
Scheduled Start Date (10): **03/27/2026** — Scheduled Completion Date (11): **03/30/2026**	Name of OSHA Monitor: **ENVIROVISION, INC.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Facility Occupied During Abatement ☒ Other- Describe: **Shift Schedule: 4PM FRI– 5AM DAILY (24 HRS. & WEEKENDS AS NEEDED)**	Street Address: **20-21 WARGARAW ROAD, BLDG# 35E** — City, State, Zip Code: **FAIRLAWN, NJ 07410**

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 ☐ Glove bag Procedure / Wrap & Cut ☒ 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, o r other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
RB86 & RB86A		☒		**VAT**	**220 SF**	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste:	Name of Registered Landfill
See Hauler Below #1 & 2	**See Below**	**5 CY**	**Fairless Landfill / Grand Central Landfill**

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201
NJ DEP # NJ-860

Disposal Date: **03/30/2026**

City, State: **FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072**

Completed by (Print or Type)	Title	Signature	Date
RAYMOND C. PEDALINO	**SENIOR PROJECT MANAGER**	*Raymond C. Pedalino*	**March 16, 2026**

Copies To: Rutgers, REHS, Attn: Mike Smith and ATLAS, Attn: John Lutz

13614

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

B & G Project # 2026-22 CO

PAID

Check # 13614

RECEIVED
MAR 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/19/2026	Name of Building Owner/Operator (2): The Rumson Country Day School
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 35 Bellevue Avenue
	City, State, Zip Code: Rumson, NJ 07760
	Name of Contact: Michael Mannino — Telephone Number: 732-842-0527

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): The Rumson Country Day School	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 35 Bellevue Avenue	
City (5): Rumson, NJ 07760	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Middlesex — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Private School
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 — License No.: 00378
Start Date (10): 03/20/2026 @ 12:30 PM — Scheduled Completion Date (11): 03/21/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 1234 Route 23 — City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
3rd Floor Old Boys bathroom			X	pipe (wrap & cut)	37 LF	X			
3rd Floor Old Girls bathroom			X	pipe (wrap & cut)	37 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: 03/23/2026	City, State: Pen Argyl, PA

Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 03/19/2026

ASB-41 (R-06-08)

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

003573

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

CK # 003573

RECEIVED

MAR 23 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 18 / 26	Name of Building Owner/Operator (2): NJ-Dept.of Environmental Protection-Natural & Historic Resources-Office of Resource Development
Agencies Notified: [X] EPA; [X] DOL; [X] DOH; [ ] DCA	Type of Notification: [X] Initial Notification; [ ] Amended Notification Amendment; [ ] Cancellation; [ ] Emergency
	Street Address: 501 EAST STATE STREET, 4TH FLOOR
	City, State, Zip Code: TRENTON, NJ 08626-0420
	Name of Contact: MR. AL PAYNE; Telephone Number: 609-351-1991

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): WHARTON STATE FOREST-BATSTO VILLAGE-FMR. NATURE CENTER	Type of Facility (4): [ ] School (K-12); [ ] Subchapter 8 (Other than K-12); [X] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 877 COUNTY ROAD 542	Square Feet: 2,500; # of Floors: 1; Bldg. Age: 50 +
City (5): WASHINGTON TOWNSHIP; County (6): BURLINGTON; County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): FORMER DWELLING

Name of Monitoring Firm Hired by Building Owner (8): USA ENVIRONMENTAL MANAGEMENT INC.; ASCM: 00112	Name of Abatement Contractor (9): J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.
Street Address: 344 WEST STATE STREET	Street Address: 1141 ROUTE 23
TRENTON, NJ 08618	City, State, Zip: WAYNE, NJ 07470
Project Manager for Monitoring Firm: WILLIAM WEISGARBER; Telephone Number: 609-656-8101	Telephone Number: 973 628-9500; License Number: 00408
Scheduled State Date (10): 03 / 30 / 26 (Month / Day / Year); Scheduled Completion Date (11): 04 / 17 / 26 (Month / Day / Year)	Name of OSHA Monitor: J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.
Occupancy Status During Abatement (Check only one): [X] Facility Closed/Vacated During Entire Period of Abatement; [ ] Abatement Performed Outside of Normal Facility; [ ] Hours - Describe: ____; [ ] Other - Describe:	Street Address: 1141 ROUTE 23; City, State, Zip Code: WAYNE, NJ 07470

Scope of Work (Check all that apply)

- [ ] ≥ 3 sf or ≥ 3 lf
- [X] ≥ 160 sf or ≥ 260 lf
- [X] Demolition
- [ ] Renovation
- [X] Wet Demolition
- [ ] Full Containment With Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non Exempted (*) and Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Entire Structure			X	Entire Structure	2,500 SF	X			

Name of Registered Waste Hauler: J.R. Contracting & Environmental Consulting, Inc.	NJDEP Waste Hauler ID No.: 17819	Cubic Yards of Waste: 100	Name of Registered Landfill: Grand Central Landfill
City, State: Wayne, NJ		Disposal Date: TBD	City, State: Pen Argyle, PA

Completed by (Print or Type): Jerry Bijelonic	Title: Project Manager	Signature	Date: 03/18/26

G4667

ASB-41
Jun-95

PAID

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

CK # 1088

RECEIVED

MAR 23 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 18 / 26	Name of Building Owner/Operator (2): VERIZON
Agencies Notified: ☐ EPA ☐ DOLWD ☐ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 18 Patterson Street
	City, State, Zip Code: New Brunwick ,NJ 08901
	Name of Contact: Brian Kinsbury — Telephone Number: 201 356 5168

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 18 Patterson Street	
City (5): New Brunwick,NJ 08901	Square Feet: 10000 — # of Floors: 3 — Bldg. Age: 1967
County (6): Middlesex — 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): JVN RESTORATION INC
Street Address: 344 West State Street		Street Address: 6233 Amboy rd
City, State, Zip Code: Trenton,NJ 08618		City, State, Zip Code: Staten Island ,NY 10309
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 718 605 6256 — License No.: 00774
Start Date (10): 3 / 30 / 26	Scheduled Completion Date (11): 4 / 04 / 26	Name of OSHA Monitor: Testor Tech
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/4PM-1230AM		Street Address: 10-59 Jackson Av — City, State, Zip Code: LIC NY

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
4th floor Office VMS 2975	☐	☐	☐	tile and mastic	156	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: NJ 032797	Cubic Yards of Waste: 10	Name of Registered Landfill: Grand Central Sanotary Landfill INC
City, State: Elizabeth NJ		Disposal Date: 3/18/26	City, State: Argyl,PA

Completed By (Print or Type): Charles Tardy	Title: Project Manager	Signature	Date: 3/18/2026

ASB-41

1082

4351296

Print Form

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

PAID

RECEIVED
MAR 18 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/13/2026	Name of Building Owner/Operator (2): City of Trenton
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation	Street Address: 319 E State Street City, State, Zip Code: Trenton, NJ 08608 Name of Contact: Eric Carroll Telephone Number: 609-209-1929

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 670 S. Clinton Avenue			
City (5): Trenton		Square Feet	# of Floors / Bldg. Age
County (6): Mercer	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9): All Pro Management, LLC	
Street Address: PO Box 354		Street Address: 27 Outwater Lane	
City, State, Zip Code: South Orange, NJ 07079		City, State, Zip Code: Garfield, NJ 07026	
Project Manager for Monitoring Firm: Sarah Calandra	Telephone No.: 201-394-2666	Telephone No.: 973-928-4888	License No.: 1188
Start Date (10): 3/16/2026	Scheduled Completion Date (11): 04/30/2026	Name of OSHA Monitor: A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: PO Box 354 City, State, Zip Code: South Orange, NJ 07079	

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[ ] Renovation
[X] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing. VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior			X	Clean Up of ACM Debris	20 LF	X			

Name of Registered Waste Hauler: Century Waste, LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Morrisville, PA

Completed by: Jacqueline Anello	Title: Office Administrator	Signature: Jacqueline Anello	Date: 3/13/2026

ASB-41 (R-06-08)

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

4813

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

3950579

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MAR 18 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/06/26 Check# 4813	Name of Building Owner/Operator (2): St. Leo's Church
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 100 Linden Ave City, State, Zip Code: Irvington, NJ 07111 Name of Contact: Nassar Shabo Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Burch Charter School		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 100 Linden Ave			
City (5): Irvington		Square Feet: 10,000+	# of Floors: 3 / Bldg. Age: 50+
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School	
Name of Monitoring Firm Hired by Building Owner (8): N/a	ASCM No.: N/a	Name of Abatement Contractor (9): EA Services	
Street Address: N/a		Street Address: 530 Church St	
City, State, Zip Code: N/a		City, State, Zip Code: Ridgefield, NJ 07657	
Project Manager for Monitoring Firm: N/a	Telephone No.: N/a	Telephone No.: 2012951700	License No.: 01074
Start Date (10): 03/07/26	Scheduled Completion Date (11): 03/10/26	Name of OSHA Monitor: N/a	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8am		Street Address: N/a City, State, Zip Code: N/a	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
3rd Floor Corridor		X		Ceiling Material	4 SF	X			

Name of Registered Waste Hauler: EA Services	NJDEP Waste Hauler ID No.: 103879	Cubic Yards of Waste: tbd	Name of Registered Landfill: Minerva Entreprise
City, State: Ridgefield, NJ		Disposal Date: tbd	City, State: Waynesburg, OH

Completed by: Michael Fajardo	Title: Project Manager	Signature: Michael F.	Date: 03/06/26

ASB-41 (R-06-08)

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Print Form

4084

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

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MAR 18 2026
ASBESTOS HAZARD LICENSING

Date of Notification (1): 3/16/2026	Name of Building Owner/Operator (2): Crossfield Products Corp
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
	Street Address: 140 Valley Road
	City, State, Zip Code: Roselle Park, NJ 07204
	Name of Contact: Jon Lombardo — Telephone Number: 201-575-6322

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 140 Valley Road	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
City (5): Roselle Park	
County (6): Union — County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions — ASCM No.:	Name of Abatement Contractor (9): All Pro Management, LLC
Street Address: PO Box 354	Street Address: 27 Outwater Lane
City, State, Zip Code: South Orange, NJ 07079	City, State, Zip Code: Garfield, NJ 07026
Project Manager for Monitoring Firm: Sarah Calandra — Telephone No.: 201-394-2666	Telephone No.: 973-928-4888 — License No.: 1188
Start Date (10): 3/17/2026 — Scheduled Completion Date (11): 04/30/2026	Name of OSHA Monitor: A. Seine Lighthouse Solutions
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: PO Box 354
	City, State, Zip Code: South Orange, NJ 07079

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing. VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Interior & Exterior			X	Clean Up of ACM Debris	300 SF	X			

Name of Registered Waste Hauler: Century Waste, LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste:	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date:	City, State: Morrisville, PA
Completed by: Jacqueline Anello	Title: Office Administrator	Signature: Jacqueline Anello	Date: 3/16/2026

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

ASB-41 (R-06-08)

4812

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

4321565

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MAR 18 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/05/26 Check# 4812	Name of Building Owner/Operator (2): St. Paul the Apostle Church
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 14 Greenville Ave City, State, Zip Code: Jersey City, NJ 07305 Name of Contact: Fr. Furnaguera Telephone Number: 908-392-6296

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): St. Paul the Apostle Church			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 14 Greenville Ave			
City (5): Jersey City		Square Feet: 10,000+	# of Floors: 3 / Bldg. Age: 50+
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Rectory
Name of Monitoring Firm Hired by Building Owner (8): N/a	ASCM No.		Name of Abatement Contractor (9): EA Services
Street Address: N/a			Street Address: 530 Church St
City, State, Zip Code: N/a			City, State, Zip Code: Ridgefield NJ 07657
Project Manager for Monitoring Firm: N/a	Telephone No.	Telephone No.: 201-295-1700	License No.: 01074
Start Date (10): 03/07/26	Scheduled Completion Date (11): 03/09/26		Name of OSHA Monitor: N/a
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8am			Street Address: N/a City, State, Zip Code: N/a

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Rectory Basement		X		Pipe Insulation	20 LF	X			

Name of Registered Waste Hauler: EA Services	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: tbd	Name of Registered Landfill: Minerva Entreprise
City, State: Ridgefield, NJ		Disposal Date	City, State: Waynesburh, OH
Completed by: Michael Fajardo	Title: PM	Signature: Michael F.	Date: 03/05/26

ASB-41 (R-06-08)

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

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MAR 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 17 / 26	Name of Building Owner/Operator (2): Jersey City Public Schools Job #2601-6527 Check #17822
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ON HOLD ☐ Emergency (including justification)
	Street Address: 346 Claremont Avenue
	City, State, Zip Code: Jersey City, NJ 07305
	Name of Contact: Business Administration — Telephone Number: 201-915-6000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): James J Ferris High School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 35 Colgate Street	Square Feet: — # of Floors: — Bldg. Age: —
City (5): Jersey City	Current Use (Prior if being demolished):
County (6): Hudson — County Code (7)(STATE USE ONLY):	
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection — ASCM No.:	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address: 120 North Warren St.	Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Trenton, NJ 08608	City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Jordan Reed — Telephone No.: 609-392-4200	Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 3 / 23 / 26 — Scheduled Completion Date (11): 5 / 15 / 26	Name of OSHA Monitor: IATL
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/3PM-12AM	Street Address: 9000 Commerce Parkway — City, State, Zip Code: Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SE ATTACHED	☐	☒	☐	SEE ATTACHED	SEE ATTACHED	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: 5/15/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwen Trumbetti	Title: Operations Coord.	Signature: [signature]	Date: 3-17-26

ASB-41
MAY 11

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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MAR 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 6 / 26	Name of Building Owner/Operator (2): US Army Corps of Engineers / Job #2606-6542 Check #17793
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: PO Box 59
	City, State, Zip Code: Louisville, KY 40201-0059
	Name of Contact: Jennifer King — Telephone Number: 609-694-7836

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): JBMDL Ft. Dix	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Building #5958	
City (5): Joint Base, MDL	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
County (6): BURLINGTON — County Code (7)(STATE USE ONLY): ____	Current Use (Prior if being demolished): Military Building

Name of Monitoring Firm Hired by Building Owner (8): M.E.C.S. — ASCM No.: ____		Name of Abatement Contractor (9): AbateTech, Inc.
Street Address: PO Box 341		Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Crosswicks, NJ 08515		City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Chris Paonessa — Telephone No.: 609-298-4070		Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 3 / 16 / 26 — Scheduled Completion Date (11): 3 / 17 / 26		Name of OSHA Monitor: IATL
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 9000 Commerce Pkwy B — City, State, Zip Code: Mount Laurel, NJ 08054

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Room 121	☐	☐	☒	Pipe Insulation	16 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 12	Name of Registered Landfill: Fairless LAndfill
City, State: Lumberton, NJ		Disposal Date: 3/17/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwen Trumbetti	Title: Operations Coordinator	Signature: Gwen	Date: 3-6-26

ASB-41
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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MAR 19 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 12 / 26	Name of Building Owner/Operator (2): **Princeton University-Facilities Operations**
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8) Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: **MacMillan Building, Elm Drive** City, State, Zip Code: **Princeton, NJ 08544** Name of Contact: **Eric Emery** — Telephone Number: **609-258-3432**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Princeton University-Wu Hall**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **Goheen Walk**	
City (5): **Princeton**	Square Feet: — # of Floors: — Bldg. Age: **63**
County (6): **MERCER** — County Code (7)*(STATE USE ONLY)*:	Current Use (Prior if being demolished): **Dining/Dormitory**

Name of Monitoring Firm Hired by Building Owner (8): **TTI Environmental Inc** — ASCM No.:	Name of Abatement Contractor (9): **BRISTOL ENVIRONMENTAL, LLC**	
Street Address: **1253 North Church Rd**	Street Address: **1123 BEAVER STREET**	
City, State, Zip Code: **Moorestown, NJ 08057**	City, State, Zip Code: **BRISTOL, PA 19007**	
Project Manager for Monitoring Firm: **Michael Keehn** — Telephone No.: **609-386-8800**	Telephone No.: **215-788-6040**	License No.: **02121**
Start Date (10): 3 / 16 / 26 — Scheduled Completion Date (11): 3 / 17 / 26	Name of OSHA Monitor: **BRISTOL ENVIRONMENTAL, LLC**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00**AM-**3:30**PM/_____PM-_____AM	Street Address: **1123 BEAVER STREET** City, State, Zip Code: **BRISTOL, PA 19007**	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Asbestic Material Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Room 202D	☐	☒	☐	**Floor tile and mastic**	**105 SF**	☒	☐	☐	☐
	☐	☒	☐			☐	☒	☐	☐
	☐	☒	☐			☒	☐	☐	☐
	☐	☒	☐			☒	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage, Inc** — NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: **Fairless Landfill**	
City, State: **Freehold, NJ**	Disposal Date:	City, State: **MORRISVILLE, PA 19067**	
Completed By (Print or Type): **Brian Scafiro**	Title: **Estimator**	Signature: Brian Scafiro	Date: 3/12/26

ASB-41
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
MAR 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 16 / 26	Name of Building Owner/Operator (2): Union County Vo-Tech School / Job #2602-6541 Check #17788
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1776 Raritan Rd.
	City, State, Zip Code: Scotch Plains, NJ 07076
	Name of Contact: Business Admin — Telephone Number: 908-889-8288

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Union County Vo-Tech School- West Hall	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1776 Raritan Rd.	
City (5): Scotch Plains	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Union — County Code (7)(STATE USE ONLY): —	Current Use (Prior if being demolished): School
Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection, Inc. — ASCM No.: 00030	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address: 120 North Warren Street	Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Trenton, NJ 08608	City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Rollie Jones — Telephone No.: 609-392-4200	Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 3 / 13 / 26 — Scheduled Completion Date (11): 3 / 18 / 26	Name of OSHA Monitor: IATL
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ 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)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Room 338 Corridor	☐	☒	☐	Fitting Insulation	7 LF	☒	☐	☐	☐
SOD Classroom	☐	☒	☐	Fitting Insulation	2 LF	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc. — NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 10	Name of Registered Landfill: Fairless Landfill	
City, State: Lumberton, NJ	Disposal Date: 3/18/26	City, State: Morrisville, PA	
Completed By (Print or Type): Gwen Trumbetti	Title: Operations Coordinator	Signature: Gwen	Date: 3-16-26

ASB-41
MAY 11

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Print Form

3/16/12

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

PAID

RECEIVED
MAR 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3.10.26	Name of Building Owner/Operator (2): Macy's Inc.
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 145 Progress Place
	City, State, Zip Code: Springdale, OH 45246
	Name of Contact: Katie Sauter — Telephone Number: 513-579-7023

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Macy's Monmouth Mall	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 180 NJ-35 Ste 2000	
City (5): Eatontown	Square Feet: 2,000,000 — # of Floors: 2 — Bldg. Age: 1957
County (6): Monmouth — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Commercial

Name of Monitoring Firm Hired by Building Owner (8): Pennoni Associates, Inc.	ASCM No.	Name of Abatement Contractor (9): A.C.M. Consulting Corp.
Street Address: 24 Commerce Street		Street Address: 2150 Stanley Terrace
City, State, Zip Code: Newark, NJ 07102		City, State, Zip Code: Union, NJ 07083
Project Manager for Monitoring Firm: Ralph Coppola — Telephone No.: 973-265-9763		Telephone No.: 908-687-1008 — License No.: 00575
Start Date (10): 3.13.26 — Scheduled Completion Date (11): 3.14.26		Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: M-F 9:30 PM - 6:30AM		Street Address: 307 W. 38th Street — City, State, Zip Code: New York, NY 10018

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Houseware Lower Level		X		VAT	40 SF	X			

Name of Registered Waste Hauler: Tri-State Transfer Associates	NJDEP Waste Hauler ID No.: 2A456	Cubic Yards of Waste: TBD	Name of Registered Landfill: Minerva Enterprise, Inc.
City, State: Bronx, NY		Disposal Date: TBD	City, State: Waynesburg, OH

Completed by: Erik Carlson	Title: Vice President	Signature:	Date: 3.10.26

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

ASB-41 (R-06-08)

13600

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

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MAR 13 2026
ASBESTOS CONTROL & LICENSING

Check # 13600

B & G Project # 2026-22

Date of Notification (1): 03/11/2026	Name of Building Owner/Operator (2): The Rumson Country Day School
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 35 Bellevue Avenue City, State, Zip Code: Rumson, NJ 07760 Name of Contact: Michael Mannino Telephone Number: 732-842-0527

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): The Rumson Country Day School	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 35 Bellevue Avenue	
City (5): Rumson, NJ 07760	Square Feet: # of Floors: Bldg. Age:
County (6): Middlesex County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished): Private School
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 License No.: 00378
Start Date (10): 03/06/2026 Scheduled Completion Date (11): 03/13/2026	Name of OSHA Monitor: B & G Restoration, Inc.
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 03/06 2:00p-10:30p and 03/07-03/12 7am-3:30pm	Street Address: 1234 Route 23 City, State, Zip Code: Butler, NJ 07405
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition	☐ Wrap and Cut ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1928 North Tower Staircase			X	VAT & mastic	198 SF	X			
Room 210 Faculty kitchenette area			X	VAT & mastic	135 SF	X			
Kitchen staircase			X	VAT & mastic	40 SF	X			
Hallway outside boys locker room (VAT & mastic) & hallway outside main office (mastic only)			X	VAT & mastic	88 SF & 12 SF	X			

Name of Registered Waste Hauler: B & G Restoration Inc.	NJDEP Waste Hauler ID No.: 19563	Cubic Yards of Waste: 6	Name of Registered Landfill: Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 03/13/2026	City, State: Pen Argyl, PA
Completed by: Gordana Luna	Title: Secretary / Treasurer	Signature: Gordana Luna	Date: 03/11/2026

ASB-41 (R-06-08)

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4952

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

HMD 25-206

FEB 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2/9/2026	Name of Building Owner/Operator (2): Mediterranean Towers West Ck#4952
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 555 North Avenue
	City, State, Zip Code: Fort Lee, New Jersey 07024
	Name of Contact: Javier Valenzuela — Telephone Number: 201-370-2047

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Mediterranean Towers West - Apt. #LD	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 555 North Avenue	
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: Bloomingdale, NJ 07403	
Project Manager for Monitoring Firm: John H. Chiaviello — Telephone No.: (800) 423-0766	Telephone No.: 973-928-3995	License No.: 01181
Start Date (10): 2/11/2026 — Scheduled Completion Date (11): 3/01/2026	Name of OSHA Monitor: Hazmat Diagnostic, LLC	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: Apartment 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)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Apt. LD			x	Popcorn Ceiling	975 SF	x			
Apt. LD			x	Parquet Flooring & Mastic	975 SF	x			

Name of Registered Waste Hauler: Hazmat Diagnostic,LLC/ Century Waste	NJDEP Waste Hauler ID No.: 0035440/32797	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: Deni Naumovski	Date: 2/9/2026

ASB-41 (R-06-08)

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

1798

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 3 / 6 / 26	Name of Building Owner/Operator (2): Union County Vo-Tech School / Job #2602-6541 Check # 17798 PAID RECEIVED
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1776 Raritan Rd. MAR 12 2026
	City, State, Zip Code: Scotch Plains, NJ 07076
	Name of Contact: Business Admin — Telephone Number: 908-889-8288 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Union County Vo-Tech School- West Hall	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1776 Raritan Rd.	
City (5): Scotch Plains	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Union — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): Environmental Connection, Inc.	ASCM No.: 00030	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 120 North Warren Street		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Rollie Jones	Telephone No.: 609-392-4200	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 3 / 13 / 26	Scheduled Completion Date (11): 3 / 16 / 26	Name of OSHA Monitor: IATL	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-12PM/8PM-_____AM		Street Address: 9000 Commerce Parkway Suite B — City, State, Zip Code: Mount Laurel, NJ 08054	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Room 338 Corridor	☐	☒	☐	Fitting Insulation	7 LF	☒	☐	☐	☐
SOD Classroom	☐	☒	☐	Fitting Insulation	2 LF	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 10	Name of Registered Landfill: Fairless Landfill
City, State: Lumberton, NJ		Disposal Date: 3/16/26	City, State: Morrisville, PA

Completed By (Print or Type): Gwen Trumbetti	Title: Operations Coordinator	Signature: Gwen	Date: 3-6-26

ASB-41
MAY 11

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

✓#2079

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MAR 10 2026

CONTROL & LICENSING

Date of Notification (1): 03 / 09 / 26	Name of Building Owner/Operator (2): **Tudor Court Co-op Association**
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: **800 North Broad Street**
	City, State, Zip Code: **Elizabeth, NJ 07021**
	Name of Contact: **Rich Shatwell** — Telephone Number: **973-699-8614**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Turdor Court**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: **800 North Broad Street**	Square Feet: **25000** — # of Floors: **2** — Bldg. Age: **50+**
City (5): **Elizabeth, NJ 07021**	
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): **A. Mac Contracting Inc.**
Street Address	Street Address: **176 Saddle River Avenue**
City, State, Zip Code	City, State, Zip Code: **South Hackensack, NJ 07606**
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: **201-262-5841** — License No.: **00156**
Start Date (10): 03 / 23 / 26 — Scheduled Completion Date (11): 03 / 26 / 26	Name of OSHA Monitor: **Asbestos Analytical Labs**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **8:00** AM- PM/**4:30** PM- AM	Street Address: **51 Gage Road** — City, State, Zip Code: **East Brunswick, NJ 08816**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Crawl Space - 21	☐	☒	☐	**Pipe Insulation**	**175 LF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Century Waste Services, LLC**	NJDEP Waste Hauler ID No.: **32797**	Cubic Yards of Waste: **10 Yards**	Name of Registered Landfill: **Grand Central Sanitary Landfill**
City, State: **Elizabeth, NJ**		Disposal Date: **03-30-2026**	City, State: **Pen Argyl, PA 08072**

Completed By (Print or Type): **Ralph Barnhardt**	Title: **Sr. Project Manager**	Signature	Date: **03-09-2026**

ASB-41
JAN 13

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000868

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

CK # 000868

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MAR 12 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 09 / 26	Name of Building Owner/Operator (2): THE VILLAGE CHARTER SCHOOL
Agencies Notified: [X] EPA; [X] DOL; [X] DOH; [ ] DCA	Type of Notification: [X] Initial Notification; [ ] Amended Notification Amendment; [ ] Cancellation; [ ] Emergency (inc. justification)
	Street Address: 101 SULLIVAN WAY
	City, State, Zip Code: TRENTON, NJ 08628
	Name of Contact: MR. GLENN RICHARDSON; Telephone Number: 609-695-0110

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): THE VILLAGE CHARTER SCHOOL - FORMER DWELLINGS	Type of Facility (4): [ ] School (K-12); [ ] Subchapter 8 (Other than K-12); [X] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 100 MILL ROAD (BLOCK 36301, LOT 1)	Square Feet: 15000 +; # of Floors: 2; Bldg. Age: 50 +
City (5): TRENTON; County (6): MERCER; County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): Former Dwellings

Name of Monitoring Firm Hired by Building Owner (8): ASCM	Name of Abatement Contractor (9): J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.
Street Address:	Street Address: 1141 ROUTE 23
	City, State, Zip: WAYNE, NJ 07470
Project Manager for Monitoring Firm; Telephone Number	Telephone Number: 973 628-9500; License Number: 00408
Scheduled State Date (10): 03 / 19 / 26 (Month / Day / Year); Scheduled Completion Date (11): 05 / 01 / 26 (Month / Day / Year)	Name of OSHA Monitor: J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.
Occupancy Status During Abatement (Check only one): [X] Facility Closed/Vacated During Entire Period of Abatement; [ ] Abatement Performed Outside of Normal Facility; [ ] Hours - Describe: ____; [ ] Other - Describe:	Street Address: 1141 ROUTE 23; City, State, Zip Code: WAYNE, NJ 07470

Scope of Work (Check all that apply)

[ ] ≥ 3 sf or ≥ 3 lf

[X] ≥ 160 sf or ≥ 260 lf

[X] Demolition

[ ] Renovation

[X] Wet Demolition

[ ] Full Containment With Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebag Procedure

[ ] Non Exempted (*) and Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
100-A Mill Road			X	Entire Structure	2,500 SF	X			
100-B Mill Road			X	Entire Structure	2,500 SF	X			
100-C Mill Road			X	Entire Structure	2,500 SF	X			
100-D Mill Road			X	Entire Structure	2,500 SF	X			
100-D Mill Road			X	Entire Structure	2,500 SF	X			
100-F Mill Road			X	Entire Structure	2,500 SF	X			

Name of Registered Waste Hauler: J.R. Contracting & Environmental Consulting, Inc.	NJDEP Waste Hauler ID No.: 17819	Cubic Yards of Waste: 100	Name of Registered Landfill: MCIA / Fairless Landfill
City, State: Wayne, NJ		Disposal Date: TBD	City, State: Ewing Township, NJ / Morrisville, PA

Completed by (Print or Type): Jerry Bijelonic	Title: Project Manager	Signature	Date: 03/09/26

G4667

ASB-41 (R-06-08)

5859

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

MAR 10 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/09/2026	Name of Building Owner/Operator (2): Market Halsey Urban Renewal
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 112 W 34th Street City, State, Zip Code: New York, NY 10120 Name of Contact: Jack Jemal Telephone Number: 212-265-5570

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Market Halsey Building basement B-3	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 165 Halsey Street	
City (5): Newark	Square Feet: 150,000 / # of Floors: 12 / Bldg. Age: 50+
County (6): Essex County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Office Building
Name of Monitoring Firm Hired by Building Owner (8): RK Occupational & Env. Analysis, Inc. ASCM No: 00090	Name of Abatement Contractor (9): Bako Construction & Restoration, Inc.
Street Address: 401 St. James Street	Street Address: 34 Deforest Ave. Suite 1
City, State, Zip Code: Phillipsburg, NJ 08865	City, State, Zip Code: East Hanover, NJ 07936
Project Manager for Monitoring Firm: Patrick McGuinness Telephone No.: 908-454-6316	Telephone No.: 973-256-7010 License No.: 00666
Start Date (10): 03/23/2026 Scheduled Completion Date (11): 03/27/2026	Name of OSHA Monitor: Bako Construction & Restoration, Inc.
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: mon-fri:3pm-11pm	Street Address: 34 Deforest Ave. Suite 1 City, State, Zip Code: East Hanover, NJ 07936

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement B-3 Storage Area		X		Pipe Insulation	350 LF	X			

Name of Registered Waste Hauler: Bako Constr. & Rest. Inc./Century Waste	NJDEP Waste Hauler ID No.: 20889/32797	Cubic Yards of Waste: 40	Name of Registered Landfill: Fairless Hills/ Waste management
City, State: East Hanover, NJ/ Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by: Damir Valjevac	Title: Project Manager	Signature: [signature]	Date: 03/09/2026

ASB-41 (R-06-08)

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

4617

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

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Check # 4617
MAR - 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **3/5/2026**	Name of Building Owner / Operator (2): **Bank of America**
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation
	Street Address: **100 North Tryon Street**
	City, State & Zip Code: **Charlotte, NC 28255**
	Name of Contact: **Anne Finucane** — Telephone Number: **800-432-1002**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Bank of America**	Type of Facility (4): ☐ School (K-12) **University** ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **154 Linwood Plaza**	Square Feet: **3000** — # of Floors: **2** — Bldg. Age: **40+**
City (5): **Fort Lee** — County (6): **Bergen** — County Code (7):	Current Use (Prior if being demolished): **Banking**
Name of Monitoring Firm Hired by Building Owner (8): **Arcadis** — ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental, LLC**
Street Address: **One Lincoln Center, Suite 300**	Street Address: **1123 Beaver Street**
City, State & Zip Code: **Syracuse, NY 13202**	City, State & Zip Code: **Bristol, PA 19007**
Project Manager for Monitoring Firm: **Tom Ashman** — Telephone Number: **607-624-9548**	Telephone Number: **(215)788-6040** — License Number: **02121**
Scheduled Start Date (10): **4/17/26** — Scheduled Completion Date (11): **4/18/26**	Name of OSHA Monitor: **Bristol Environmental LLC**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: **Friday 5PM-2AM, Sat 8AM – 4PM** ☐ Facility Occupied During Abatement	Street Address: **1123 Beaver Street** — City, State & Zip Code: **Bristol, PA 19007**

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Clean Up	Enclosure
Storage/Break Room	☐	☒	☐	**Floor Time and Mastic**	**120 SF**	☒	☐	☐	☐
NER/Break Room	☐	☒	☐	**Floor Time and Mastic**	**144 SF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Freehold Cartage** — NJDEP Waste Hauler ID No.	Cubic Yards of Waste: **1 yds**	Name of Registered Landfill: **WM Morrisville**	
City, State: **Freehold, NJ**	Disposal Date: **4/18/26**	City, State: **Morrisville, PA**	
Completed By (Print or Type): **Gino Pizzigoni** — Title: **Project Manager**	Signature: Gino Pizzigoni		Date: **3/5/2026**

G1260035

4618

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID Check #4618

MAR - 9 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 5 / 26	Name of Building Owner/Operator (2): Princeton University-Facilities Operations
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8) Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: MacMillan Building, Elm Drive City, State, Zip Code: Princeton, NJ 08544 Name of Contact: Eric Emery Telephone Number: 609-258-3432

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University-Wu Hall			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Goheen Walk			
City (5): Princeton		Square Feet:	# of Floors: Bldg. Age: 63
County (6): MERCER	County Code (7)(STATE USE ONLY):		Current Use (Prior if being demolished): Dining/Dormitory
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental Inc	ASCM No.:	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC	
Street Address: 1253 North Church Rd		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael Keehn	Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 02121
Start Date (10): 3 / 16 / 26	Scheduled Completion Date (11): 3 / 17 / 26	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, LLC	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Room 202D	☐	☒	☐	Floor tile and mastic	105 SF	☒	☐	☐	☐
	☐	☒	☐			☐	☒	☐	☐
	☐	☒	☐			☒	☐	☐	☐
	☐	☒	☐			☒	☐	☐	☐

Name of Registered Waste Hauler: Bristol Environmental LLC	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered Landfill: Fairless Landfill
City, State: Bristol, PA		Disposal Date:	City, State: MORRISVILLE, PA 19067

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro LMO	Date: 3/5/26

ASB-41
MAY 11

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

46116

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID Check #46116

MAR – 9 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 4 / 26	Name of Building Owner/Operator (2): Princeton University-Facilities Operations
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: MacMillan Building, Elm Drive
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Eric Emery — Telephone Number: 609-258-3432

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University-Guyot Hall	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 106A Guyot Lane	Square Feet: — # of Floors: — Bldg. Age: 63
City (5): Princeton	
County (6): MERCER — County Code (7)(STATE USE ONLY): —	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental Inc — ASCM No.: 00003		Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, LLC
Street Address: 1253 North Church Rd		Street Address: 1123 BEAVER STREET
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007
Project Manager for Monitoring Firm: Michael Keehn — Telephone No.: 609-386-8800		Telephone No.: 215-788-6040 — License No.: 02121
Start Date (10): 3 / 30 / 26	Scheduled Completion Date (11): 8 / 31 / 26	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 1123 BEAVER STREET — City, State, Zip Code: BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1963 Wing B level and mezzanine	☐	☒	☐	Joint Compound	1258 SF	☒	☐	☐	☐
1963 Wing B level thru mezzanine	☐	☒	☐	Transite exhaust duct	190 LF	☒	☐	☐	☐
1979 Wing B Level	☐	☒	☐	Vermiculite within CMU	5000 SF	☒	☐	☐	☐
	☐	☒	☐			☒	☐	☐	☐

Name of Registered Waste Hauler: Bristol Environmental LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill
City, State: Bristol, PA		Disposal Date	City, State: MORRISVILLE, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Brian Scafiro	Estimator	Brian Scafiro	3/4/26

ASB-41
MAY 11

BS25023

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

1879

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

CK RECEIVED 1879

Date of Notification (1) 3/2/26 Type Notification		Name of Building Owner / Operator (2) **Bristol Myers Squibb Co.** MAR - 9 2026	
Agencies Notified X EPA DEP X DOL X DOH DCA	Emergency Notification X Initial Notification Amended Notification Cancellation	Street Address **1 Squibb Drive**	
		City, State & Zip Code **New Brunswick, NJ 08901** ASBESTOS CONTROL & LICENSING	
		Name of Contact **Scott Comeau**	Telephone Number **732-227-5000**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **New Brunswick-NBR Utilities**			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)
Street Address **1 Squibb Drive**			Square Feet: **100,000** / # of Floors: **1** / Bldg. Age: **60+**
City (5) **New Brunswick**	County (6) **Middlesex**	County Code (7)	Current Use (Prior if being demolished) **Commercial**
Name of Monitoring Firm Hired by Building Owner (8) **Environmental Tactics, Inc.**		ASCM No.	Name of Abatement Contractor (9) **Global Abatement Services, LLC**
Street Address **64 Broad Street**			Street Address **P.O. Box 7620**
City, State & Zip Code **Matawan, NJ 07747**			City, State & Zip Code **Monroe Township, NJ 08831**
Project Manager for Monitoring Firm **Tom Geiger**	Telephone Number **732-290-2217**		Telephone Number: **732-605-9062** / License Number: **00714**
Scheduled Start Date (10) **3/12/26**	Scheduled Completion Date (11) **12/30/26**		Name of OSHA Monitor **Global Abatement Services, LLC**
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - X Describe: **Area Isolated During Abatement** Other - Describe:			Street Address **P.O. Box 7620** City, State & Zip Code **Monroe Township, NJ 08831**

Scope of Work (Check all that apply)

Demolition — X Renovation

Large Project

X Quantity is ≥ 3 SF or ≥ 3 LF ACM

Quantity is ≥ 160 SF or ≥ 260 LF ACM

Full Containment with Negative Pressure

X Mini-Enclosure

X Glovebag Procedure

X Other: **Non-friable**

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Exterior- Piping	**N/A**	**Tar/mastic/insulation**	**50 LF**	**Removal**

Name of Registered Waste Hauler **Freehold Carting**	NJDEP Waste Hauler ID # **18693**	Cu. Yds. of Waste **40**	Name of Registered Landfill **Conestoga**
City, State **Freehold, NJ**		Disposal Date **3/18/26**	City, State **Morgantown, PA**

Completed By (Print or Type) **Dominick Tringali**	Title **President**	Signature *Dominick Tringali*	Date **3/2/26**

ASB-41 JUN 95 G4667

5204

State of New Jersey

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

PAID

RECEIVED MAR 2 6 2026 ASBESTOS CONTROL & LICENSING 50204

Date of Notification (1): 03 / 18 / 26	Name of Building Owner/Operator (2): Jacobs Environmental Services
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 516 Manasquan Court
	City, State, Zip Code: Brick, NJ 08724
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 619 Bradley Avenue	Square Feet: 1100 / # of Floors: 1 / Bldg. Age: 80
City (5): Brielle	Current Use (Prior if being demolished): Residence
County (6): Monmouth / County Code (7)(STATE USE ONLY):	

Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc. / ASCM No.:	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address: 1889 Route 9, Unit 61	Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code: Toms River, New Jersey 08755	City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm: Nicholas Fernicola / Telephone No.: 732-349-9932	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 04 / 01 / 26 / Scheduled Completion Date (11): 04 / 03 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
interior	☐	☒	☐	asbestos floor tile	1100 sf	☒	☐	☐	☐
exterior-gable ends	☐	☒	☐	asbestos siding	200 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 04/03/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature:	Date: 3/18/26

ASB-41
JAN 13

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11944

PAID

Check # 11944

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

RECEIVED

Date of Notification (1): 3-21-26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 309 Jamestown Road	
City, State, Zip Code: Bridgewater NJ 08807	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single family Dwelling	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 309 Jamestown Road	
City (5): Bridgewater NJ 08807	Square Feet: ____ # of Floors: 2 Bldg. Age: 70 +-
County (6): Somerset	County Code (7) (STATE USE ONLY): ____ Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies	ASCM No.: N/A	Name of Abatement Contractor (9): EPC Technologies Inc
Street Address: P.O. Box 337		Street Address: P.O. Box 337
City, State, Zip Code: New Egypt, NJ 08533		City, State, Zip Code: New Egypt NJ 08533
Project Manager for Monitoring Firm: Steve Schenker	Telephone No.: 609 758-3365	Telephone No.: 609 758-3365 License No.: 00394
Start Date (10): April 6, 2026	Scheduled Completion Date (11): April 10, 2026	Name of OSHA Monitor: EPC Technologies
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: P.O. Box 337 City, State, Zip Code: New Egypt NJ 08533

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify - SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Lower level Floor		X		9x9 Floor Tiles	600 SF	X			

Name of Registered Waste Hauler: EPC Technologies	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Land fill
City, State: New Egypt NJ		Disposal Date: 4-10-26	City, State: Morrisville PA
Completed by: Steve Schenker	Title: President	Signature: Steve Schenker	Date: 3-21-26

ASB-41 (R-06-08)

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

50202

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
MAR 2 8 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 17 / 26	Name of Building Owner/Operator (2): 50202
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: **352 Edison Avenue**	
City, State, Zip Code: **Jackson, NJ 08527**	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Residence**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: **1003 Bayview Drive**			
City (5): **Bayville**		Square Feet: **1900**	# of Floors: **1** / Bldg. Age: **65**
County (6): **Ocean**	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): **Residence**	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): **Guardian Contracting, Inc.**	
Street Address		Street Address: **1889 Route 9, Unit 61**	
City, State, Zip Code		City, State, Zip Code: **Toms River, New Jersey 08755**	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: **732-349-9932**	License No.: **00624**
Start Date (10): 03 / 31 / 26	Scheduled Completion Date (11): 04 / 02 / 26	Name of OSHA Monitor: **E.M.S.L. Analytical**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: **1056 Stelton** / City, State, Zip Code: **Piscataway, New Jersey 08854**	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	**asbestos siding**	**900 sf**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Guardian Contracting, Inc.**	NJDEP Waste Hauler ID No.: **20223**	Cubic Yards of Waste: **3**	Name of Registered Landfill: **Fairless Landfill**
City, State: **Toms River, New Jersey**		Disposal Date: **04/02/26**	City, State: **Morrisville, Pennsylvania**

Completed By (Print or Type): **Nicholas Fernicola**	Title: **Project Manager**	Signature	Date: 3/17/26

ASB-41
JAN 13

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4969

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RECEIVED
MAR 23 2026
ASBESTOS CONTROL & LICENSING

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

HMD 25-211

Date of Notification (1): 3/20/2026	Name of Building Owner/Operator (2): 2000 Linwood Avenue Condominium Association Ck#4969
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 2000 Linwood Avenue
	City, State, Zip Code: Fort Lee, NJ 07024
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 2000 Linwood Condo Association	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2000 Linwood Avenue	
City (5): Fort Lee	Square Feet: 78,000 / # of Floors: 23 / Bldg. Age: 50+
County (6): Bergen / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Residential
Name of Monitoring Firm Hired by Building Owner (8): McCabe Environmental Services, LLC / ASCM No.: N/A	Name of Abatement Contractor (9): Hazmat Diagnostic, LLC
Street Address: 464 Valley Brook Avenue	Street Address: 16 Glenwild Ave
City, State, Zip Code: Lyndhurst NJ 07071	City, State, Zip Code: Bloomingdale, NJ 07403
Project Manager for Monitoring Firm: Jarred Panecki / Telephone No.: (732) 552-9615	Telephone No.: 973-928-3995 / License No.: 01181
Start Date (10): 04/01/2026 / Scheduled Completion Date (11): 04/04/2026	Name of OSHA Monitor: Hazmat Diagnostic, LLC
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Occupied	Street Address: 16 Glenwild Ave / City, State, Zip Code: Bloomingdale, NJ 07403
Scope of Work (Check All That Apply): ☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
23 D, 23 E & 23 F			x	Pipe Insulation	12 LF	x			

Name of Registered Waste Hauler: Hazmat Diagnostic, LLC/Century Waste	NJDEP Waste Hauler ID No.: 0035440/32797	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: Deni Naumovski	Date: 3/20/2026

ASB-41 (R-06-08)

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

4815

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID RECEIVED MAR 23 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 18 / 26	Name of Building Owner/Operator (2): DM Capital Group LLC CHECK#4814
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 302 Newark Avenue
	City, State, Zip Code: Jersey City, NJ 07104
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Building	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 375 4th Street	Square Feet: 3,500 / # of Floors: 3 / Bldg. Age: 50+
City (5): Jersey City	
County (6): HUDSON / County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished): Residential
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): EA Services Corporation
Street Address	Street Address: 530 Church Street- Suite 6
City, State, Zip Code	City, State, Zip Code: Ridgefield, NJ 07657
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-295-1700 / License No.: 01074
Start Date (10): 03 / 27 / 26 / Scheduled Completion Date (11): 04 / 01 / 26	Name of OSHA Monitor: Same as above
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-_____PM/_____PM-_____AM	Street Address / City, State, Zip Code

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof	☐	☒	☐	Roof Field Material	1,620 SF	☒	☐	☐	☐
First & Second Floor	☐	☐	☐	Window Caulking	28 Windows	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: EA Services Corporation	NJDEP Waste Hauler ID No.: 107086	Cubic Yards of Waste: tbd	Name of Registered Landfill: Minerva Enterprises
City, State: Ridgefield, NJ		Disposal Date: tbd	City, State: Waynesburg, OH

Completed By (Print or Type): Marisabel Toribio	Title: Clerical	Signature: Marisabel Toribio	Date: 3/18/26

ASB-41
JAN 13

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

1902

Print Form

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

PAID

RCHK # 1902

Date of Notification (1)	Name of Building Owner/Operator (2)
3/20/2026	

Agencies Notified	Type Notification	Street Address	City, State, Zip Code	Name of Contact	Telephone Number
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	64 Cosy Corner MAR 24 2026	Avenel, NJ 07001 ASBESTOS CONTROL & LICENSING		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 64 Cosy Corner	
City (5): Avenel, NJ 07001	Square Feet: 1,700 / # of Floors: 2 / Bldg. Age: 1947
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)
		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): 3/23/2026	Scheduled Completion Date (11): 3/27/2026	Name of OSHA Monitor: Iris Environmental Laboratories, Inc.

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

Street Address: 2333 Route 22 West
City, State, Zip Code: Union, NJ 07083

Scope of Work (Check All That Apply)
- ☒ ≥3 sf or ≥3 lf
- ☐ ≥160 sf or ≥260 lf
- ☒ Renovation
- ☐ Demolition
- ☒ Full Containment with Negative Pressure
- ☐ Mini-Enclosure
- ☐ Glovebag Procedure
- ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd Floor Bedroom			X	VAT/Mastic	140 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Danvic Contracting LLC	37574	TBD	Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Jeymy Donneys	Owner	Jeymy Donneys	3/20/2026

ASB-41 (R-06-08)

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

1901

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

RECEIVED
MAR 24 2026
ASBESTOS CONTROL & LICENSING

Chk # 1901

Date of Notification (1): 3/18/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 142 Paine Ave.	
City, State, Zip Code: Irvington, NJ 07111	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Property		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 142 Paine Ave.			
City (5): Irvington, NJ 07111		Square Feet: 1,532	# of Floors: 2 / Bldg. Age: 1926
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): 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): 3/20/2026	Scheduled Completion Date (11): 3/23/2026	Name of OSHA Monitor: Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: OCCUPIED		Street Address: 2333 Route 22 West	
		City, State, Zip Code: Union, NJ 07083	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	12 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: 3/18/2026

ASB-41 (R-06-08)

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1255

Check# 1255

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

RECEIVED
MAR 23 2026
& LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
03/20/2026	

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

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

Street Address: 2415 Maple Avenue
City, State, Zip Code: South Plainfield, NJ 07080
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private house
Street Address: 2415 Maple Avenue
City (5): South Plainfield, NJ 07080
County (6): Middlesex
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.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): Gr Tech LLC
Street Address: 576 Valley Road#283
City, State, Zip Code: Wayne, NJ 07470
Telephone No.: 973-356-3511
License No.: 01127

Start Date (10): 03/30/2026
Scheduled Completion Date (11): 03/31/2026
Name of OSHA Monitor: Envirovision Consultants, Inc
Street Address: 20-21 Wagaraw Road, Bldg.# 35 E
City, State, Zip Code: Fair Lawn, NJ 07410

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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			x	Duct insulation	20 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785	TBD	T.R.R.F. Inc
City, State: Wayne, NJ 07470		Disposal Date: TBD	City, State: Tullytown, PA

Completed by	Title	Signature	Date
G.Ristanovic	Owner	Gradimir Ristanovic	03/20/2026

ASB-41 (R-06-08)

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

Print Form

0239

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

PAID

RECEIVED
MAR 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
03/18/2026	

Agencies Notified	Type Notification	Street Address
[X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	[✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	234 Rhode Hall Rd
		City, State, Zip Code: Monroe NJ 08831
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residence	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 234 Rhode Hall Rd	Square Feet / # of Floors / Bldg. Age
City (5): Monroe	
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)
		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): 03/27/2026	Scheduled Completion Date (11): 03/30/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One)		Street Address: 6 White Dove Court
[ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: _____		City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior				Siding	1500 SF	✓			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Lead Professionals Inc	35103	5	IESI
City, State: Lakewood, NJ		Disposal Date: 03/30/2026	City, State: BETHLEHEM, PA

Completed by	Title	Signature	Date
JOSEPH PERLSTEIN	OWNER		03/18/2026

ASB-41 (R-06-08)

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

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RECEIVED
MAR 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
MARCH 16, 2026	

Agencies Notified	Type Notification	Street Address	
[X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	[ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation	906 VALLEY ROAD	
		City, State, Zip Code GILETTE NJ 07933	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)		
N/A	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 906 VALLEY ROAD			
City (5) GILLETTE	Square Feet 1818	# of Floors 2	Bldg. Age 1936
County (6) MORRIS	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) residental	

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.	Telephone No. 973-570-2645	License No. 01334
Start Date (10) 3/17/2026	Scheduled Completion Date (11) 3/24/2026	Name of OSHA Monitor Checkmark Industrial	
Occupancy Status During Abatement (Check Only One) [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address 54 Morgan Dr	
		City, State, Zip Code Sparta NJ 07871	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		VAT AND MASTIC	550 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
SELF HAUL		5	FAIRLESS
City, State SPARTA NJ		Disposal Date	City, State MORRISVILLE PA

Completed by	Title	Signature	Date
Corey Stankovic	CEO	C Stankovic	3/16/2026

ASB-41 (R-06-08)

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568

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

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MAR 16

Date of Notification (1): 03/13/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 535 Mountain Ave Apt 216
	City, State, Zip Code: New Providence NJ 07974
	Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 527 Lenox Ave	Square Feet: 2879 | # of Floors: 2 | Bldg. Age: 1902
City (5): Westfield	
County (6): Union	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.:
Street Address:	Name of Abatement Contractor (9): Abated
	Street Address: 111 Clark Place
City, State, Zip Code:	City, State, Zip Code: Elizabeth NJ 07206
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: 908-372-8375 | License No.:
Start Date (10): 03/27/2026	Scheduled Completion Date (11): 04/03/2026	Name of OSHA Monitor: Ryan Passos
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 111 Clark Place
		City, State, Zip Code: Elizabeth NJ 07206

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	TSI Pipe	200 LF	X			
Basement			X	VAT Floor Tile	1500 SF	X			

Name of Registered Waste Hauler: Abated	NJDEP Waste Hauler ID No.: 0038720	Cubic Yards of Waste: 15	Name of Registered Landfill: Fairless Hills (W-M)
City, State: Elizabeth NJ		Disposal Date: 04/03/2026	City, State: Morrisville PA
Completed by: Ryan J. Passos	Title: President	Signature:	Date: 1/2026.

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

ASB-41 (R-06-08)

3597

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

B & G Project # 2026-37

PAID

Check # 13597

Date of Notification (1)	Name of Building Owner/Operator (2)
03/09/2026	

MAR 16 2026
ASBESTOS CONTROL & LICENSING

Agencies Notified
- [x] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification
- [x] Initial
- [ ] Amended
- [ ] Amendment #_____
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address: 141 Southside Avenue
City, State, Zip Code: Bridgewater, NJ 08807
Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (i.e. private & commercial buildings, homes, etc.)

Street Address: 141 Southside Avenue
City (5): Bridgewater
Square Feet | # of Floors | Bldg. Age

County (6): Somerset
County Code (7) (STATE USE ONLY) _____
Current Use (Prior if being demolished): residential

Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.

Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 1234 Route 23
City, State, Zip Code: Butler, NJ 07405

Project Manager for Monitoring Firm | Telephone No.

Telephone No.: 973-696-6869
License No.: 00378

Start Date (10): 03/19/2026
Scheduled Completion Date (11): 04/02/2026

Name of OSHA Monitor: B & G Restoration, Inc.
Street Address: 1234 Route 23
City, State, Zip Code: Butler, NJ 07405

Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Other – Describe: Occupied

Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Wrap and Cut
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
MixingTank # 1			X	Tank insulation	550 sf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
B & G Restoration Inc.	19563	10	Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 03/20-4/2/026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Gordana Luna	Secretary / Treasurer	Gordana Luna	03/09/2026

ASB-41 (R-06-08)

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4076

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RECEIVED
MAR 16 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3/11/2026	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 89 Forest Avenue
	City, State, Zip Code: Berkeley Heights, NJ 07922
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 89 Forest Avenue	
City (5): Berkeley Heights	Square Feet: / # of Floors: / Bldg. Age:
County (6): Union	County Code (7) *(STATE USE ONLY)*: _____ / Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9): All Pro Management, LLC
Street Address: PO Box 354		Street Address: 27 Outwater Lane
City, State, Zip Code: South Orange, NJ 07079		City, State, Zip Code: Garfield, NJ 07026
Project Manager for Monitoring Firm: Sarah Calandra	Telephone No.: 201-394-2666	Telephone No.: 973-928-4888 / License No.: 1188
Start Date (10): 3/20/2026	Scheduled Completion Date (11): 4/30/2026	Name of OSHA Monitor: A. Seine Lighthouse Solutions
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: PO Box 354 / City, State, Zip Code: South Orange, NJ 07079

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing. VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	600 SF	X			

Name of Registered Waste Hauler: Century Waste LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste:	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date:	City, State: Morrisville, PA

Completed by: Jacqueline Anello	Title: Office Administrator	Signature: Jacqueline Anello	Date: 3/11/2026

ASB-41 (R-06-08)

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

Print Form

1896

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

PAID

Chk #1896

MAR 13 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/9/2026	Name of Building Owner/Operator (2): GN MANAGEMENT INC.
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 30 Hudson St. 30th floor, Suite 301
	City, State, Zip Code: Jersey City, NJ 07302
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Property	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 186 Terrace Ave.	
City (5): Jersey City, NJ 07307	Square Feet: 2,032 / # of Floors: 2 / Bldg. Age: 1958
County (6): Hudson / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential Single Home
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): 3/21/2026 / Scheduled Completion Date (11): 3/25/2026	Name of OSHA Monitor: Iris Environmental Laboratories, Inc.
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 2333 Route 22 West / City, State, Zip Code: Union, NJ 07083

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Transite Exterior Siding	1,500 SF	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: 3/9/2026

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

ASB-41 (R-06-08)

0756300607

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

PAID

RECEIVED
MAR 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): MARCH 12, 2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
Street Address: 167 SYCAMORE AVE	
City, State, Zip Code: NORTH PLAINFIELD NJ 07060	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): N/A		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 167 SYCAMORE AVE			
City (5): NORTH PLAINFIELD		Square Feet: 1922	# of Floors: 2 / Bldg. Age: 1902
County (6): SOMERSET	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): residental	
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.	Telephone No.: 973-570-2645	License No.: 01334
Start Date (10): 03/13/2026	Scheduled Completion Date (11): 03/20/2026	Name of OSHA Monitor: Checkmark Industrial	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 54 Morgan Dr / City, State, Zip Code: Sparta NJ 07871	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1ST/2ND FLOOR HALLWAYS		X		CEILING & WALL PLASTER	325 SF	X			
AND STAIR WELLS									

Name of Registered Waste Hauler: SELF HAULER	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 4	Name of Registered Landfill: FAIRLESS
City, State: SPARTA NJ		Disposal Date	City, State: MORRISVILLE PA
Completed by: Corey Stankovic	Title: CEO	Signature: C Stankovic	Date: 3/12/2026

ASB-41 (R-06-08)

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

2102

4351914

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

PAID

RECEIVED
MAR 19 2026
ASBESTOS CONTROL & [illegible]

Date of Notification (1): 3/15/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 28 Noll Terr	
City, State, Zip Code: Clifton NJ 07013	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single Family Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 28 Noll Terr	Square Feet: unknown; # of Floors: 2; Bldg. Age: unknown
City (5): Clifton	Current Use (Prior if being demolished)
County (6): Passaic	County Code (7) *(STATE USE ONLY)* _____
Name of Monitoring Firm Hired by Building Owner (8): TBD	ASCM No.
Street Address	
City, State, Zip Code	
Project Manager for Monitoring Firm: TBD	Telephone No.
Start Date (10): 3/17/2026	Scheduled Completion Date (11): 3/18/2026
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	

Name of Abatement Contractor (9): Gold Coast Management LLC	
Street Address: 30 Sherman Ave	
City, State, Zip Code: Jersey City, NJ 07307	
Telephone No.: 908-270-8556	License No.: 02109
Name of OSHA Monitor: John Kim	
Street Address: 254 Ridgewood Ave	
City, State, Zip Code: Glen Ridge NJ 07028	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile	300 SF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: NJ860	Cubic Yards of Waste: 5	Name of Registered Landfill: Conestoga Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Morgantown PA
Completed by: John Kim	Title: President	Signature	Date: 3/15/2026

ASB-41 (R-06-08)

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

4855

Print Form

PAID

RECEIVED
MAR 16 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3/12/26		Name of Building Owner/Operator (2):	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 24 Edgecliff Rd.	
		City, State, Zip Code: Upper Montclair, NJ 07043	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 24 Edgecliff Rd.			
City (5): Upper Montclair		Square Feet: 2500	# of Floors: 2 / Bldg. Age: 60 +/-
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential Home	
Name of Monitoring Firm Hired by Building Owner (8): Project Manager	ASCM No.	Name of Abatement Contractor (9): All Stages Abatement	
Street Address:		Street Address: 55 Cannonball Rd.	
City, State, Zip Code:		City, State, Zip Code: Pompton Lakes, NJ 07442	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-600-3184	License No.: 01305
Start Date (10): 3/13/26	Scheduled Completion Date (11): 3/15/26	Name of OSHA Monitor: Same As Above	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 8 A.M to 4 P.M		Street Address:	
		City, State, Zip Code:	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Wrap	16 LF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 2 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA

Completed by: Richard Cristofol	Title: President	Signature:	Date: 3/12/26

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

ASB-41 (R-06-08)

4200

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED MAR 19 2026 & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
3 / 11 / 26	

Agencies Notified	Type Notification	Street Address	Telephone Number
☐ EPA ☑ DOLWD ☑ DOH ☐ DCA (NJAC 5:23-8)	☐ Initial ☐ Amended Amendment # ☑ Emergency (including justification) ☐ Cancellation	142 Lakedale Drive City, State, Zip Code: Lawrence Township, NJ 08648 Name of Contact:	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Street Address: 142 Lakedale Drive	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, homes, etc.)

City (5)	Square Feet	# of Floors	Bldg. Age
Lawrence Township	1064	1	76

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Mercer		Home

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
AZ Solution Consulting		Brick Industries, Inc.
Street Address: 27 Susquehanna Ave		Street Address: PO Box 915
City, State, Zip Code: Rochelle Park, NJ 07662		City, State, Zip Code: Brick, NJ 08723

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
Aleksander Zivanov	347-612-1572	7328997499	01196

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
3 / 12 / 26	3 / 13 / 26	AZ Solution Consulting

Occupancy Status During Abatement (Check only one)	Street Address / City, State, Zip Code
☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	27 Susquehanna Ave Rochelle Park, NJ 07662

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	☐	☐	☐	Floor tile	250SF	☒	☐	☐	☐
Basement	☐	☐	☐	Mastic	250SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Brick Industries, Inc.	21602		Fairless Landfill
City, State: Brick, NJ		Disposal Date: 3/14/26	City, State: Morrisville, PA

Completed By (Print or Type)	Title	Signature	Date
Eric Plackis	President		3/11/26

ASB-41
JAN 13

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

2101

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

Date of Notification (1): 3/15/2026	Name of Building Owner/Operator (2): RECEIVED MAR 19 2026
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 94 Elder Ave	
City, State, Zip Code: Bergenfield, NJ 07621	
Name of Contact: ASBESTOS	Telephone Number: INSPECTION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single Family Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 94 Elder Ave	
City (5): Bergenfield	Square Feet: unknown; # of Floors: 2; 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): Gold Coast Management 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): 3/22/2026; Scheduled Completion Date (11): 3/23/2026	Name of OSHA Monitor: John Kim
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 254 Ridgewood Ave; City, State, Zip Code: Glen Ridge NJ 07028

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile	350 SF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: NJ860	Cubic Yards of Waste: 5	Name of Registered Landfill: Conestoga Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Morgantown PA
Completed by: John Kim	Title: President	Signature	Date: 3/15/2026

ASB-41 (R-06-08)

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

1199

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

PAID

RECEIVED
MAR 19 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 10 / 26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☑ DOLWD ☑ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment # ☑ Emergency (including justification) ☐ Cancellation
Street Address: 48 Greenwood Ave	
City, State, Zip Code: Madison, NJ 07940	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 48 Greenwood Ave	
City (5): Madison	Square Feet: 3000 / # of Floors: 3 / Bldg. Age: 136
County (6): Morris / County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Home
Name of Monitoring Firm Hired by Building Owner (8): AZ Solution Consulting / ASCM No.:	Name of Abatement Contractor (9): Brick Industries, Inc.
Street Address: 27 Susquehanna Ave	Street Address: PO Box 915
City, State, Zip Code: Rochelle Park, NJ 07662	City, State, Zip Code: Brick, NJ 08723
Project Manager for Monitoring Firm: Aleksander Zivanov / Telephone No.: 347-612-1572	Telephone No.: 7328997499 / License No.: 01196
Start Date (10): 3 / 11 / 26 / Scheduled Completion Date (11): 3 / 13 / 26	Name of OSHA Monitor: AZ Solution Consulting
Occupancy Status During Abatement (Check only one): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 27 Susquehanna Ave / City, State, Zip Code: Rochelle Park, NJ 07662

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd floor	☐	☐	☐	Ceiling plaster	310Sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Brick Industries, Inc.	NJDEP Waste Hauler ID No.: 21602	Cubic Yards of Waste:	Name of Registered Landfill: Fairless Landfill
City, State: Brick, NJ		Disposal Date: 3/14/26	City, State: Morrisville, PA
Completed By (Print or Type): Eric Plackis	Title: President	Signature:	Date: 3/10/26

ASB-41
JAN 13

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

4863

Print Form

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MAR 23 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3/18/26	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 95 Elmwood Dr.
	City, State, Zip Code: Elmwood Park, NJ 07407
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 95 Elmwood Dr.			
City (5): Elmwood Park		Square Feet: 1800	# of Floors: 2 / Bldg. Age: 60 +/-
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential Home	
Name of Monitoring Firm Hired by Building Owner (8): Project Manager	ASCM No.	Name of Abatement Contractor (9): All Stages Abatement	
Street Address:		Street Address: 55 Cannonball Rd.	
City, State, Zip Code:		City, State, Zip Code: Pompton Lakes, NJ 07442	
Project Manager for Monitoring Firm:	Telephone No.	Telephone No.: 201-600-3184	License No.: 01305
Start Date (10): 4/6/26	Scheduled Completion Date (11): 4/10/26	Name of OSHA Monitor: Same As Above	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: 8 A.M to 4 P.M		Street Address: / City, State, Zip Code:	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[ ] Renovation
[X] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	502 SF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 6 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA

Completed by: Richard Cristofol	Title: President	Signature:	Date: 3/18/26

ASB-41 (R-06-08)

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

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PAID

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

RECEIVED
MAR 24 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/17/2026	Name of Building Owner/Operator (2): WEATHERIZATION ASSISTANCE PROGRAM, MORRIS COUNTY
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 95-97 BASSET HWY City, State, Zip Code: DOVER ,NJ.07801 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PRIVATE HOUSE		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 32 AUDREY PLACE			
City (5): DOVER		Square Feet: N/A	# of Floors: N/A / Bldg. Age: N/A
County (6): MORRIS	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): PTIVATE HOUSE	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): EHW ABATEMENT LLC	
Street Address		Street Address: 89 FRANKLIN STREET	
City, State, Zip Code		City, State, Zip Code: PATERSON,NJ.07524	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-333-5144	License No.: 01274
Start Date (10): O3/30/2026	Scheduled Completion Date (11): 04/01/2026	Name of OSHA Monitor: EHW ABATEMENT LLC	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: OCCUPIED		Street Address: 89 FRANKLIN STREET City, State, Zip Code: PATERSON,NJ.07524	

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
				VERMICULITE INSULATION	100 SF				

Name of Registered Waste Hauler: EHW ABATEMENT LLC	NJDEP Waste Hauler ID No.: 0037095	Cubic Yards of Waste: TBD	Name of Registered Landfill: TRI STATE TRANSFER
City, State: PATERSON,NJ		Disposal Date: TBD	City, State: BRONX,NY
Completed by: Victor Espiritu	Title: Project Manager	Signature:	Date: 03/17/2026

ASB-41 (R-06-08)

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

1201

PAID

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

4351288

RECEIVED
MAR 19 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
3 / 12 / 26	

Agencies Notified	Type Notification	Street Address	Telephone Number
☐ EPA ☑ DOLWD ☑ DOH ☐ DCA (NJAC 5:23-8)	☐ Initial ☐ Amended Amendment # ☑ Emergency (including justification) ☐ Cancellation	35 Wilson Ave City, State, Zip Code: Freehold, NJ 07728 Name of Contact:	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Street Address: 35 Wilson Ave	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, homes, etc.)

City (5)	Square Feet	# of Floors	Bldg. Age
Freehold	2000	2	59

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Monmouth		Home

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
AZ Solution Consulting		Brick Industries, Inc.
Street Address: 27 Susquehanna Ave		Street Address: PO Box 915
City, State, Zip Code: Rochelle Park, NJ 07662		City, State, Zip Code: Brick, NJ 08723
Project Manager for Monitoring Firm: Aleksander Zivanov	Telephone No.: 347-612-1572	Telephone No.: 7328997499 / License No.: 01196

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
3 / 13 / 26	3 / 14 / 26	AZ Solution Consulting

Occupancy Status During Abatement (Check only one)	Street Address / City, State, Zip Code
☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	27 Susquehanna Ave Rochelle Park, NJ 07662

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
First floor	☐	☐	☐	Floor tile	400SF	☒	☐	☐	☐
First floor	☐	☐	☐	Mastic	400SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Brick Industries, Inc.	21602		Fairless Landfill
City, State: Brick, NJ		Disposal Date: 3/16/26	City, State: Morrisville, PA

Completed By (Print or Type)	Title	Signature	Date
Eric Plackis	President		3/12/26

ASB-41
JAN 13

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287

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

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MAR 20 2026

Date of Notification (1)	Name of Building Owner/Operator (2)
3/16/26	

Agencies Notified	Type Notification	Street Address	Telephone Number
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	21 Prospect St City, State, Zip Code: Belleville NJ 07109 Name of Contact:	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residential	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 21 Prospect St	
City (5): Belleville	Square Feet: # of Floors: Bldg. Age:
County (6): Essex County	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 Asbestos
Street Address		Street Address: 2208B Hamilton Blvd
City, State, Zip Code		City, State, Zip Code: South Plainfield, NJ 07080
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-289-7360 / License No.: 02010

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
3/17/26	3/23/26	Chris Weber

Occupancy Status During Abatement (Check Only One)	Street Address / City, State, Zip Code
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	2208B Hamilton Blvd South Plainfield, NJ 07080

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen		x		Plaster	144SF	x			
		x							
		x							
		x							

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
AAA Asbestos	113709	TBD	Grand Central Landfill
City, State: Newark, NJ		Disposal Date: TBD	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Frank Formisano	Owner		3/16/26

ASB-41 (R-06-08)

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MAR 18 2026

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

Date of Notification (1): 3/14/26	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [X] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 469 Beardsley Ave
	City, State, Zip Code: Bloomfield, NJ 07003
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 469 Beardsley Ave			
City (5): Bloomfield	Square Feet	# of Floors	Bldg. Age
County (6): Essex County	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 Asbestos	
Street Address		Street Address: 2208B Hamilton Blvd	
City, State, Zip Code		City, State, Zip Code: South Plainfield, NJ 07080	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-289-7360	License No.: 02010
Start Date (10): 3/14/26	Scheduled Completion Date (11): 3/20/26	Name of OSHA Monitor: Chris Weber	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 2208B Hamilton Blvd / City, State, Zip Code: South Plainfield, NJ 07080	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[ ] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen		X		Plaster	100SF	x			
		X							
		X							
		X							

Name of Registered Waste Hauler: AAA Asbestos	NJDEP Waste Hauler ID No.: 113709	Cubic Yards of Waste: TBD	Name of Registered Landfill: Grand Central Landfill
City, State: Newark, NJ		Disposal Date: TBD	City, State: Pen Argyl, PA

Completed by: Frank Formisano	Title: Owner	Signature	Date: 3/14/26

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4852

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

RECEIVED
MAR 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/12/26	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
Street Address: 432 Woodmill Dr.	
City, State, Zip Code: Cranbury, NJ 08512	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 432 Woodmill Dr.	
City (5): Cranbury	Square Feet: 2100 / # of Floors: 2 / Bldg. Age: 60 +/-
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished): Residential Home
Name of Monitoring Firm Hired by Building Owner (8): Project Manager / ASCM No.	Name of Abatement Contractor (9): All Stages Abatement
Street Address:	Street Address: 55 Cannonball Rd.
City, State, Zip Code:	City, State, Zip Code: Pompton Lakes, NJ 07442
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-600-3184 / License No.: 01305
Start Date (10): 3/18/26 / Scheduled Completion Date (11): 3/20/26	Name of OSHA Monitor: Same As Above
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 8 A.M to 4 P.M	Street Address: / City, State, Zip Code:

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen		x		VAT	115 SF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 3 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA

Completed by: Richard Cristofol	Title: President	Signature:	Date: 3/12/26

ASB-41 (R-06-08)

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

RECEIVED
MAR 19 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/13/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 223 Terrace Road City, State, Zip Code: Franklin Lakes, NJ 07417 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single Family Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 223 Terrace Road			
City (5): Franklin Lakes		Square Feet: unknown	# of Floors: 2 / 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): Gold Coast Management 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): 3/20/2026	Scheduled Completion Date (11): 3/21/2026	Name of OSHA Monitor: John Kim	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 254 Ridgewood Ave City, State, Zip Code: Glen Ridge NJ 07028	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile	900 SF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: NJ860	Cubic Yards of Waste: 5	Name of Registered Landfill: Conestoga Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Morgantown PA
Completed by: John Kim	Title: President	Signature	Date: 3/13/2026

ASB-41 (R-06-08)

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

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MAR 10 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/10/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 37-39 Richelieu Pl
	City, State, Zip Code: Newark NJ
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 37-39 Richelieu Pl			
City (5): Newark		Square Feet: 1,367	# of Floors: 2 / Bldg. Age: 1922
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): Abated	
Street Address		Street Address: 111 Clark Place	
City, State, Zip Code		City, State, Zip Code: Elizabeth NJ 07206	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 908-372-8375	License No.: 02019
Start Date (10): 03/20/2026	Scheduled Completion Date (11): 04/03/2026	Name of OSHA Monitor: Ryan Passos	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address: 111 Clark Place / City, State, Zip Code: Elizabeth NJ 07206	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd floor 3 bedrooms, 1st floor hallway, living room, sunroom & entryway foyer.			X	All remaining plaster walls/ ceilings	2,000 S.F	X			

Name of Registered Waste Hauler: Abated	NJDEP Waste Hauler ID No.: 0038720	Cubic Yards of Waste: 15	Name of Registered Landfill: Fairless Hills (W-M)
City, State: Elizabeth NJ		Disposal Date: 04/03/2026	City, State: Morrisville PA
Completed by: Ryan J. Passos	Title: President	Signature	Date: 03/10/2026

ASB-41 (R-06-08)

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1894

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Chk # 1894
MAR 13 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3/6/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 7 Wildwood Rd.	
City, State, Zip Code: Stanhope, NJ 07874	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Property	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 7 Wildwood Rd.	
City (5): Stanhope, NJ 07874	Square Feet: 1,120 / # of Floors: 2 / Bldg. Age: 1965
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): 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): 3/16/2026 / Scheduled Completion Date (11): 3/30/2026	Name of OSHA Monitor: Iris Environmental Laboratories, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: OCCUPIED	Street Address: 2333 Route 22 West / City, State, Zip Code: Union, NJ 07083

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Popcorn Ceiling	300 SF	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: 3/6/2026

ASB-41 (R-06-08)

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MAR 13 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 03/09/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 37 Pearl St City, State, Zip Code: North Plainfield NJ Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 37 Pearl St	Square Feet: # of Floors: Bldg. Age:
City (5): North Plainfield	
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): 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): 04/13/2026 Scheduled Completion Date (11): 04/13/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____	Street Address: 6 White Dove Court City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Interior				Pipe Insulation	25 LF	✓			

Name of Registered Waste Hauler: Lead Professionals Inc	NJDEP Waste Hauler ID No.: 35103	Cubic Yards of Waste: 3	Name of Registered Landfill: IESI
City, State: Lakewood, NJ		Disposal Date: 04/13/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature:	Date: 03/09/2026

ASB-41 (R-06-08)

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

RECEIVED
MAR 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/09/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 13 Heritage Rd	
City, State, Zip Code: Old Tappan NJ 07675	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 13 Heritage Rd			
City (5): Old Tappan			Square Feet / # of Floors / Bldg. Age
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	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): 03/18/2026	Scheduled Completion Date (11): 03/18/2026	Name of OSHA Monitor: AAA Lead Professionals	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____		Street Address: 6 White Dove Court City, State, Zip Code: Lakewood, NJ, 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior				Siding	1500 SF	✓			

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: 03/18/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 03/09/2026

ASB-41 (R-06-08)

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2019

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

Date of Notification (1): 03 / 10 / 26	Name of Building Owner/Operator (2): BCS0196
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 23 Sunnie Terrace	MAR 13 2026
City, State, Zip Code: West Caldwell, NJ 07006	
Name of Contact	Telephone Number — ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 23 Sunnie Terrace	
City (5): West Caldwell	Square Feet: 2000 / # of Floors: 2 / Bldg. Age: 75
County (6): Essex / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address: 1889 Route 9, Unit 61		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code: Toms River, New Jersey		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm: Nicholas Fernicola	Telephone No.: 732-349-9932	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 03 / 20 / 26	Scheduled Completion Date (11): 03 / 23 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton; City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement	☐	☒	☐	asbestos pipe insulation	60 lf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 03/23/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 3/10/26

ASB-41
JAN 13

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

J0190

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED MAR 13 2026 ASBESTOS CONTROL & LICENSING

50190

Date of Notification (1): 03 / 10 / 26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: **326 Mountain Road**	
City, State, Zip Code: **Lebanon, NJ 08833**	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Residence**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: **551 Main Street**			
City (5): **Metuchen**		Square Feet: **1000**	# of Floors: **2** / Bldg. Age: **85**
County (6): **Middlesex**	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): **Residence**	
Name of Monitoring Firm Hired by Building Owner (8): **Guardian Contracting**	ASCM No.	Name of Abatement Contractor (9): **Guardian Contracting, Inc.**	
Street Address: **1889 Route 9, Unit 61**		Street Address: **1889 Route 9, Unit 61**	
City, State, Zip Code: **Toms River, New Jersey**		City, State, Zip Code: **Toms River, New Jersey 08755**	
Project Manager for Monitoring Firm: **Nicholas Fernicola**	Telephone No.: **732-349-9932**	Telephone No.: **732-349-9932**	License No.: **00624**
Start Date (10): 03 / 30 / 26	Scheduled Completion Date (11): 04 / 01 / 26	Name of OSHA Monitor: **E.M.S.L. Analytical**	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: **1056 Stelton** / City, State, Zip Code: **Piscataway, New Jersey 08854**	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement	☐	☒	☐	**asbestos pipe insulation**	**70 lf**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Guardian Contracting, Inc.**	NJDEP Waste Hauler ID No.: **20223**	Cubic Yards of Waste: **3**	Name of Registered Landfill: **Fairless Landfill**
City, State: **Toms River, New Jersey**		Disposal Date: **04/01/26**	City, State: **Morrisville, Pennsylvania**

Completed By (Print or Type): **Nicholas Fernicola**	Title: **Project Manager**	Signature:	Date: 3/10/26

ASB-41
JAN 13

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

32184

PAID

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

RECEIVED
S0184
MAR 13 2020
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 09 / 26	Name of Building Owner/Operator (2): Ingalls Custom Contracting
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 2307 Hwy. 71
	City, State, Zip Code: Spring Lake Heights, NJ 07762
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 311 Madison Avenue			
City (5): Spring Lake		Square Feet: 4300	# of Floors: 3 / Bldg. Age: 115
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): Guardian Contracting, Inc.	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address: 1889 Route 9, Unit 61		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code: Toms River, New Jersey 08755		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm: Nicholas Fernicola	Telephone No.: 732-349-9932	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 03 / 23 / 26	Scheduled Completion Date (11): 04 / 10 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	7000 sf	☒	☐	☐	☐
1st floor dining room	☐	☒	☐	asbestos plaster	1000 sf	☒	☐	☐	☐
2nd floor bedroom & bathroom	☐	☒	☐	asbestos plaster	1110 sf	☒	☐	☐	☐
2nd floor den	☐	☒	☐	joint compound	800 sf	☒	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 15	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 04/10/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature:	Date: 3/9/26

ASB-41
JAN 13

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

30185

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

PAID

RECEIVED 30185

MAR 13 2026

BUREAU OF LICENSING

Date of Notification (1): 03 / 09 / 26	Name of Building Owner/Operator (2): Tradewinds Builders, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 2908 Baltic Avenue
	City, State, Zip Code: Beach Haven Gardens, NJ 08008-2646
	Name of Contact: [illegible] Telephone Number: [illegible]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 123 E. Mississippi Avenue	Square Feet: 1000 / # of Floors: 1 / Bldg. Age: 80
City (5): LB Twp	
County (6): Ocean / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 03 / 19 / 26 / Scheduled Completion Date (11): 03 / 23 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	210 sf	☒	☐	☐	☐
exterior	☐	☒	☐	asbestos transite skirt	750 sf	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 03/23/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 3/9/26

ASB-41
JAN 13

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19567

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED MAR 13 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 9 / 26	Name of Building Owner/Operator (2): Brighton Towers
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 2834 Atlantic Ave
	City, State, Zip Code: Atlantic City, NJ 08401
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Brighton Towers	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 2834 Atlantic Ave	
City (5): Atlantic City, NJ 08401	Square Feet: 350,000 / # of Floors: 14 / Bldg. Age: 59
County (6): Atlantic / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Condominiums
Name of Monitoring Firm Hired by Building Owner (8): Vertex / ASCM No.	Name of Abatement Contractor (9): Alliance Environmental Systems
Street Address: 2501 Seaport Dr	Street Address: 550 East Union St.
City, State, Zip Code: Chester, PA 19013	City, State, Zip Code: West Chester, PA 19382
Project Manager for Monitoring Firm: Dave Turotsy / Telephone No.: 610-558-8902	Telephone No.: 610-701-9000 / License No.: 00508
Start Date (10): 3 / 23 / 26 / Scheduled Completion Date (11): 6 / 15 / 26	Name of OSHA Monitor: Vertex
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/_____PM-_____AM	Street Address: 2501 Seaport Drive / City, State, Zip Code: Chester, PA 19013

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
35 Units	☐	☐	☒	Floor Tile 35 units @ 500 SF / UNIT	17,500 SF	☒	☐	☐	☐
	☐	☐	☒			☒	☐	☐	☐
	☐	☐	☒			☒	☐	☐	☐
	☐	☐	☒			☒	☐	☐	☐

Name of Registered Waste Hauler: Mazza Recycling / Liberty Waste	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 100	Name of Registered Landfill: Atlantic County
City, State: Tinton Falls, NJ		Disposal Date	City, State: Egg Harbor Township, NJ

Completed By (Print or Type): Mark H. Griffin	Title: PM	Signature: Mark H. Griffin	Date: 3/9/26

ASB-41
MAY 11

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Print Form

1248

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

RECEIVED
MAR 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
03/11/2026	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	18 Springdale Court
		City, State, Zip Code: Clifton, NJ 07013
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private residence	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 18 Springdale Court	

City (5)	Square Feet	# of Floors	Bldg. Age
Clifton	1450	1	78

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Passaic	_____	Animal Hopsital

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Sevnec Environmental		Dynamics Development Services Inc.
Street Address: 4365 Wilder Avenue 1st Floor		Street Address: 557 Grand Concourse suite 3-51
City, State, Zip Code: Bronx, NY 10466		City, State, Zip Code: Bronx, NY 10451

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
Nosa Igbinosa	3472571796	718-906-1055	01241

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
3/28/26	4/28/26	

Occupancy Status During Abatement (Check Only One)	Street Address
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: residents will be out of home	City, State, Zip Code

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen			x	flooring	200sf	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	32797	3	Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 3/31/26	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Angela Martinez	Owner	Angela Martinez	3/11/2026

ASB-41 (R-06-08)

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1 of 1 CK

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED MAR 12 2026 ASBESTOS CONTROL & LICENSING

Due to weather from snow storm.

Date of Notification (1): 03 / 05 / 26	Name of Building Owner/Operator (2): ASP Entity, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 16 McClellan Street
	City, State, Zip Code: Cranford, NJ 07016
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 667 Seminary Avenue	
City (5): Rahway	Square Feet: 1600 / # of Floors: 2 / Bldg. Age: 100
County (6): Union / County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc. / ASCM No.:	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm: Nicholas Fernicola / Telephone No.: 732-349-9932	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 03 / 06 / 26 / Scheduled Completion Date (11): 03 / 11 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	2700 sf	☒	☐	☐	☐
basement & crawlspace	☐	☒	☐	asbestos pipe insulation	80 lf	☒	☐	☐	☐
basement	☐	☒	☐	flue pipe cement	1 sf	☒	☐	☐	☐
kitchen	☐	☒	☐	asbestos floor tile	100 sf	☒	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 5	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 03/11/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 3/5/26

ASB-41
JAN 13

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MAR - 9 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): March 5, 2026	Name of Building Owner/Operator (2): The Mansions Urban Renewal Association, c/o SHP Mgt Corp
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 7 Thomas Drive
	City, State, Zip Code: Cumberland-Foreside, ME 04110
	Name of Contact: Property Manager — Telephone Number: 856-627-3300

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Mansion Apartments Bldg. 900	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 220 W Branch Avenue	
City (5): Pine Hill	Square Feet: 24,000 — # of Floors: 2 — Bldg. Age: 50+
County (6): Camden — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Commercial

Name of Monitoring Firm Hired by Building Owner (8): Environmental Technicians — ASCM No.:	Name of Abatement Contractor (9): ecoservices, LLC	
Street Address: 441 East 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.: 484-872-8884 — License No.: 01161	
Start Date (10): March 11, 2026 — Scheduled Completion Date (11): March 27, 2026	Name of OSHA Monitor: EMSL	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: Unoccupied apartments	Street Address: 200 Route 130 North City, State, Zip Code: Cinnaminson, NJ	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Unit 917 (fire unit)		X		GWB/Joint Compound	700 SF	x			
Unit 918 (fire unit)		X		GWB/Joint Compound	700 SF	x			

Name of Registered Waste Hauler: Waste Management — NJDEP Waste Hauler ID No.:	Cubic Yards of Waste: 20	Name of Registered Landfill: Fairless Landfill	
City, State: Camden, NJ	Disposal Date: TBD	City, State: Morrisville, PA	
Completed by: Jack Bally — Title: Sr. Project Manager	Signature: Jack Bally QP	Date: 3/5/2026	

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 5:16)

4347361 Amended dup to Jan snow storm

RECEIVED MAR 5 2026 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 02 / 26	Name of Building Owner/Operator (2): Dwell Renovations, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 1 Camelot Court
	City, State, Zip Code: Lanoka Harbor, NJ 08734
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 110 G Street	
City (5): Seaside Park	Square Feet: 1100 / # of Floors: 1 / Bldg. Age: 80
County (6): Ocean / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 03 / 05 / 26 / Scheduled Completion Date (11): 03 / 13 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1100 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 03/12/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager		3/2/26

ASB-41
JAN 13

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

Print Form

4828

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

RECEIVED
MAR 13 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2/20/26	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
	Street Address: 131 Woodland Rd.
	City, State, Zip Code: Piscataway, NJ 08854
	Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 131 Woodland Rd.			
City (5): Piscataway		Square Feet: 2100	# of Floors: 2 / Bldg. Age: 60 +/-
County (6): Middlesex	County Code (7) (STATE USE ONLY): _____		Current Use (Prior if being demolished): Residential Home
Name of Monitoring Firm Hired by Building Owner (8): Project Manager	ASCM No.		Name of Abatement Contractor (9): All Stages Abatement
Street Address:			Street Address: 55 Cannonball Rd.
City, State, Zip Code:			City, State, Zip Code: Pompton Lakes, NJ 07442
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-600-3184	License No.: 01305
Start Date (10): 2/22/26	Scheduled Completion Date (11): 2/23/26		Name of OSHA Monitor: Same As Above
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 8 A.M to 4 P.M			Street Address: / City, State, Zip Code:

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Bedroom		x		VAT	120 SF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 3 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA

Completed by: Richard Cristofol	Title: President	Signature:	Date: 2/20/26

ASB-41 (R-06-08)

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

4829

Print Form

PAID

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

Date of Notification (1): 2/20/26	Name of Building Owner/Operator (2):

RECEIVED
MAR 13 2026
SBP - ASBESTOS CONTROL & LICENSING

Agencies Notified	Type Notification	Street Address / City, State, Zip Code / Name of Contact / Telephone Number
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 124 Adams Ave. City, State, Zip Code: South Plainfield, NJ 07080 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 124 Adams Ave.			
City (5): South Plainfield		Square Feet: 2000	# of Floors: 2 / Bldg. Age: 60 +/-
County (6): Middlesex	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Residential Home	
Name of Monitoring Firm Hired by Building Owner (8): Project Manager	ASCM No.	Name of Abatement Contractor (9): All Stages Abatement	
Street Address:		Street Address: 55 Cannonball Rd.	
City, State, Zip Code:		City, State, Zip Code: Pompton Lakes, NJ 07442	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-600-3184	License No.: 01305
Start Date (10): 2/24/26	Scheduled Completion Date (11): 2/27/26	Name of OSHA Monitor: Same As Above	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8 A.M to 4 P.M		Street Address: City, State, Zip Code:	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Bedroom		x		VAT	625 SF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 6 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA

Completed by: Richard Cristofol	Title: President	Signature	Date: 2/20/26

ASB-41 (R-06-08)

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

2319

PAID

Print Form

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

K# 2319
ISSUED

Date of Notification (1) 3/2/2026	Name of Building Owner/Operator (2) Interglobo NA Real Estate LLC
Agencies Notified [x] EPA [x] DEP [x] DOL [x] DOH [x] DCA Type Notification [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address 650 Liberty Ave MAR 12 2026 City, State, Zip Code Union NJ ASBESTOS CONTROL & LICENSING Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Property			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address 650 Liberty Ave			
City (5) Union NJ	Square Feet 365000SF	# of Floors 2 floor	Bldg. Age +50
County (6) Union County	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. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC	
Street Address N/A		Street Address 1435 51st Street	
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047	
Project Manager for Monitoring Firm N/A	Telephone No.	Telephone No. 201-552-9685	License No. 01384
Start Date (10) 1/16/2026	Scheduled Completion Date (11) 3/30/2026	Name of OSHA Monitor Hillman Counsulting	
Occupancy Status During Abatement (Check Only One) [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 7:00 AM to 4:00 PM		Street Address 1620 Route 22 East City, State, Zip Code Union NJ 07803	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Mezzanine			x	Floor tile	59200 SF	x			
1st floor			x	Floor tile	1875 SF	x			

Name of Registered Waste Hauler Rovic transport	NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill Blythe Township Landfill
City, State 60 Riverdale Rd Riverdale NJ		Disposal Date	City, State 1061 Burma Rd New Philadelphia NJ

Completed by Galo Zumba	Title Principal	Signature Galo Zumba	Date 3/2/2026

Do not use this form for asbestos licensure exempted activities.

ASB-41 (R-06-08)

Print Form

9320

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

CK# 2320

RECEIVED
MAR 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/3/2026	Name of Building Owner/Operator (2): Advant Developeres
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [x] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 133 Arnot Place City, State, Zip Code: Paramus NJ Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Property			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 133 Arnot Place			
City (5): Paramus NJ		Square Feet: 1800SF	# of Floors: 2 floor / Bldg. Age: +50
County (6): Bergen County	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.: N/A	Name of Abatement Contractor (9): ACM Solutions Services LLC	
Street Address: N/A		Street Address: 1435 51st Street	
City, State, Zip Code: N/A		City, State, Zip Code: North Bergen NJ 07047	
Project Manager for Monitoring Firm: N/A	Telephone No.:	Telephone No.: 201-552-9685	License No.: 01384
Start Date (10): 3/13/2026	Scheduled Completion Date (11): 3/18/2026	Name of OSHA Monitor: Hillman Counsulting	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 7:00 AM to 4:00 PM		Street Address: 1620 Route 22 East City, State, Zip Code: Union NJ 07803	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd floor			x	Floor tile	300 SF	x			

Name of Registered Waste Hauler: Rovic transport	NJDEP Waste Hauler ID No.: 20785	Cubic Yards of Waste	Name of Registered Landfill: Blythe Township Landfill
City, State: 60 Riverdale Rd Riverdale NJ		Disposal Date	City, State: 1061 Burma Rd New Philadelphia NJ

Completed by: Galo Zumba	Title: Principal	Signature: Galo Zumba-B	Date: 3/3/2026

ASB-41 (R-06-08)

Do not use this form for asbestos licensure exempted activities.

Org. Ck #6076
Additional Ck # 6085 Refu
Amendment #1 - Completion Date Change

PAID

4349881

RECEIVED

MAR - 6 2026

MAR - 6

ASBESTOS CONTROL & LICENSING

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

Print Form

Date of Notification (1): 3/3/26	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation
Street Address: 14 W. River Styx Road	
City, State, Zip Code: Hopatcong, New Jersey	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 14 W. River Styx Road	Square Feet: 2500 / # of Floors: 1 / Bldg. Age: 60+
City (5): Hopatcong	
County (6): Sussex / County Code (7) *(STATE USE ONLY)*:	Current Use (Prior if being demolished): residence
Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.:	Name of Abatement Contractor (9): Ace Insulation Co., Inc
Street Address:	Street Address: 95 Montrose Road
City, State, Zip Code:	City, State, Zip Code: Colts Neck, New Jersey 07722
Project Manager for Monitoring Firm / Telephone No.:	Telephone No.: 7322941757 / License No.: 00029
Start Date (10): 2/23/26 / Scheduled Completion Date (11): 3/6/26	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 [X] Other – Describe: 7am-7pm	Street Address: / City, State, Zip Code:

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior			x	siding	2000sf	x			
den			x	floor tile with mastic	225 sf	x			
living and bedroom			x	floor tile	650 sf	x			

Name of Registered Waste Hauler: Ace Insulation Co., Inc	NJDEP Waste Hauler ID No.: 12086	Cubic Yards of Waste: 4	Name of Registered Landfill: Chrins
City, State: Colts Neck, New Jersey		Disposal Date: 3/6/26	City, State: Easton, PA

Completed by: Bree McGuire	Title: Secretary Treasurer	Signature:	Date: 3/3/26

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

ASB-41 (R-06-08)

1095

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

PAID

RECEIVED
MAR 12 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/9/2026	Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 211 Conway Court City, State, Zip Code: South Orange NJ 07079 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single Family Residence			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 211 Conway Ct			
City (5): South orange		Square Feet: unknown	# of Floors: 2 / Bldg. Age: unknown
County (6): Essex	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): Gold Coast Management 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): 3/19/2026	Scheduled Completion Date (11): 3/20/2026	Name of OSHA Monitor: John Kim	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 254 Ridgewood Ave City, State, Zip Code: Glen Ridge NJ 07028	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Duct Insulation	6 LF	X			
Basement			X	TSI	10 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: 3/9/2026

ASB-41 (R-06-08)

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

0167

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

Date of Notification (1): 03 / 04 / 26	Name of Building Owner/Operator (2): Potts Excavating, Inc.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 316 Main Street
	City, State, Zip Code: West Creek, NJ 08092
	Name of Contact: _____ Telephone Number: _____

RECEIVED MAR 10 2026 BUREAU OF ASBESTOS & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 303 W. 15th Street			
City (5): Ship Bottom		Square Feet: 2000	# of Floors: 2 / Bldg. Age: 80
County (6): Ocean	County Code (7)(STATE USE ONLY):		Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address:		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code:		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm / Telephone No.		Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 03 / 17 / 26	Scheduled Completion Date (11): 03 / 20 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	2500 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 5	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 03/20/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 3/4/26

ASB-41
JAN 13

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

50168

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED
50168
MAR 10 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 04 / 26	Name of Building Owner/Operator (2): Potts Excavating, Inc.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 316 Main Street
	City, State, Zip Code: West Creek, NJ 08092
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1001 Sarasota Drive	
City (5): Forked River	Square Feet: 1300 / # of Floors: 1 / Bldg. Age: 80
County (6): Ocean / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 03 / 18 / 26	Scheduled Completion Date (11): 03 / 20 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1300 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 03/20/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 3/4/26

ASB-41
JAN 13

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

13595

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

B & G Project # 2026-34

Check # 13595

MAR - 9 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
03/06/2026	

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

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

Street Address: 39 Draper Terrace

City, State, Zip Code: Montclair, NJ 07042

Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)

Street Address: 39 Draper Terrace

City (5): Montclair, NJ 07042 | Square Feet | # of Floors | Bldg. Age

County (6): Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished): residential

Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm | Telephone No.

Name of Abatement Contractor (9): B & G Restoration, Inc.

Street Address: 1234 Route 23

City, State, Zip Code: Butler, NJ 07405

Telephone No.: 973-696-6869 | License No.: 00378

Start Date (10): 03/17/2026 | Scheduled Completion Date (11): 03/18/2026

Name of OSHA Monitor: B & G Restoration, Inc.

Occupancy Status During Abatement (Check Only One)

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

Street Address: 1234 Route 23

City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
laundry, family & boiler rooms			X	pipe insulation	30 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
B & G Restoration Inc.	19563	1	Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 03/18/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Gordana Luna	Secretary / Treasurer	Gordana Luna	03/06/2026

ASB-41 (R-06-08)

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

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

B & G Project # 2026-30

Check # 13594

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
03/06/2026	

Agencies Notified
- [x] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification
- [x] Initial
- [ ] Amended
- [ ] Amendment #_____
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address: 7 Sunset Terrace
City, State, Zip Code: Maplewood, NJ 07040
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):

Street Address: 7 Sunset Terrace
City (5): Maplewood, NJ 07040

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (i.e. private & commercial buildings, homes, etc.)

Square Feet:
# of Floors:
Bldg. Age:

County (6): Essex
County Code (7) *(STATE USE ONLY)*:
Current Use (Prior if being demolished): residential

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 1234 Route 23
City, State, Zip Code: Butler, NJ 07405
Telephone No.: 973-696-6869
License No.: 00378

Start Date (10): 03/16/2026
Scheduled Completion Date (11): 03/17/2026
Name of OSHA Monitor: B & G Restoration, Inc.

Occupancy Status During Abatement (Check Only One)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: _____

Street Address: 1234 Route 23
City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)
- [x] ≥3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Wrap and Cut
- [ ] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
laundry room			X	pipe insulation	3 LF	X			
boiler room			X	pipe substrate	10 LF			X	
gas meter room			X	pipe substrate	5 LF			X	
water meter closet			X	pipe substrate	5 LF			X	

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
B & G Restoration Inc.	19563	3	Grand Central Landfill

City, State	Disposal Date	City, State
Butler, NJ	03/17/2026	Pen Argyl, PA

Completed by	Title	Signature	Date
Gordana Luna	Secretary / Treasurer	Gordana Luna	03/06/2026

ASB-41 (R-06-08)

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1078

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

✓#2078

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 09 / 26		Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address: **327 Crestmont Road**	
		City, State, Zip Code: **Cedar Grove, NJ 07009**	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **House**		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: **327 Crestmont Road**			
City (5): **Cedar Grove, NJ 07009**		Square Feet: **5000**	# of Floors: **2** / Bldg. Age: **50+**
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): **A. Mac Contracting Inc.**	
Street Address		Street Address: **176 Saddle River Avenue**	
City, State, Zip Code		City, State, Zip Code: **South Hackensack, NJ 07606**	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: **201-262-5841**	License No.: **00156**
Start Date (10): 03 / 18 / 26	Scheduled Completion Date (11): 03 / 21 / 26	Name of OSHA Monitor: **Asbestos Analytical Labs**	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **8:00** AM-_PM/**4:30** PM-_____AM		Street Address: **51 Gage Road** / City, State, Zip Code: **East Brunswick, NJ 08816**	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	☐	☒	☐	**Floor Tile**	**25 SF**	☒	☐	☐	☐
Basement	☐	☐	☐	**Floor Mastic**	**500 SF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Century Waste Services, LLC**	NJDEP Waste Hauler ID No.: **32797**	Cubic Yards of Waste: **3 Yards**	Name of Registered Landfill: **Grand Central Sanitary Landfill**
City, State: **Elizabeth, NJ**		Disposal Date: **03-30-2026**	City, State: **Pen Argyl, PA 08072**

Completed By (Print or Type)	Title	Signature	Date
Ralph Barnhardt	**Sr. Project Manager**		03-09-2026

ASB-41
JAN 13

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/6/2026	Name of Building Owner/Operator (2):	
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 226 Woodward Avenue City, State, Zip Code: Rutherford, NJ 07070 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 226 Woodward Avenue		Square Feet: / # of Floors: / Bldg. Age:
City (5): Rutherford		Current Use (Prior if being demolished):
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____	
Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9): All Pro Management, LLC
Street Address: PO Box 354		Street Address: 27 Outwater Lane
City, State, Zip Code: South Orange, NJ 07079		City, State, Zip Code: Garfield, NJ 07026
Project Manager for Monitoring Firm: Sarah Calandra	Telephone No.: 201-394-2666	Telephone No.: 973-928-4888 / License No.: 1188
Start Date (10): 3/16/2026	Scheduled Completion Date (11): 4/30/2026	Name of OSHA Monitor: A. Seine Lighthouse Solutions
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: PO Box 354 City, State, Zip Code: South Orange, NJ 07079

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Siding	3,000 SF	X			

Name of Registered Waste Hauler: Century Waste LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date	City, State: Morrisville, PA
Completed by: Jacqueline Anello	Title: Office Administrator	Signature: Jacqueline Anello	Date: 3/6/2026

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ASB-41 (R-06-08)

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

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MAR 10 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): February 17, 2026	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 83 S. Route 73	
City, State, Zip Code: Winslow TWP, NJ 08081	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residant	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 83 S. Route 73	Square Feet: 1500 / # of Floors: 2 / Bldg. Age: 50
City (5): Winslow TWP, NJ 08081	
County (6): Camden / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Resident
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Graham-Tech Environmental Service, LLC
Street Address	Street Address: 958 Jackson Rd.
City, State, Zip Code	City, State, Zip Code: Mays Landing, NJ 08330
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 609-547-5198 / License No.: 01158
Start Date (10): 02/26/2026 / Scheduled Completion Date (11): 03/15/2026	Name of OSHA Monitor: Graham-Tech Environmental Service, LLC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 958 Jackson Rd. / City, State, Zip Code: Mays Landing, NJ 08330

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	100LFt	X		X	

Name of Registered Waste Hauler: Graham-Tech Environmental Service, LLC	NJDEP Waste Hauler ID No.: 0034500	Cubic Yards of Waste: 30	Name of Registered Landfill: Fairless Landfill
City, State: Mays Landing, NJ 08330		Disposal Date	City, State: Morrisville , PA
Completed by: Vernice Graham	Title: Spouse	Signature: Vernice Graham	Date: 02/17/2026

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ASB-41 (R-06-08)

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

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MAR – 9 2026
L & LICENSING

Date of Notification (1): 02/23/2026 check#0920	Name of Building Owner/Operator (2):
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 3 HIGHVIEW TERR City, State, Zip Code: BLOOMFIELD NJ 07003 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 24 CLOVE ROAD			
City (5): LITTLE FALLS NJ 07424		Square Feet: 50X100	# of Floors: 2FL / Bldg. Age: 50+
County (6): PASSAIC	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): ABANDONED	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): ALL SOLUTIONS CONTRACTING INC
Street Address		Street Address: 24 CHURCH ST
City, State, Zip Code		City, State, Zip Code: ELMWOOD PARK NJ 07407
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 2018739418 / License No.: 01301
Start Date (10): 03/06/2026	Scheduled Completion Date (11): 03/13/2026	Name of OSHA Monitor: ALL SOLUTIONS CONTRACTING INC
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 7:30 TO 4:30 PM		Street Address: 24 CHURCH ST City, State, Zip Code: ELMWOOD PARK NJ 07407

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
OUT SIDE			X	TRANSITE SIDING	3000SF				
BASEMENT			X	PIPE INSULATION	120				
2ND FLOOR			X	FLOOR TILE	20SF				
1ST FLOOR			X	LINOLEUM	300SF				

Name of Registered Waste Hauler: ATLANTIC CARTING	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: TDB	Name of Registered Landfill: GRAND CENTRAL
City, State: 1141 NJ 23 WAYNE NJ		Disposal Date: TDB	City, State: PEN ARGYL PA 18072

Completed by: LUIS ARCILA	Title: PRESIDENT	Signature	Date: 02/23/2026

ASB-41 (R-06-08)

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

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MAR - 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/02/2026 check #0921	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 14 cross road City, State, Zip Code: Morris plains, NJ 07950 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 14 cross Rd	
City (5): Morris plains, NJ 07950	Square Feet: 50x100 / # of Floors: 2fl / Bldg. Age: 50+
County (6): Morris / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): 0ccupaid
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): all solutions contracting
Street Address	Street Address: 24 church st
City, State, Zip Code	City, State, Zip Code: Elmwood park NJ 07407
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 2018739418 / License No.: 01301
Start Date (10): 03/04/2026 / Scheduled Completion Date (11): 03/05/2026	Name of OSHA Monitor: all solutions contracting
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 03/04/05	Street Address: 24 church st City, State, Zip Code: Elmwood park NJ 07407

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			x	loose floor tile 9x9	160sf	x			

Name of Registered Waste Hauler: Atlantic carting	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: tdb	Name of Registered Landfill: grand central
City, State: Wayne NJ		Disposal Date: tdb	City, State: pen argyl pa 18072
Completed by: Luis arcila	Title: president	Signature	Date: 03/02/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/5/2026	Name of Building Owner/Operator (2): First Baptist Church of Vauxhall
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 5 Hilton Avenue, Vauxhall NJ 07088 City, State, Zip Code: Vauxhall, NJ 07088 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single Family Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 366 Oswald Place	
City (5): Vauxhall	Square Feet: unknown / # of Floors: 2 / Bldg. Age: unknown
County (6): Union / 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): Gold Coast Management 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) / Scheduled Completion Date (11)	Name of OSHA Monitor: John Kim
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 254 Ridgewood Ave City, State, Zip Code: Glen Ridge NJ 07028

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Plaster	300 SF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: NJ860	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central
City, State: Elizabeth, NJ		Disposal Date	City, State: Pen Argyl
Completed by: John Kim	Title: President	Signature	Date: 3/5/2026

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)

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/02/2026	Name of Building Owner/Operator (2): PASSAIC COUNTY ENERGY
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 930 RIVERVIEW DRIVE SUITE #250 City, State, Zip Code: TOTOWA,NJ.07512 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PRIVATE HOUSE	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 240 EAST 27TH STREET	
City (5): PATERSON — Square Feet: N/A — # of Floors: N/A — Bldg. Age: N/A	
County (6): PASSAIC — County Code (7) *(STATE USE ONLY)*: _____	Current Use (Prior if being demolished): PRIVATE HOUSE
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.:	Name of Abatement Contractor (9): EHW ABATEMENT LLC
Street Address:	Street Address: 89 FRANKLIN STREET
City, State, Zip Code:	City, State, Zip Code: PATERSON,NJ.07524
Project Manager for Monitoring Firm: — Telephone No.:	Telephone No.: 973-333-5144 — License No.: 01274
Start Date (10): 03/13/2026 — Scheduled Completion Date (11): 03/14/2026	Name of OSHA Monitor: EHW ABATEMENT LLC
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: OCCUPIE	Street Address: 89 FRANKLIN STREET City, State, Zip Code: PATERSON,NJ.07524

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	48 LF	X			

Name of Registered Waste Hauler: E.H.W ABATEMENT LLC	NJDEP Waste Hauler ID No.: 0037095	Cubic Yards of Waste: TBD	Name of Registered Landfill: TRI STATE TRANSFER
City, State: PATERSON,NJ		Disposal Date: TBD	City, State: BRONX,NY
Completed by: Victor Espiritu	Title: PROJECT MANAGER	Signature:	Date: 03/02/2026

ASB-41 (R-06-08)

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NO 380441712 38

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

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& LICENSING

Date of Notification (1): 03/02/2026	Name of Building Owner/Operator (2): Bayonne Economic Opportunity Foundation
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 555 Kennedy Blvd
	City, State, Zip Code: Bayonne,NJ.07002
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PRIVATE HOUSE		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 68 W 14th Street			
City (5): Bayonne		Square Feet: N/A	# of Floors: N/A / Bldg. Age: N/A
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): PRIVATE HOUSE	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): EHW ABATEMENT LLC	
Street Address		Street Address: 89 FRANKLIN STREET	
City, State, Zip Code		City, State, Zip Code: PATERSON,NJ.07524	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-333-5144	License No.: 01274
Start Date (10): 03/12/2026	Scheduled Completion Date (11): 03/13/2026	Name of OSHA Monitor: EHW ABATEMENT LLC	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: OCCUPIE		Street Address: 89 FRANKLIN STREET / City, State, Zip Code: PATERSON,NJ.07524	

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
CRAWL SPACE		X		PIPE INSULATION	91 LF	X			

Name of Registered Waste Hauler: E.H.W ABATEMENT LLC	NJDEP Waste Hauler ID No.: 0037095	Cubic Yards of Waste: TBD	Name of Registered Landfill: TRI STATE TRANSFER
City, State: PATERSON,NJ		Disposal Date: TBD	City, State: BRONX,NY
Completed by: Victor Espiritu	Title: PROJECT MANAGER	Signature:	Date: 03/02/2026

ASB-41 (R-06-08)

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

13603

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

PAID

B & G Project # 2026-29

Check # 13603

RECEIVED
MAR 17 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
03/13/2026	

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

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

Street Address: 45 Blauvelt Street
City, State, Zip Code: Teaneck, NJ 07666
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Street Address: 45 Blauvelt Street
City (5): Teaneck, NJ 07666
County (6): Bergen
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): residential

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 1234 Route 23
City, State, Zip Code: Butler, NJ 07405
Telephone No.: 973-696-6869
License No.: 00378

Start Date (10): 03/23/2026
Scheduled Completion Date (11): 03/26/2026
Name of OSHA Monitor: B & G Restoration, Inc.
Street Address: 1234 Route 23
City, State, Zip Code: Butler, NJ 07405

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement			X	VAT & mastic	320 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
B & G Restoration Inc.	19563	4	Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 03/26/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Gordana Luna	Secretary / Treasurer	Gordana Luna	03/13/2026

ASB-41 (R-06-08)

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

13604

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

B & G Project # 2026-45

PAID

Check # 13604

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& LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
03/13/2026	

Agencies Notified
- [ ] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification
- [x] Initial
- [ ] Amended
- [ ] Amendment #_____
- [x] Emergency (including justification)
- [ ] Cancellation

Street Address: 17 Beachwood Road
City, State, Zip Code: Ho-Ho-Kus, NJ 07423
Name of Contact | Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 6 (Other than K-12)
- [x] Other (i.e. private & commercial buildings, homes, etc.)

Street Address: 17 Beechwood Road
City (5): Ho-Ho-kus, NJ 07423
Square Feet | # of Floors | Bldg. Age

County (6): Bergen
County Code (7) *(STATE USE ONLY)* _____
Current Use (Prior if being demolished): residential

Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.

Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 1234 Route 23
City, State, Zip Code: Butler, NJ 07405

Project Manager for Monitoring Firm | Telephone No.

Telephone No.: 973-696-6869
License No.: 00378

Start Date (10): 03/24/2026
Scheduled Completion Date (11): 03/25/2026
Name of OSHA Monitor: B & G Restoration, Inc.

Occupancy Status During Abatement (Check Only One)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: _____

Street Address: 1234 Route 23
City, State, Zip Code: Butler, NJ 07405

Scope of Work (Check All That Apply)
- [x] ≥3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Wrap and Cut
- [ ] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
family room			X	pipe insulation	18 LF	X			
mud room			X	pipe insulation	1 LF	X			
dining room			X	pipe insulation	9 LF	X			
garage			X	pipe insulation	15 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
B & G Restoration Inc.	19563	1	Grand Central Landfill
City, State: Butler, NJ		Disposal Date: 03/25/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Gordana Luna	Secretary / Treasurer	Gordana Luna	03/13/2026

ASB-41 (R-06-08)

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

1247

Check# 1247

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

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& LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
03/07/2026	

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	80 Freeman Street
		City, State, Zip Code: Woodbridge, NJ 07095
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private house	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 80 Freeman Street	Square Feet / # of Floors / Bldg. Age
City (5): Woodbridge, NJ 07095	
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)
		Gr Tech LLC
Street Address		Street Address: 576 Valley Road#283
City, State, Zip Code		City, State, Zip Code: Wayne, NJ 07470
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-356-3511 / License No.: 01127
Start Date (10): 03/16/2026	Scheduled Completion Date (11): 03/17/2026	Name of OSHA Monitor: Envirovision Consultants, Inc
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 20-21 Wagaraw Road, Bldg.# 35 E City, State, Zip Code: Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	50 LF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785	TBD	T.R.R.F. Inc
City, State: Wayne, NJ 07470		Disposal Date: TBD	City, State: Tullytown, PA

Completed by	Title	Signature	Date
G.Ristanovic	Owner	Gradimir Ristanovic	03/07/2026

ASB-41 (R-06-08)

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CK#6084

6084

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

MAR 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/14/26	Name of Building Owner/Operator (2): 239 Butler St LLC
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 28 Mariposa Place
	City, State, Zip Code: Old Bridge, New Jersey 08857
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 239 Butler St LLC Property	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 239 Butler Street	Square Feet: 1800 / # of Floors: 2 / Bldg. Age: 65+
City (5): Trenton	
County (6): Mercer / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): residence
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Ace Insulation Co., Inc
Street Address	Street Address: 95 Montrose Road
City, State, Zip Code	City, State, Zip Code: Colts Neck, New Jersey 07722
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 7322941757 / License No.: 00029
Start Date (10): 3/23/26 / Scheduled Completion Date (11): 3/25/26	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 [x] Other – Describe: 7am-7pm	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	12 lf	x			

Name of Registered Waste Hauler: Ace Insualtion Co., Inc	NJDEP Waste Hauler ID No.: 12086	Cubic Yards of Waste: 1	Name of Registered Landfill: Fairless
City, State: Colts Neck, New Jersey		Disposal Date: 3/25/26	City, State: Morrisville, PA
Completed by: Bree McGuire	Title: Secretary Treasurer	Signature:	Date: 3/14/26

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

ASB-41 (R-06-08)

10 CK

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

RECEIVED
MAR 20 2026
ASBESTOS LAW UNIT & LICENSING

Date of Notification (1): 03 / 16 / 26	Name of Building Owner/Operator (2): Potts Excavating, Inc.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☒ Cancellation
	Street Address: 316 Main Street
	City, State, Zip Code: West Creek, NJ 08092
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1001 Sarasota Drive	Square Feet: 1300 / # of Floors: 1 / Bldg. Age: 80
City (5): Forked River	Current Use (Prior if being demolished): Residence
County (6): Ocean / County Code (7)(STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 03 / 18 / 26 / Scheduled Completion Date (11): 03 / 20 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1300 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 03/20/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: [signature]	Date: 3/16/26

ASB-41
JAN 13

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

0196

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

PAID

RECEIVED 50196

MAR 20 2026

ASBESTOS LICENSING

Date of Notification (1): 03 / 16 / 26	Name of Building Owner/Operator (2): Jacobs Demolition	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: P O Box 9
		City, State, Zip Code: Manasquan, NJ 08736
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 305 River Avenue		Square Feet: 2500	# of Floors: 2 / Bldg. Age: 140
City (5): Belmar		Current Use (Prior if being demolished): Residence	
County (6): Monmouth	County Code (7)(STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 03 / 17 / 26	Scheduled Completion Date (11): 03 / 18 / 26	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1400 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill.
City, State: Toms River, New Jersey		Disposal Date: 03/18/26	City, State: Morrisville, Pennsylvania
Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 3/16/26

ASB-41
JAN 13

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

4867

Print Form

PAID

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

RECEIVED
MAR 25 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/20/26	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 88 Upper High Crest Dr.
	City, State, Zip Code: West Milford, NJ 07480
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 88 Upper High Crest Dr.	Square Feet: 1900 / # of Floors: 2 / Bldg. Age: 60 +/-
City (5): West Milford	
County (6): Passaic / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Residential Home
Name of Monitoring Firm Hired by Building Owner (8): Project Manager / ASCM No.	Name of Abatement Contractor (9): All Stages Abatement
Street Address	Street Address: 55 Cannonball Rd.
City, State, Zip Code	City, State, Zip Code: Pompton Lakes, NJ 07442
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-600-3184 / License No.: 01305
Start Date (10): 3/21/26 / Scheduled Completion Date (11): 3/23/26	Name of OSHA Monitor: Same As Above
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: 8 A.M to 4 P.M	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[ ] Renovation
[X] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	325 SF	X			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 6 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA

Completed by: Richard Cristofol	Title: President	Signature	Date: 3/20/26

ASB-41 (R-06-08)

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

Print Form

1897

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

RECEIVED
Chk # 1897
MAR 19 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/14/2026	Name of Building Owner/Operator (2):

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

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

Street Address: 8 Edmund Place	
City, State, Zip Code: Irvington, NJ 07111	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Property		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 8 Edmund Place		Square Feet: 1,742	# of Floors: 2	Bldg. Age: 1953
City (5): Irvington, NJ 07111		Current Use (Prior if being demolished)	
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____		
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): 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): 3/24/2026	Scheduled Completion Date (11): 3/26/2026	Name of OSHA Monitor: Iris Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 2333 Route 22 West	
		City, State, Zip Code: Union, NJ 07083	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Ductwork Insulation	10 SF			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: 3/14/2026

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

ASB-41 (R-06-08)

1838

State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

PAID

RECEIVED
MAR 16 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/12/2026	Name of Building Owner/Operator

Agencies Notified	Notification Type	Street Address / City, State, Zip Code	Name of Contact	Telephone Number
☒ EPA ☐ DCA ☒ DOL ☐ DEP ☒ DOH	☒ Initial Notification ☐ Amended #1 ☐ Emergency notification (including justification) ☐ Cancelled	1761 Park Street Rahway NJ 07065		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Home			Type of Facility (4)x ☐ School (K-12) Subchapter 8 ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: 2,6880 # of Floors:2 Bldg. Age: 86 years old Current Use (prior if being demolished):
Street Address 1761 Park Street			
City (5) Rahway NJ 07027	County (6) Union	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner IAQ Guru Inc		ASCM No.	Name of Contractor (9) BL Contracting Inc.
49 Frances Street			Street Address 5 Marguerite Lane
Totowa, Nj 07512			City State, Zip Code Towaco NJ 07082
Project Manager for Monitoring Firm Mark Jovic	(973) 659-0392		Telephone Number 973-901-0153 / License Number 01265
Scheduled Start Date (10) 03/23/2026	Scheduled Completion Date (11) 03/25/2026		Name of OSHA Monitoring BL Contracting Inc
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- Saturday 7 am- 4pm			Street Address 5 Marguerite Lane City, State, Zip Code Towaco NJ 07082

Source of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
X≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

☒ Wrap & Cut Procedure
☐ Full Containment
☐ Tent Glove-bag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclos
First Floor		☒		ACM Duct Insulation	90 SF	☒			
Basement		☒		ACM Duct Insulation	45 SF	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Registered Landfill	Disposal Date	City, State
BL Contracting Inc	0036784	5	T.R.R..F	03/25/2026	Tully town, PA

Completed by (Print or Type)	Title	Signature	Date
Nedo Vasilic	Project Manager	Nedo Vasilic	03/12/2026

50192

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RECEIVED
MAR 50192

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 11 / 26	Name of Building Owner/Operator (2): ~~Potts~~ Excavating, Inc.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 316 Main Street
	City, State, Zip Code: West Creek, NJ 08092
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 137 Laguna Lane	
City (5): Long Beach Twp.	Square Feet: 1500 / # of Floors: 1 / Bldg. Age: 80
County (6): Ocean / County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code	City, State, Zip Code: Toms River, New Jersey 08755
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 732-349-9932 / License No.: 00624
Start Date (10): 03 / 24 / 26 / Scheduled Completion Date (11): 03 / 26 / 26	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1056 Stelton / City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding	1500 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Toms River, New Jersey		Disposal Date: 03/26/26	City, State: Morrisville, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature	Date: 3/11/26

ASB-41
JAN 13

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

3812

State of New Jersey - Notification of Asbestos Abatement

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

PAID

RECEIVED MAR 16 2026 ASBESTOS LICENSING

Date of Notification (1): **March 12, 2026**	Name of Building Owner/Operator (2):
Agencies Notified: X EPA; DCA; xDOL; X DEP; x DOH	Notification Type: ☒ Initial Notification; ☐ Amended Certification; ☐ Emergency (including justification); ☐ Cancelled
	Street Address: **16 Arlington Avenue**
	City, State, Zip Code: Caldwell, NJ
	Name of Contact: ASBESTOS LICENSING — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Residence**	Type of Facility (4): ☐ School (K-12); ☐ Subchapter 8 (other than K-12); ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **16 Arlington Avenue**	Sq. Feet: **Unknown** # of Floors: 1 Bldg. Age: 80 **years**
City (5): **Caldwell** / County (6): **Essex** / County Code (7) (State Use Only):	Current Use (prior if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8): **EnviroVision Consultants inc.** / ASCM No.: **00079**	Name of Contractor (9): **GREENWOOD ABATEMENT CONSULTANTS, INC.**
Street Address: **20-21 Wagaraw Road, Bldg # 35 E**	Street Address: **511 MAIN STREET**
City, State, Zip Code: **Fairlawn, NJ 07410**	City State, ZipCode: **Butler, NJ 07405**
Project Manager for Monitoring Firm: **Fred Larson** / Telephone Number: **973-636-9145**	Telephone Number: **973-492-0477** / License Number: **00840**
Scheduled Start Date (10): **March 23, 2026** / Scheduled Completion Date (11): **March 23, 2026**	Name of OSHA Monitor: **EMSL inc.**
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement; Abatement Performed Outside of Normal Facility Hours - Describe; Other – Describe:	Street Address: **1056 Stelton Road** / City, State, Zip Code: **Piscataway, NJ 08854**

Source of Work (Check all that apply): ≥ 3 sf or ≥ 3 lf; ☐ ≥ 160 sf or ≥ 260; Renovation; Demolition

Full Containment with Negative Pressure: ☒ Mini-Enclosure; x Glovebag Procedure; 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)	Abatement Type: Remove	Repair	Encap	Enclose
Basement			☒	**TSI**	**40'**	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste:	Name of Registered Landfill
See Hauler Below # 1 & 2	See Below	**2**	**Fairless Landfill/ Grand Central Landfill**

Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561

Hauler #2) **Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860**

Disposal Date: **March 23, 2026**

City, State: **FL**-1000 New Ford Rd, Morrisville,PA 19067 Permit#18072; **GCL**-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265

Completed by (Print or Type)	Title	Signature	Date
Marin Graure	**Sr. Project Manager**	*Marin Graure*	**March 12, 2026**

GAC # 2024-830

557

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

RECEIVED
MAR 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03-19-2026	Name of Building Owner/Operator (2): Longbourn LLC
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 95 Upper Mountain Ave
	City, State, Zip Code: Montclair, NJ 07042
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 95 Upper Mountain Ave	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 95 Upper Mountain Ave	
City (5): Montclair, NJ 07042	Square Feet: 6,034 / # of Floors: 2 / Bldg. Age: 1896
County (6): Essex County / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential
Name of Monitoring Firm Hired by Building Owner (8): Efex Environmental Inc / ASCM No.: 114208	Name of Abatement Contractor (9): General Contracting Group
Street Address: 955 Evergreen Avenue	Street Address: 54 Old Chimney Road
City, State, Zip Code: Bronx, NY 104	City, State, Zip Code: Upper Saddle River, NJ 07458
Project Manager for Monitoring Firm: Ehis Igbinosa / Telephone No.: (646) 350-9079	Telephone No.: 551-308-5069 / License No.: 02086
Start Date (10): 3/20/26 / Scheduled Completion Date (11)	Name of OSHA Monitor: General Contracting Group
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 54 Old Chimney Road / City, State, Zip Code: Upper Saddle River, NJ 07458

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Fireplace, Kitchen, Closet		X		Plaster wall removal	80 SF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste	Name of Registered Landfill: Grand Central
City, State: 623 Dowd Ave Elizabeth, NJ		Disposal Date	City, State: Pen Argyl Pa
Completed by: Seamus Schofield	Title: President	Signature	Date: 3/19/26

ASB-41 (R-06-08)

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

4862

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Print Form

RECEIVED

MAR 23 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3/18/26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 65 Home St.	
City, State, Zip Code: Metuchen, NJ 08840	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 65 Home St.	
City (5): Metuchen	Square Feet: 1900 / # of Floors: 2 / Bldg. Age: 60 +/-
County (6): Middlesex / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residential Home
Name of Monitoring Firm Hired by Building Owner (8): Project Manager / ASCM No.	Name of Abatement Contractor (9): All Stages Abatement
Street Address:	Street Address: 55 Cannonball Rd.
City, State, Zip Code:	City, State, Zip Code: Pompton Lakes, NJ 07442
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201-600-3184 / License No.: 01305
Start Date (10): 3/20/26 / Scheduled Completion Date (11): 3/23/26	Name of OSHA Monitor: Same As Above
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8 A.M to 4 P.M	Street Address: / City, State, Zip Code:

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen		X		VAT	175 SF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 3 YD	Name of Registered Landfill: Chrin Brothers Sanitary Landfill
City, State: Pompton Lakes, NJ		Disposal Date: TBD	City, State: Easton, PA
Completed by: Richard Cristofol	Title: President	Signature:	Date: 3/18/26

ASB-41 (R-06-08)

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

8882

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

PAID

RECEIPT # 8882

MAR 16 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/7/26 Type Notification	Name of Building Owner / Operator (2) **Orchard Hills Design**
Agencies Notified X EPA DEP X DOL X DOH DCA Emergency Notification X Initial Notification Amended Notification Cancellation	Street Address **160 Broad Street** City, State & Zip Code **Summit, NJ 07901** Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Vacant Home**			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)
Street Address **1318 Ocean Ave**			Square Feet: **2800** / # of Floors: **2** / Bldg. Age: **60**
City (5) **Mantoloking**	County (6) **Ocean**	County Code (7)	Current Use (Prior if being demolished) **Residential**
Name of Monitoring Firm Hired by Building Owner (8) **Environmental Tactics, Inc**		ASCM No.	Name of Abatement Contractor (9) **Global Abatement Services, LLC**
Street Address **64 Broad Street**			Street Address **P.O. Box 7620**
City, State & Zip Code **Matawan, NJ 07747**			City, State & Zip Code **Monroe Township, NJ 08831**
Project Manager for Monitoring Firm **Tom Geiger**	Telephone Number **732-290-2217**		Telephone Number: **732-605-9062** / License Number: **00714**
Scheduled Start Date (10) **3/21/26**	Scheduled Completion Date (11) **3/28/26**		Name of OSHA Monitor **Global Abatement Services, LLC**
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: **Area Isolated During Abatement** Other - Describe:			Street Address **443 Schoolhouse Road** City, State & Zip Code **Monroe Township, NJ 08831**

Scope of Work (Check all that apply)

X Demolition — Renovation
Large Project
Quantity is ≥ 3 SF or ≥ 3 LF ACM
X Quantity is ≥ 160 SF or ≥ 260 LF ACM

X Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Other: **Non-friable**

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Living/Dining Room	**N/A**	**Textured Ceiling Paint**	**697SF**	**Removal**

Name of Registered Waste Hauler **Freehold Carting**	NJDEP Waste Hauler ID # **18693**	Cu. Yds. of Waste **5**	Name of Registered Landfill **Conestoga**
City, State **Freehold, NJ**		Disposal Date **3/28/26**	City, State **Morgantown, PA**

Completed By (Print or Type) **Dominick Tringali**	Title **Pres.**	Signature *Dominick Tringali*	Date **3/7/26**

ASB-41 JUN 95 G4667

8233

Print Form

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

RECEIVED
MAR 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/17/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 8744 RUDDEROW AVE	
City, State, Zip Code: PENNSAUKEN NJ	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 8744 RUDDEROW AVE	
City (5): Pennsauken	Square Feet / # of Floors / Bldg. Age
County (6): Camden	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): 03/26/2026	Scheduled Completion Date (11): 03/26/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____		Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Interior				Floor Tile	800 SF	✓			

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: 03/26/2026	City, State: BETHLEHEM, PA
Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 03/17/2026

ASB-41 (R-06-08)

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

Print Form

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

RECEIVED
MAR 23 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/20/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [✓] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 104 9TH AVE	
City, State, Zip Code: HAWTHORNE NJ 07506	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [✓] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 104 9TH AVE	Square Feet	# of Floors / Bldg. Age
City (5): HAWTHORNE		
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): 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): 03/30/2026	Scheduled Completion Date (11): 03/30/2026	Name of OSHA Monitor: AAA Lead Professionals
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: _____		Street Address: 6 White Dove Court / City, State, Zip Code: Lakewood, NJ, 08701

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[✓] ≥160 sf or ≥260 lf

[✓] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Interior				Tiles	370 SF	✓			

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: 03/30/2026	City, State: BETHLEHEM, PA

Completed by: JOSEPH PERLSTEIN	Title: OWNER	Signature	Date: 03/20/2026

ASB-41 (R-06-08)

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

1182

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

PAID ck # 1182 43496637

RECEIVED
MAR 2 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
02 / 18 / 26

Agencies Notified
- ☐ EPA
- ☐ DEP
- ☑ DOH
- ☑ DOL

Type of Notification
- ☐ Initial
- ☑ Amended
  Amendment # 1
- ☐ Emergency w/ justification
- ☐ Cancellation

Name of Building Owner / Operator (2)
OE 190 RIVER ROAD, LLC

Street Address
570 COMMERCE BLVD.

City, State, Zip Code
CARLSTADT, 07072

Name of Contact
CHRISTOPHER SQUEO

Telephone Number
201.487.5657

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
190 RIVER ROAD

Street Address
190 RIVER ROAD

City (5)
SUMMIT

County (6)
UNION

County Code (7)

Type of Facility (4)
- ☐ School (K-12)
- ☐ Subchapter 8 (Other than K-12)
- ☑ Other (I.e., private & cmmercial bldgs., homes, etc.)

Square Feet
180,000

 # Of Floors
3

Building Age
80 +

Current Use (Prior if being demolished)
COMMERCIAL OFFICES

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

ASCM NO

Street Address
655 West Shore Trial

City, State, Zip Code
SPARTA, NJ 07871

Project Mngr. For Monitoring Firm
JP von DOEHREN

Telephone Number
973-729-5649

Name of Abatement Contractor (9)
Northstar Contracting Group, Inc.

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

Telephone Number
973-772-3660

License Number
00860

Sheduled Start Date (10)
03 / 09 / 26

Sched. Completetion Date (11)
05 / 31 / 26

Occupancy Status During Abatement (Check Only 1)
- ☐ Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Facility Hours - Describe: _____
- ☑ Other - Describe: _ 7:00AM-3:30 PM MON-FRI

Name of OSHA Monitor
Northstar Contracting Group, Inc.

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

Scope of Work (Check All That Apply)
- ☐ Demolition
- ☐ >3sf or >3lf
- ☑ >160 sf or >260 lf
- ☑ Renovation
- ☐ Full Containment with Negative Pressure
- ☐ Mini - Enclosure
- ☐ Glovebag Procedure
- ☑ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES	NO	N/A	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR	☐	☑		FLOOR MASTIC	20,000 SF	☑	☐	☐	☐
2ND FLOOR	☐	☑	☐	FLOOR MASTIC	24,000 SF	☑	☐	☐	☐
3RD FLOOR	☐	☑	☐	FLOOR MASTIC	36,000 SF	☑	☐	☐	☐
THROUGHTOUT	☐	☑	☐	FIRE DOORS	150 EA	☑	☐	☐	☐

Name of Registered Waste Hauler
NORTHSTAR CONTRACTING GROUP, INC

NJDEP Waste Hauler ID No.
30534

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
EAST HANOVER, NJ 07936

Disposal Date

City. State
MORRISVILLE, PA

Completed by (Print or Type)
STEVEN STILES

Title
PROJECT MANAGER

Signature

Date
02/27/26

ASB-41

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MAR 2 2026

ASBESTOS CONTROL & LICENSING

Print Form

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

Date of Notification (1) 02/16/2026		Name of Building Owner/Operator (2) Procacci Development Company	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 239-A Taunton Boulevard City, State, Zip Code Medford, NJ 08055	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 249 Elbo Lane			
City (5) Mount Laurel		Square Feet 2,112	# of Floors 3
			Bldg. Age 70
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) Horizon Environmental Group, Inc.	ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 316		Street Address 623 Cutler Avenue	
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Steve Flanigan	Telephone No. 856-848-0800	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 02/25/2026	Scheduled Completion Date (11) 03/02/2026	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd Floor White Bedroom		X		Sheetrock/Joint Compound	674 SF	X			
Attic & 2nd Floor Windows		X		Glazing/Glazing Putty Debris	120 LF	X			
Dining Room		X		Floor Tile	170 SF	X			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 7	Name of Registered Landfill Fairless Landfill
City, State Freehold, NJ		Disposal Date 03/02/2026	City, State Morrisville, PA

Completed by Christina Fay	Title VP of Operations	Signature	Date 02/16/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Print Form

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

Date of Notification (1): 02/16/2026		Name of Building Owner/Operator (2): Procacci Development Company	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 239-A Taunton Boulevard	
		City, State, Zip Code: Medford, NJ 08055	
		Name of Contact: Michael John Procacci	Telephone Number: 856-983-7160

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vacant Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 250 Cemetery Road		Square Feet: 2,000	# of Floors: 3 / Bldg. Age: 70
City (5): Mount Laurel			
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): Horizon Environmental Group, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: PO Box 316		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Thorofare, NJ 08086		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Steve Flanigan	Telephone No.: 856-848-0800	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 02/25/2026	Scheduled Completion Date (11): 03/02/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Rear Door		X		Door Caulk	20 LF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 03/02/2026	City, State: Morrisville, PA
Completed by: Christina Fay	Title: VP of Operations	Signature:	Date: 02/16/2026

ASB-41 (R-06-08)

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MAR 2 2026

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

Date of Notification (1): 02/24/2026	Name of Building Owner/Operator (2):

Agencies Notified
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification
- [x] Initial
- [ ] Amended — Amendment #_____
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address: 39 Canterbury Road
City, State, Zip Code: East Brunswick, NJ 08816
Name of Contact:
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Street Address: 39 Canterbury Road
City (5): East Brunswick
County (6): Middlesex
County Code (7) *(STATE USE ONLY)* _____

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (i.e. private & commercial buildings, homes, etc.)

Square Feet	# of Floors	Bldg. Age
1,990	2	71

Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: PO Box 341		Street Address: 623 Cutler Avenue
City, State, Zip Code: Chesterfield, NJ 08515		City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Nora Pearse	Telephone No.: 609-298-4070	Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): 03/10/2026	Scheduled Completion Date (11): 03/13/2026	Name of OSHA Monitor: EMSL Analytical, Inc.

Occupancy Status During Abatement (Check Only One)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: _____

Street Address: 200 Route 130 North
City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)
- [x] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Lower-Level Living Room			X	Floor Tile & Mastic	338 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 03/13/2026	City, State: Morrisville, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature: Samantha Brown	Date: 02/24/2026

ASB-41 (R-06-08)

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MAR 10 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3/03/2026		Name of Building Owner/Operator (2): ,	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment #__1_____ ☐ Emergency (including justification) ☐ Cancelation	Street Address: 90 Washington Avenue	
		City, State, Zip Code: Irvington, NJ 07111	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address: 90 Washington Avenue			
City (5): Irvington, NJ 07111		Square Foot: 1,200	# of Floors: 2 / 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 fo Monitoring Firm	Telephone No.	Telephone No.: 973-333-9176	License No.: 01331
Start Date (10): 3/05/2026	Scheduled Completion Date (11): 3/05/2026	Name of OSHA Monitor: Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ 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)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specity SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		TSI	10 LF	X			

Name of Registered Waste Hauler: Unicorn Contracting Corp.	NJDEP Waste Hauler ID No.: 0035844	Cubic Yards of Waste: 1+	Name of Regustered 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: 3/03/2026

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

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MAR 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/3/26	Name of Building Owner/Operator (2): Fellowship Crosspoint Church
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 187 Crosswicks-Chesterfield Road
	City, State, Zip Code: Chesterfield NJ 08515
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Rectory / House	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 187 Crosswicks Chesterfield Rd	Square Feet: 1000+ / # of Floors: 2 / Bldg. Age: 50+
City (5): Chesterfield Twp NJ 08515	Current Use (Prior if being demolished): House
County (6): Burlington / County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.
Street Address	Street Address: PO Box 329
City, State, Zip Code	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 856-753-9800 / License No.: 00727
Start Date (10): 3/16/26 / Scheduled Completion Date (11): 3/27/26	Name of OSHA Monitor: Same
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Windows			x	Window Caulk / Glaze	650 LF	x			
1st Floor Foyer			x	Floor Tile	300 SF	x			
2nd Floor Top of Steps and Hall			x	Floor Tile	280 SF	x			
Duct Insulations			x	Basement	20 SF	x			

Name of Registered Waste Hauler: Champion Disposal	NJDEP Waste Hauler ID No.: 32707	Cubic Yards of Waste: 20	Name of Registered Landfill: Fairless Landfill
City, State: Hainsport NJ		Disposal Date: 3/27/26	City, State: Morrisville PA 19067
Completed by: Anthony T Perna	Title: President	Signature	Date: 3/3/26

* Do not use this form for asbestos licensure exempted activities

ASB-41 (R-06-08)

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Print Form

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

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RECEIVED
MAR 6 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
03/02/2026	NJ Department of Human Services

Agencies Notified
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification
- [x] Initial
- [ ] Amended
  Amendment #_____
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address	
222 South Warren Street	
City, State, Zip Code	
Trenton, NJ 08625	
Name of Contact	Telephone Number
Steven Sofkos	856-466-0857

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Vineland Developmental Center	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1676 E. Landis Avenue	

City (5)	Square Feet	# of Floors	Bldg. Age
Vineland	100,000	2	67

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Cumberland	_____	Developmental Center

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		Shade Environmental, LLC
Street Address: N/A		Street Address: 623 Cutler Avenue
City, State, Zip Code: N/A		City, State, Zip Code: Maple Shade, NJ 08052

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
N/A	N/A	856-755-0099	00842

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
03/12/2026	03/18/2026	EMSL Analytical, Inc.

Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Other – Describe: Exterior Abatement

Street Address: 200 Route 130 North
City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)
- [x] ≥3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Trench			X	Pipe Insulation	140 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Freehold Cartage	15939	1	Cumberland County Landfill
City, State: Freehold, NJ		Disposal Date: 03/18/2026	City, State: Millville, NJ

Completed by	Title	Signature	Date
Shannon Thomson	Operations Manager	Shannon Thomson	03/02/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

Print Form

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

Date of Notification (1): 02/25/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 71 Ivy Way	
		City, State, Zip Code: Aberdeen, NJ 07747	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 71 Ivy Way			
City (5): Aberdeen		Square Feet: 1,785	# of Floors: 1 / Bldg. Age: 65
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 Pearse	Telephone No.: 609-298-4070	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 03/11/2026	Scheduled Completion Date (11): 03/16/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Living Room & Hallway			X	Floor Tile & Mastic	366 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 3	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 03/16/2026	City, State: Morrisville, PA

Completed by: Shannon Thomson	Title: Operations Manager	Signature:	Date: 02/25/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1)	Name of Building Owner/Operator (2)
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 379 Madison Street
	City, State, Zip Code: Passaic, NJ
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 379 Madison Street	Square Feet / # of Floors: 2 / Bldg. Age: 93
City (5): Passaic, NJ	
County (6): Passaic / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Apartments
Name of Monitoring Firm Hired by Building Owner (8): Sevnec Environmental / ASCM No.	Name of Abatement Contractor (9): Prestige Development Services Inc.
Street Address: 4365 Wilder Avenue 1st Floor	Street Address: 169 Lincoln Avenue Suite 204
City, State, Zip Code: Bronx, NY 10466	City, State, Zip Code: Bronx, NY 10454
Project Manager for Monitoring Firm: Nosa Igbinosa / Telephone No.: 347-257-1796	Telephone No.: 718-401-2744 / License No.: 01260
Start Date (10): 03/09//26 / Scheduled Completion Date (11): 4/09/26	Name of OSHA Monitor / Street Address / City, State, Zip Code

Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Other – Describe: Private home- unoccupied

Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	pipe insulation	55lf	X			
Kitchen			X	pipe insulation	20lf	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: 3/11/26	City, State: Pen Argyl, PA
Completed by: John Roth	Title: PM	Signature: DMO	Date: 2/22/26

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STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

FEB 26 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2/19/2026	Name of Building Owner/Operator (2): Township of Woodbridge
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Notification Type: [X] Initial [ ] Amended # ____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 1 Main St
	City, State, Zip Code: Woodbridge, NJ 07095
	Name of Contact: Patrick McSherry; Tel. Number: (732) 634-4500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Industrial Building	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 1303 Rahway Ave	
City (5): Avenel; County (6): Middlesex; County Code (7) (State Use Only):	
Name of Monitoring Firm Hired by Bldg. Owner (8): Environmental Connection, Inc.; ASCM No.: 00030	Name of Contractor (9): MTM Metro Corporation
Street Address: 120 North Warren Street	Street Address: 135-137 McBride Ave
City, State, Zip Code: Trenton, New Jersey 08608	City State, ZipCode: Paterson, NJ 07501
Project Manager for Monitoring Firm: Roland Jones; Telephone Number: 609-392-4200	Telephone Number: 973-742-5030; License Number: 00809
Scheduled Start Date (10): 3/4/2026; Scheduled Completion Date (11): 4/3/2026	Name of OSHA Monitor: MTM Metro Corporation
Occupancy Status During Abatement (Check only one): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other-Describe:	Street Address: 135-137 McBride Avenue; City, State, Zip Code: Paterson, NJ 07501

Source of Work (Check all that apply):
[ ] > 3 sf or > 3 lf [X] > 160 sf or > 260 lf [ ] Renovation [X] Demolition [X] Full Containment with Negative Pressure [X] Non-Exempted(*) & Non-Friable Procedure [X] Mini-Enclosure [X] Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem.	Rep.	Encap	Enclose
Dumbwaiter/Cold Storage 2 and loft			X	Insulation Adhesive	5600SF		X	X	
Throughout			X	Window Glazing/Wire wrap/pipe&fittings	4050 LF/2000LF/1552LF		X	X	
Boiler rm 1 &2	X			Boiler Insulation, gaskets & refractory	1050SF & 2112CF		X	X	
Boiler rm 1 and Tank Rm / Kitchenette	X			Cementitous Panels / Sink undercoat	1510SF / 3SF		X	X	

Name of Reg. Waste Hauler: MTM Metro Corporation	NJDEP Waste Hauler ID #: 26552	Cubic Yards of Waste: 60	Name of Reg. Landfill: Tullitown
City, State: 135-137 McBride Ave		Disp. Date: 4/3/2026	City, State: Tullytown, PA

Completed by (Print or Type): Mike Damevski	Title: Project manager	Signature: Mike Damevski	Date: 2/19/2026

ASB-41

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2 / 25 /2026	**Name of Building Owner/Operator (2)** ATLANTIC HEALTH SYSTEM HOSPITAL GROUP
	Street Address 475 SOUTH STREET
	City, State, Zip Code MORRISTOWN, NEW JERSEY 07960
	Name of Contact: VICTOR PENA — Telephone Number: 917-596-2158

Agencies Notified

- [ ] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification

- [ ] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation
- [ ] On Hold
- [X] EMERGENCY NOTIFICATION

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)
- [X] Other (ie. private & commcl. bldgs., homes, etc.)

Street Address: 99 BEAUVOIR AVENUE

Square Feet	# of Floors	Bldg. Age
400,000	8	60+

City (5)	County (6)	County Code (7) (STATE USE ONLY)
SUMMIT	UNION	

Current Use (Prior if being demolished): HOSPITAL

Name of Monitoring Firm Hired by Building Owner (8): HILLMAN CONSULTING — ASCM No.: 104

Street Address: 1600 Route 22 East, Suite 107

City, State, Zip Code: Union, NJ 07083

Project Manager for Monitoring Firm: Mike Rivera — Telephone Number: 908-632-5450

Name of Abatement Contractor (9): PAR ENVIRONMENTAL CORPORATION

Street Address: 313 SPOOK ROCK ROAD

City, State, Zip Code: SUFFERN, NEW YORK 10901

Telephone Number: 845-369-7500 — License Number: 1101

Expected State Date (10)	Sched. Completion Date (11)
2 / 27 /26 (Month / Day / Year)	3 / 6 /26 (Month / Day / Year)

Name of OSHA Monitor: QUALITY ENVIRONMENTAL

Street Address: 1379 US HIGHWAY 9

City, State, Zip Code: WAPPINGERS FALL, NEW YORK 12590

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- [ ] Demolition
- [X] Renovation
- [ ] >3SF OR LF
- [X] >160 SF OR 260 LF

- [ ] Full Containment
- [ ] Mini Enclosure, Tent
- [X] 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) 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: REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
7TH FLOOR MER			X	PIPE INSULATION	8 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
NEWARK CARTING	913	2	GRAND CENTRAL SANITARY

City, State	Disposal Date	City, State
NEWARK , NEW JERSEY	2/27/26-3/2/26	PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	VICE PRESIDENT, OPERATIONS		2/25/26

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ASBESTOS CONTROL

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 2/27/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancelation	Street Address: 90 Washington Avenue	
		City, State, Zip Code: Irvington, NJ 07111	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address: 90 Washington Avenue			
City (5): Irvington, NJ 07111		Square Foot: 1,200	# of Floors: 2 / 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 fo Monitoring Firm	Telephone No.	Telephone No.: 973-333-9176	License No.: 01331
Start Date (10): 3/02/2026	Scheduled Completion Date (11): 3/02/2026	Name of OSHA Monitor: Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ 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)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specity SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		TSI	10 LF	X			

Name of Registered Waste Hauler: Unicorn Contracting Corp.	NJDEP Waste Hauler ID No.: 0035844	Cubic Yards of Waste: 1+	Name of Regustered 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: 2/27/2026

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ASBESTOS CONTROL &

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

Date of Notification (1): 2/27/2026		Name of Building Owner/Operator (2):	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended ☐ Amendment #_____ ☒ Emergency (including justification) ☐ Cancelation	Street Address: 38 38th Street	
		City, State, Zip Code: Irvington, NJ 07111	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address: 38 38th Street			
City (5): Irvington, NJ 07111		Square Foot: 1,300	# of Floors: 2 / 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 fo Monitoring Firm	Telephone No.	Telephone No.: 973-333-9176	License No.: 01331
Start Date (10): 3/03/2026	Scheduled Completion Date (11): 3/03/2026	Name of OSHA Monitor: Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ 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)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specity SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement boiler room		X		TSI	20 LF	X			

Name of Registered Waste Hauler: Unicorn Contracting Corp.	NJDEP Waste Hauler ID No.: 0035844	Cubic Yards of Waste: 1+	Name of Regustered 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: 2/27/2026

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2/24/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 3 Fairview Ave
	City, State, Zip Code: East Brunswick, NJ 08816
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 3 Fairview Ave			
City (5): East Brunswick		Square Feet: 2016	# of Floors: 3 / Bldg. Age: 70+
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Home	
Name of Monitoring Firm Hired by Building Owner (8): EnviroVision Consultants	ASCM No.: 0004	Name of Abatement Contractor (9): National Flooring Removal L.L.C.	
Street Address: Building 35E, 20-21 Wagaraw Rd		Street Address: PO Box 58	
City, State, Zip Code: Fairlawn, NJ 07410		City, State, Zip Code: Augusta, NJ 07822	
Project Manager for Monitoring Firm: Fred Larson	Telephone No.: 973-636-9145	Telephone No.: 973-919-5743	License No.: 02093
Start Date (10): 3/2/2026	Scheduled Completion Date (11): 3/3/2026	Name of OSHA Monitor: N/A	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: / City, State, Zip Code:	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen			x	Joint Compound	100 SF	x			

Name of Registered Waste Hauler: National Flooring Removal LLC	NJDEP Waste Hauler ID No.: 106495	Cubic Yards of Waste: 2	Name of Registered Landfill: WM - Grand Central Landfill
City, State: Augusta, NJ		Disposal Date: 3/12/2026	City, State: Pen Argyl, PA 18072

Completed by: Timothy Patrick	Title: CEO	Signature:	Date: 2/24/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Check No. 4023

Date of Notification (1) 02/19/2026		Name of Building Owner/Operator (2) Borough of New Providence	
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #___ ☐ Emergency (including justification) ☐ Cancellation	Street Address 360 Elkwood Ave	
		City, State, Zip Code New Providence, New Jersey 07974	
		Name of Contact Carmen G Torsiello	Telephone Number 908665-1124

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Old Boro Hall		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1243 Springfield Avenue		Square Feet 10,000	# of Floors 2 / Bldg. Age 86
City (5) New Providence, New Jersey 07974		Current Use (Prior if being demolished) Office	
County (6) Union	County Code (7) *(STATE USE ONLY)*		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.	ASCM No. 00003	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 5434 King Avenue Suite 101		Street Address 246 Union Boulevard	
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Tim Gromen	Telephone No 888-306-4545	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 03/02/2026	Scheduled Completion Date (11) 04/02/2026	Name of OSHA Monitor LIS CONSULTING SERVICES, LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: ___		Street Address 3 B Cottage Court City, State, Zip Code Whiting, New Jersey	

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
☐ Glove Bag Procedure / *Limited Containment &Tent*
☒ 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 of LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Throughout building		X		Floor tile and associated mastic	2400 SF.	X			
Attic & Pipe Chase		X		Pipe & Elbows Insulation (Wrap & Cut)	240 LF	X			

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 Landfill
City, State Elizabeth, New Jersey		9isposal Date March/2026	City, State Waynesburg, Ohio, PA
Completed by Adriana Olejarova	Title President	Signature	Date 02/19/2026

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

Date of Notification (1): 2 / 20 / 2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 51 TINDALL ROAD	
City, State, Zip Code: MIDDLETOWN, NEW JERSEY 07748	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): HOME	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 51 TINDALL ROAD	
City (5): MIDDLETOWN	Square Feet: 1,425 SF / # of Floors: 2 / Bldg. Age: 1955
County (6): MONMOUTH COUNTY / County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTIAL
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): TRUE STAR CONTRACTING
Street Address	Street Address: 54 HEDDEN TERRACE
City, State, Zip Code	City, State, Zip Code: NORTH ARLINGTON, NJ 07031
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: (201) 790-4530 / License No.: 02047
Start Date (10): 3 / 2 / 2026 / Scheduled Completion Date (11): 3 / 5 / 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address / City, State, Zip Code

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT	☐	☒	☐	ASBESTOS VAT	300 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: TRUE STAR CONTRACTING	NJDEP Waste Hauler ID No.: 0041405	Cubic Yards of Waste: 1	Name of Registered Landfill: CHRUN BRO LANDFILL
City, State: NORTH ARLINGTON, NEW JERSEY		Disposal Date: TBD	City, State: EASTON, PA

Completed By (Print or Type)	Title	Signature	Date
NESTOR M. ALVEZ	PROJECT MANAGER		2/20/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 02/21/2026		Name of Building Owner/Operator (2)	Check No. 4024
Agencies Notified ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 12 Flagler Street	
		City, State, Zip Code Morristown, New Jersey 07960	
		Name of Contact Manny Ortiz	Telephone Number 973-538-1229

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 12 Flagler Street			
City (5) Morristown, New Jersey 07960		Square Feet 10,000	# of Floors 2 / Bldg. Age 86
County (6) Essex	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) LIS CONSULTING SERVICES, LLC	ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 3 B Cottage Court		Street Address 246 Union Boulevard	
City, State, Zip Code Whiting, New Jersey		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Barbara Lis	Telephone No 732) 940-6207	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 03/05/2026	Scheduled Completion Date (11) 03/09/2026	Name of OSHA Monitor LIS CONSULTING SERVICES, LLC	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: ____		Street Address 3 B Cottage Court City, State, Zip Code Whiting, New Jersey	

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
☐ Glove Bag Procedure / *Limited Containment & Tent*
☐ 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 of LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation (wrap & cure)	10 LF		X		

Name of Registered Waste Hauler Century Waste Services	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Elizabeth, New Jersey		9isposal Date March/2026	City, State Waynesburg, Ohio, PA
Completed by Adriana Olejarova	Title President	Signature	Date 02/21/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 02/25/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 19 Beaver Ave	
City, State, Zip Code: North Arlington, NJ 07031	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): private house	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 19 Beaver Ave	Square Feet / # of Floors / Bldg. Age
City (5): North Arlington	
County (6): Bergen	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.
Street Address	Name of Abatement Contractor (9): MHM Restoration LLC
	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.
	Telephone No.: 862-386-8433 License No.: 02090
Start Date (10): 03/08/2026	Scheduled Completion Date (11): 03/10/2026
	Name of OSHA Monitor: MHM Restoration LLC
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 164 Meriline Ave Apt C
	City, State, Zip Code: Woodland Park NJ 07424

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement		*		pipe insulation	130LF	*			
1sr floor		*		fireplace	3SF	*			

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: 02/25/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 02/22/2026	Name of Building Owner/Operator (2):
Agencies Notified: [ ] EPA [x] DEP [x] DOL [x] DOH [x] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 13-20 Burbank St	
City, State, Zip Code: Fairlawn NJ 07410	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): private house	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 13-20 Burbank St	Square Feet / # of Floors / Bldg. Age
City (5): Fairlawn	
County (6): Bergen; 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.	Telephone No.: 862-386-8433; License No.: 02090
Start Date (10): 03/03/2026; Scheduled Completion Date (11): 03/05/2026	Name of OSHA Monitor: MHM Restoration LLC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] 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)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement		*		pipe insulation		*			

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: 02/22/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 2/19/2026		Name of Building Owner/Operator (2)	
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation	Street Address: 14 MAIN STREET,	
		City, State, Zip Code: MONTVALE NJ. 07645	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): HOUSE		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 14 Main Street,			
City (5): Montvale NJ 07645		Square Feet: 1956	# of Floors: 2 / Bldg. Age: 56
County (6): BERGEN	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): N/A	
Name of Monitoring Firm Hired by Building Owner (8): EMPIRE ENVIRONMENTAL LTD	ASCM No.	Name of Abatement Contractor (9): NORTH EAST ENVIRONMENTAL LLC	
Street Address: 150 River Rd STE F4,		Street Address: 52 FIELD ROAD.	
City, State, Zip Code: Montville, NJ 07045		City, State, Zip Code: CLIFTON NJ 07013	
Project Manager for Monitoring Firm: MICHAEL BOGGI	Telephone No.: 973.334.5641	Telephone No.: 201-776.0642	License No.: 01300
Start Date (10): 2/20/2026	Scheduled Completion Date (11): 2/23/2026	Name of OSHA Monitor: EMPIRE ENVIRONMENTAL LTD	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 150 River Rd STE F4,	
		City, State, Zip Code: Montville, NJ 07045	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Garage & Utility room		x		VAT. Floor tile 9x9	72. sf.	X			
Garage.		x		Joint Compound	1,082 SF	x			

Name of Registered Waste Hauler: TRI-STATE TRANSFER	NJDEP Waste Hauler ID No.: 19954	Cubic Yards of Waste: TBD	Name of Registered Landfill: MINERVA ENTERPRISE INC
City, State: BRONX NY		Disposal Date: TBD	City, State: WAYNESBURG OHIO

Completed by: CARLOS ESQUIVEL	Title: PRESIDENT/OWNER	Signature:	Date: 2/19/2026

ASB-41 (R-06-08)

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

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MAR 5 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 2/27/2026		Name of Building Owner/Operator (2): 305 3rd. JERSEY CITY LLC	
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 305 THIRD STREET.	
		City, State, Zip Code: JERSEY CITY NJ. 07302	
		Name of Contact: Justin Trattou	Telephone Number: 551-579-0417

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): OFFICE		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 305 3rd St.			
City (5): Jersey City, NJ 07302.		Square Feet: 5,000. SF.	# of Floors: 2 / Bldg. Age: 46
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): YES	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): NORTH EAST ENVIRONMENTA LLC.	
Street Address		Street Address: 52 FIELD ROAD.	
City, State, Zip Code		City, State, Zip Code: CLIFTON NJ. 07013	
Project Manager for Monitoring Firm: N/A	Telephone No.	Telephone No.: 201-776-0642	License No.: 01300
Start Date (10): 3/9/2026	Scheduled Completion Date (11): 3/11/2026	Name of OSHA Monitor: Hillmann Consulting Services	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 1605 Vauxhall Rd #107,	
		City, State, Zip Code: Union, NJ 07083	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
ROOF		X		Roof Membrane felt. layer &	2,125.SF	x			
				Roof flashing					

Name of Registered Waste Hauler: TRI- STATE TRANSFER	NJDEP Waste Hauler ID No.: 19954	Cubic Yards of Waste: TBD	Name of Registered Landfill: MINERVA ENTERPRISE INC
City, State: BRONX . NY.		Disposal Date: TBD	City, State: WAYNESBURG OHIO
Completed by: CARLOS ESQUIVEL	Title: PRESIDENT	Signature: [signature]	Date: 2/27/2026

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ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/1/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 432 South Laurel Ave,	
City, State, Zip Code: Hazlet NJ. 07734.	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 432 South Laurel Ave,			
City (5): Hazlet NJ. 07734.		Square Feet: 1,156. SF.	# of Floors: 1 / Bldg. Age: 93
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): YES	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): NORTH EAST ENVIRONMENTAL LLC.	
Street Address:		Street Address: 52 FIELD ROAD,	
City, State, Zip Code:		City, State, Zip Code: CLIFTON NJ. 07013	
Project Manager for Monitoring Firm: N/A	Telephone No.	Telephone No.: 201-776-0642	License No.: 01300
Start Date (10): 3/12/2026	Scheduled Completion Date (11): 3/13/2026	Name of OSHA Monitor: HILLMANN CONSULTING SERVICES	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 1605 Vauxhall Rd #107, Union, NJ 07083	
		City, State, Zip Code: Union, NJ 07083	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		TRANSITE SIDING	1,700. SF	X			

Name of Registered Waste Hauler: TRI-STATE TRANSFER	NJDEP Waste Hauler ID No.: 19954	Cubic Yards of Waste: TBD	Name of Registered Landfill: MINERVA ENTERPRISE INC
City, State: NEW YORK		Disposal Date: TBD	City, State: WAYNESBURG OHIO
Completed by: CARLOS ESQUIVEL	Title: PRESIDENT	Signature:	Date: 3/1/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3/2/26	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 60 Holly Dr	
City, State, Zip Code: Loveladies NJ 08008	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 60 Holly Dr			
City (5): Loveladies NJ 08008		Square Feet: 1000+	# of Floors: 2 / Bldg. Age: 50+
County (6): Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): House & Garage	
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Pernaco Inc.	
Street Address		Street Address: PO Box 329	
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 3/16/26	Scheduled Completion Date (11): 3/20/26	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☐ Renovation ☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior				Exterior Transite	2500 SF	X			

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 1	Name of Registered Landfill: Fairless Hills
City, State: W Berlin NJ		Disposal Date: 3/20/26	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature	Date: 3/2/26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 03/02/2026	Name of Building Owner/Operator (2): Bridgewater Raritan Regional School District
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment #2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 836 Newans Lane
	City, State, Zip Code: Bridgewater NJ 08807-0030
	Name of Contact: Slobodan Spirkoski — Telephone Number: 201-421-8675

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bridgewater Middle School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 128 Merriwood Drive	
City (5): Bridgewater NJ 08807	Square Feet: N/A — # of Floors: N/A — Bldg. Age: N/A
County (6): Somerset — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): BRIGGS ASSOCIATES — ASCM No.		Name of Abatement Contractor (9): Teal Management
Street Address: 3 Crosswicks Sttreet		Street Address: 24 Motrley Drive
City, State, Zip Code: Bordentown NJ 08505		City, State, Zip Code: Woodland Park NJ 07424
Project Manager for Monitoring Firm: Michael Hoodak — Telephone No.: 609-298-5520		Telephone No.: 862-243-1471 — License No.: 02063
Start Date (10): 03/30/2026 — Scheduled Completion Date (11): 08/25/2026		Name of OSHA Monitor: Teal Management
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: WRUP & CUT		Street Address: 24 Morley Drive — City, State, Zip Code: Woodland Park NJ 07424

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BOYS&GIRLS LOCKER ROOMS			x	pipe insulation/fittings(wrup&cut)	140 LF	x			
Boys & Girls Team Rooms			x	pipe insulation/fittings(wrup&cut)	142 LF	x			
Archery Storage			x	elbows(wrup&cut)	20 units	x			

Name of Registered Waste Hauler: Teal Management	NJDEP Waste Hauler ID No.: 40229	Cubic Yards of Waste: 20 CY	Name of Registered Landfill: Fairless Hills Landfill
City, State: Woodland Park NJ 07424		Disposal Date: 8/25/2026	City, State: Morrisville PA

Completed by: Tome Maslarkov	Title: Project Manager	Signature	Date: 03/02/2026

ASB-41 (R-06-08)

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

2908

Proj. #: 26-38

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/04/26	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #: ☐ Emergency (including justification) ☐ Cancellation
Street Address: 35 O'Brien Street	
City, State, Zip Code: Kearny, NJ 07032	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Residential	Type of Facility (4): ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)
Street Address: 256 Born Street	Square Feet: 1,800 SF; # of Floors: 03; Bldg. Age: 116
City (5): Secaucus, NJ 07094	County (6): Hudson; 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; License Number: 02007
Start Date (10): 03/18/2026; Sched. Completion Date (11): 03/23/2026	Name of OSHA Monitor: KLOMAX, LLC
Occupancy Status During Abatement (Check only one): ☐ Facility closed/vacated during entire period of abatement. ☐ Abatement performed outside of normal facility hours- Describe: ☒ Other-Describe: Normal Hours	Street Address: 144 US Highway 46; City, State, Zip Code: Budd Lake, NJ 07828

Scope of Work (check all that apply)
☐ >3 sf or >3 lf ☒ Renovation ☒ ≥160 sf or ≥260 lf ☐ Demolition
☒ Full Containment w/negative pressure ☐ Mini-enclosure ☐ Glovebag procedure ☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
1st Floor Dining Room		X		Plaster	195 SF	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

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
Completed by (Print or Type): Gordana Stojanovska	Title: Secretary	Signature	Date: 03/04/2026

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

ASB-41

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ASBESTOS CONTROL & LICENSING

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

Proj. #: 26-45

Date of Notification (1): 03/04/26

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

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

Name of Building Owner/Operator (2):

Street Address: 29 Princeton Street

City, State, Zip Code: Nutley, NJ 07110

Name of Contact:

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Residential

Street Address: 29 Princeton Street

City (5): Nutley, NJ 07110

County (6): Essex

County Code (7) (State use only):

Type of Facility (4): ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet	# of Floors	Bldg. Age
1,400 SF	03	99

Current Use (Prior if being demolished): Residential

Name of Monitoring Firm Hired by Bldg. Owner (8): N/A

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Name of Abatement Contractor (9): KLOMAX, LLC

Street Address: 144 US Highway 46

City, State, Zip Code: Budd Lake, NJ 07828

Telephone Number: 833-455-6629

License Number: 02007

Name of OSHA Monitor: KLOMAX, LLC

Street Address: 144 US Highway 46

City, State, Zip Code: Budd Lake, NJ 07828

Start Date (10): 03/05/2026

Sched. Completion Date (11): 03/06/2026

Occupancy Status During Abatement (Check only one)
- ☐ Facility closed/vacated during entire period of abatement.
- ☐ Abatement performed outside of normal facility hours- Describe:
- ☒ Other-Describe: Normal Hours

Scope of Work (check all that apply)
- ☒ >3 sf or >3 lf
- ☐ ≥160 sf or ≥260 lf
- ☒ Renovation
- ☐ Demolition
- ☐ Full Containment w/negative pressure
- ☒ Mini-enclosure
- ☒ Glovebag procedure
- ☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT BOILER ROOM		X		Pipe Insulation	38 LF	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: KLOMAX, LLC

NJDEP Hauler ID#: 0038241

Cubic Yards of Waste: 1/2 CYD.

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: Budd Lake, NJ 07828

Disposal Date: TBD

City, State: TULLYTOWN, PA

Completed by (Print or Type): Gordana Stojanovska

Title: Secretary

Signature:

Date: 03/04/2026

ASB-41

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

3354

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

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MAR 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
03/04/2026	

Agencies Notified	Type Notification	Street Address
[x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	[ ] Initial [x] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation	388 South Livingston Avenue
		City, State, Zip Code Livingston, NJ 07039
		Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Aquinas Academy	[x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 388 South Livingston Avenue	
City (5): Livingston, NJ 07039	Square Feet: TBD / # of Floors: 1 / Bldg. Age: TBD
County (6): Essex / County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		VEL Construction, LLC
Street Address		Street Address: 75 Voorhis Place
City, State, Zip Code		City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201- 466-0166 / License No.: 02126
Start Date (10): 03/05/2026	Scheduled Completion Date (11): 03/26/2026	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One)		Street Address
[x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:		City, State, Zip Code

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Please see attached									

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Century Waste Services	32797	30	Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 03/26/2026	City, State: Pen Argyl, PA

Completed by	Title	Signature	Date
Lubica Perez	Owner	Lubica Perez	03/04/2026

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

ASB-41 (R-06-08)

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
Room 207, 20, 209, 210	No	floor tile	4,200 SF	Removal
Hall West Wing	No	floor tile	900 SF	Removal
Office	No	floor tile	880 SF	Removal
Multi-Purpose Room	No	floor tile	2,700 SF	Removal
East Wing Rooms 202, 202, 203, 204	No	floor tile	3,220 SF	Removal
Hall East Wing	No	floor tile	840 SF	Removal
All Purpose Building	No	floor tile & mastic	2,000 SF	Removal

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

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MAR 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/01/2026	Name of Building Owner/Operator (2):
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 540 Scotland Rd City, State, Zip Code: Union, NJ 07083 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 540 Scotland Rd	Square Feet: 1,250 # of Floors: 1 Bldg. Age: 1958
City (5): Union, NJ 07083	Current Use (Prior if being demolished):
County (6): Union County Code (7) *(STATE USE ONLY)* _____	
Name of Monitoring Firm Hired by Building Owner (8): ASCM No.:	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address:	Street Address: 75 Voorhis Place
City, State, Zip Code:	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm: Telephone No.:	Telephone No.: 201- 466-0166 License No.: 02126
Start Date (10): 03/10/2026 Scheduled Completion Date (11): 03/17/2026	Name of OSHA Monitor:
Occupancy Status During Abatement (Check Only One) [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: City, State, Zip Code:
Scope of Work (Check All That Apply) [ ] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf [x] Renovation [ ] Demolition [x] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [ ] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen & Dining room		x		linoleum floor	260 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: 03/17/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 03/01/2026

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

ASB-41 (R-06-08)

3548

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

Check 3548

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MAR 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/02/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 1756 King St	
City, State, Zip Code: Scotch Plains, NJ 07076	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1756 King St	
City (5): Scotch Plains, NJ 07076	Square Feet: 1,904 / # of Floors: 1 / Bldg. Age: 1940
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): 03/12/2026	Scheduled Completion Date (11): 03/19/2026	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: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Duct insulation	37 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: 03/19/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 03/02/2026

ASB-41 (R-06-08)

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MAR 9 2026

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 03/02/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 54 S Mountain Ave	
City, State, Zip Code: Maplewood, NJ 07040	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 54 S Mountain Ave			
City (5): Maplewood, NJ 07040		Square Feet: 1,582	# of Floors: 2 / Bldg. Age: 1913
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): 03/12/2026	Scheduled Completion Date (11): 03/19/2026	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: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor Dining Room		x		pipe insulation	30 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: 03/19/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 03/02/2026

ASB-41 (R-06-08)

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

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

MAR 9 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/28/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 12 River Rd	
City, State, Zip Code: Montville, NJ 07045	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 12 River Rd			
City (5): Montville, NJ 07045		Square Feet: 1,777	# of Floors: 1 / Bldg. Age: 1932
County (6): Morris	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): 03/09/2026	Scheduled Completion Date (11): 03/16/2026	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: _____		Street Address / City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen		x		Red & yellow flooring	579 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: 03/16/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 02/28/2026

ASB-41 (R-06-08)

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3 / 5 / 26	Name of Building Owner/Operator (2): Housing Authority of the City of Atlantic City
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8) Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 227 Vermont North City, State, Zip Code: Atlantic City NJ 08404 Name of Contact: Facilities Telephone Number: 609-300-5000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Altman Terrace Apartments			Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1000 Artic Ave			
City (5): Atlantic City		Square Feet: 60000	# of Floors: 6 / Bldg. Age: 50
County (6): Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): apartments	
Name of Monitoring Firm Hired by Building Owner (8): Coastal Environmental Compliance, LLC	ASCM No.	Name of Abatement Contractor (9): Plymouth Environmental Co., Inc.	
Street Address: PO Box 167		Street Address: 923 Haws Ave.	
City, State, Zip Code: Hammonton, NJ 08037		City, State, Zip Code: Norristown, PA 19401	
Project Manager for Monitoring Firm: Cathy Ledden	Telephone No.: 609.820.9312	Telephone No.: 610-239-9920	License No.: 00398
Start Date (10): 3 / 9 / 26	Scheduled Completion Date (11): 3 / 23 / 26	Name of OSHA Monitor: Plymouth Environmental Co., Inc.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30PM/_____PM-_____AM		Street Address: 923 Haws Ave City, State, Zip Code: Norristown, PA 19401	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st floor hallway	☐	☒	☐	mastic	975SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Waste Management	NJDEP Waste Hauler ID No.: 39126	Cubic Yards of Waste: 10CY	Name of Registered Landfill: G.R.O.W.S North Landfill/Fairless Landfill
City, State: Camden, NJ		Disposal Date: 3/23/26	City, State: Morrisville, PA

Completed By (Print or Type): James M. Kelly	Title: Vice President	Signature	Date: 3/5/2026

ASB-41
JAN 13

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

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

PAID

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MAR 9 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 3/4/2026	Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended [ ] Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 1 Jefferson Drive
	City, State, Zip Code: Flanders, NJ 07836
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 Jefferson Drive	
City (5): Flanders	Square Feet: / # of Floors: / 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): / ASCM No.	Name of Abatement Contractor (9): NorthEast Management LLC
Street Address:	Street Address: 41 Madison Avenue
City, State, Zip Code:	City, State, Zip Code: Rochelle Park, NJ 07662
Project Manager for Monitoring Firm: / Telephone No.	Telephone No.: 201-577-1381 / License No: 02008
Start Date (10): 3/5/2026 / Scheduled Completion Date (11): 3/20/2026	Name of OSHA Monitor: NorthEast Management LLC
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 41 Madison Avenue / City, State, Zip Code: Rochelle Park, NJ 07662

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor			X	VAT	250SF	X			
Basement			X	Joint Compound	600SF	X			

Name of Registered Waste Hauler: Century Waste	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste:	Name of Registered Landfill: Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date:	City, State: Morrisville, PA
Completed by: Sonja Dimovska	Title: Owner	Signature: S. Dimovska	Date: 3/4/2026

* Do not use this form for asbestos licensure exempted activities

ASB-41 (R-06-08)

3551

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

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MAR 3 2026
ASBESTOS CONTROL & LICENSING
Check 3551

Date of Notification (1): 02/27/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
Street Address: 2 Williams Ave	
City, State, Zip Code: Middletown Township, NJ 07748	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2 Williams Ave	
City (5): Middletown Township, NJ 07748	Square Feet: 1,606 / # of Floors: 1 / Bldg. Age: 1939
County (6): Monmouth / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address	Street Address: 75 Voorhis Place
City, State, Zip Code	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201- 466-0166 / License No.: 02126
Start Date (10): 02/21/2026 / Scheduled Completion Date (11): 02/28/2026	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: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
First floor		x		floor tile	818 SF	x			
Crawl space		x		HEPA vacuum	360 SF	x			
Crawl space		x		pipe insulation	35 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: 02/28/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 02/27/2026

ASB-41 (R-06-08)

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

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Print Form

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

MAR 3 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/27/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 2 Newark Ave	
City, State, Zip Code: Westwood, NJ 07675	
Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2 Newark Ave	
City (5): Westwood, NJ 07675	Square Feet: 1,594 / # of Floors: 2 / Bldg. Age: 1948
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): 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): 03/02/2026 / Scheduled Completion Date (11): 03/07/2026	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: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	120 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: 03/07/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 02/27/2026

ASB-41 (R-06-08)

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

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MAR 3 2026

ASBESTOS CONTROL & LICENSING

Print Form

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

Date of Notification (1): 02/27/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 62 Springside Rd
	City, State, Zip Code: Westampton Township, NJ 08060
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 62 Springside Rd	Square Feet: 2,552 / # of Floors: 1 / Bldg. Age: 1800
City (5): Westampton Township, NJ 08060	Current Use (Prior if being demolished):
County (6): Burlington / County Code (7) (STATE USE ONLY):	
Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address:	Street Address: 75 Voorhis Place
City, State, Zip Code:	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm: / Telephone No.	Telephone No.: 201- 466-0166 / License No.: 02126
Start Date (10): 03/02/2026 / Scheduled Completion Date (11): 03/09/2026	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:	Street Address: / City, State, Zip Code:

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior		X		cement siding	1,200 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 10	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 03/09/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 02/27/2026

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ASB-41 (R-06-08)

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

MAR 3 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/26/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
Street Address: 54 W Hanover Ave	
City, State, Zip Code: Morris Plains, NJ 07950	
Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 54 W Hanover Ave	
City (5): Morris Plains, NJ 07950	Square Feet: 1,556 / # of Floors: 2 / Bldg. Age: 1888
County (6): Morris / 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): 02/27/2026 / Scheduled Completion Date (11): 03/04/2026	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: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Level		x		pipe insulation - floor to ceiling	11 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: 03/04/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 02/26/2026

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ASB-41 (R-06-08)

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

Date of Notification (1): 02/20/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 31 Ormont Rd
	City, State, Zip Code: Chatham Township, NJ 07928
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 31 Ormont Rd	Square Feet: 1,665 / # of Floors: 1 / Bldg. Age: 1950
City (5): Chatham Township, NJ 07928	Current Use (Prior if being demolished):
County (6): Morris / County Code (7) *(STATE USE ONLY)* ____	
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address	Street Address: 75 Voorhis Place
City, State, Zip Code	City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 201- 466-0166 / License No.: 02126
Start Date (10): 02/21/2026 / Scheduled Completion Date (11): 02/24/2026	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: ____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roofing		x		upper roof	800 SF	x			
Roofing		x		lower roof	400 SF	x			

Name of Registered Waste Hauler: Century Waste Services	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: 10	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Elizabeth, NJ		Disposal Date: 02/24/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 02/20/2026

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

ASB-41 (R-06-08)

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MAR 3 2026

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

Date of Notification (1): 02/21/2026	Name of Building Owner/Operator (2):	
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 2 Oneida Pl City, State, Zip Code: Cranford, NJ 07016 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 2 Oneida Pl		Square Feet: 1,180 / # of Floors: 1 / Bldg. Age: 1942
City (5): Cranford, NJ 07016		Current Use (Prior if being demolished):
County (6): Union	County Code (7) (STATE USE ONLY): _____	
Name of Monitoring Firm Hired by Building Owner (8):	ASCM No.:	Name of Abatement Contractor (9): VEL Construction, LLC
Street Address:		Street Address: 75 Voorhis Place
City, State, Zip Code:		City, State, Zip Code: Ringwood NJ 07456
Project Manager for Monitoring Firm:	Telephone No.:	Telephone No.: 201- 466-0166 / License No.: 02126
Start Date (10): 03/02/2026	Scheduled Completion Date (11): 03/09/2026	Name of OSHA Monitor:
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: / City, State, Zip Code:

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		floor tile & mastic	546 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: 03/09/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 02/21/2026

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

ASB-41 (R-06-08)

3544

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

Check 3544

MAR 3 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/21/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 87 Lawrence Dr City, State, Zip Code: Berkeley Heights, NJ 07922 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 87 Lawrence Dr	Square Feet: 2,203 / # of Floors: 1 / Bldg. Age: 1969
City (5): Berkeley Heights, NJ 07922	
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): 03/03/2026 / Scheduled Completion Date (11): 03/10/2026	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: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		floor tile & mastiic	653 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: 03/10/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 02/21/2026

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

ASB-41 (R-06-08)

CK # 6371

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MAR 2 2026

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

Date of Notification (1): 2-26-26

Agencies Notified: ☐ EPA ☐ DEP ☒ BOL ☒ DOH ☐ DCA

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

Name of Building Owner/Operator (2): TOM WELSH BUILDER

Street Address: 661 POMONA AVE

City, State, Zip Code: HADDONFIELD N.J 08033

Name of Contact: TOM

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 159 34TH ST

City (5): AVALON

County (6): CAPE MAY

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: 1000 # of Floors: 1 Bldg Age: 50 +

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): KLEMCO INC

Street Address: 369 S SPRUCE AVE

City, State, Zip Code: MAPLE SHADE N.J 08052

Telephone No.: 856-779-0422 License No.: 01371

Name of OSHA Monitor: N/A

Street Address:

City, State, Zip Code:

Start Date (10): 3-10-26 Scheduled Completion Date (11): 3-20-26

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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	3000 SF	X			

Name of Registered Waste Hauler: KLEMCO INC

NJDEP Waste Hauler ID No: 17904

Cubic Yards of Waste: 3

Disposal Date:

Name of Registered Landfill: C.M.C.M.U.A

City, State: WOODBINE

City, State: MAPLE SHADE N.J

Completed By: MICHAEL KLEMM

Title: SUP.

Signature:

Date: 2-26-26

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

Date of Notification (1): 2-26-26

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

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

Name of Building Owner/Operator (2): MASE ENTERPRISES

Street Address: 552 LEEDS RD

City, State, Zip Code: ABSECON N.J 08201

Name of Contact: ANDY

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: 605 N OXFORD AVE

City (5): VENTNOR HEIGHTS

County (6): ATLANTIC

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: 1500 # of Floors: 2 Bldg Age: 50+

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No:

Name of Abatement Contractor (9): KLEMCO INC

Street Address: 369 S SPRUCE AVE

City, State, Zip Code: MAPLE SHADE N.J 08052

Telephone No.: 856-779-0422

License No.: # 01371

Name of OSHA Monitor: N/A

Street Address:

City, State, Zip Code:

Start Date (10): 3-9-26

Scheduled Completion Date (11): 3-19-26

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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	2000 SF	X			

Name of Registered Waste Hauler: KLEMCO INC

NJDEP Waste Hauler ID No.: 03904

Cubic Yards of Waste: 4

Disposal Date:

Name of Registered Landfill: AGUA

City, State: PLEASANTVILLE NJ

City, State: MAPLE SHADE N.J

Completed By: MICHAEL KLEMM

Title: PRES

Signature:

Date: 2-26-26

...this form for asbestos licensure exempted activities.

CK # 6371

4350278

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

Date of Notification (1): 2-26-26

Name of Building Owner/Operator (2): MASE ENTERPRISES

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

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

Street Address: 552 LEEDS RD

City, State, Zip Code: ABSECON N.J 08201

Name of Contact: ANDY

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)

Street Address: 517 N OXFORD AVE

Square Feet: 1500 # of Floors: 2 Bldg Age: 50+

City (5): VENTNOR HEIGHTS

Current Use (Prior if being demolished): VACANT

County (6): ATLANTIC

County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No:

Name of Abatement Contractor (9): KLEMCO INC

Street Address: 369 S SPRUCE AVE

City, State, Zip Code: MAPLE SHADE N.J 08052

Project Manager for Monitoring Firm:

Telephone No:

Telephone No.: 856-779-0472

License No.: # 01371

Start Date (10): 3-8-26

Scheduled Completion Date (11): 3-18-26

Name of OSHA Monitor: N/A

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

Street Address:

City, State, Zip Code:

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	1270 SF	X			

Name of Registered Waste Hauler: KLEMCO INC

NJDEP Waste Hauler ID No: 13904

Cubic Yards of Waste: 4

Disposal Date:

Name of Registered Landfill: ACUA

City, State: PLEASANTVILLE NJ

City, State: MAPLE SHADE N.J

Signature:

Date: 2-26-26

Completed By: MICHAEL KLEMM

Title: PRES

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 2/26/26	Name of Building Owner/Operator (2): Progressive Fuel Oil (City of Vineland)
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 561 Broadlawn Terrace
	City, State, Zip Code: Vineland NJ 08360
	Name of Contact: City of Vineland
	Telephone Number: 856-794-4040

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Progressive Fuel Oil (City of Vineland)	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 561 Broadlawn Terrace	Square Feet: 1000 / # of Floors: 1 / Bldg. Age: 50+
City (5): Vineland NJ 08360	Current Use (Prior if being demolished): Warehouse
County (6): Cumberland	County Code (7) *(STATE USE ONLY)* _____
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.
Street Address	Name of Abatement Contractor (9): Pernaco Inc.
City, State, Zip Code	Street Address: PO Box 329
Project Manager for Monitoring Firm	Telephone No.
	City, State, Zip Code: West Berlin NJ 08091
	Telephone No.: 856-753-9800 / License No.: 00727
Start Date (10): 3/11/26	Scheduled Completion Date (11): 3/17/26
	Name of OSHA Monitor: Same
	Street Address
	City, State, Zip Code

Occupancy Status During Abatement (Check Only One)
- [X] 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
- [X] ≥160 sf or ≥260 lf
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior				Exterior Transite	460 SF	X			

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 1	Name of Registered Landfill: Cumberland County MUA
City, State: W Berlin NJ		Disposal Date: 3/17/26	City, State: Millville NJ 08332
Completed by: Anthony T Perna	Title: President	Signature	Date: 2/26/26

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ASBESTOS CONTROL & LICENSING

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

Proj. #: 26-43

Date of Notification (1): 10/12/25/12/6

Agencies Notified:
- [ ] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification:
- [x] Initial
- [ ] Amended

Amendment #:
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner/Operator (2)

Street Address: 11 Van Dyke Drive

City, State, Zip Code: Ho Ho Kus, NJ 07423

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Residential

Street Address: 11 Van Dyke Drive

City (5): Ho Ho Kus, NJ 07423

County (6): Bergen

County Code (7) (State use only)

Type of Facility (4)
- [ ] School (K - 12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (Private/Commercial Bldgs./Homes, etc.

Square Feet: 4,000 SF

# of Floors: 03

Bldg. Age: 86

Current Use (Prior if being demolished): Residential

Name of Monitoring Firm Hired by Bldg. Owner (8): N/A

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Name of Abatement Contractor (9): KLOMAX, LLC

Street Address: 144 US Highway 46

City, State, Zip Code: Budd Lake, NJ 07828

Telephone Number: 833-455-6629

License Number: 02007

Name of OSHA Monitor: KLOMAX, LLC

Street Address: 144 US Highway 46

City, State, Zip Code: Budd Lake, NJ 07828

Start Date (10): 03/06/2026

Sched. Completion Date (11): 03/09/2026

Occupancy Status During Abatement (Check only one)
- [ ] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours- Describe:
- [x] Other-Describe: Normal Hours

Scope of Work (check all that apply)
- [x] >3 sf or >3 lf
- [ ] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition

- [x] Full Containment w/negative pressure
- [ ] Mini-enclosure
- [ ] Glovebag procedure
- [x] 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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT		X		VAT + Mastic	81 SF	X			

Registered Waste Hauler: KLOMAX, LLC

NJDEP Hauler ID#: 0038241

Cubic Yards of Waste: 1/2 CYD.

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: Budd Lake, NJ 07828

Disposal Date: TBD

City, State: TULLYTOWN, PA

Completed by (Print or Type)

Title: Secretary

Signature

Date: 02/25/2026

* Asbestos licensure exempted activities.

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 02/27/2026	Name of Building Owner/Operator (2): Newark Board of Education
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
	Street Address: 190 Muhammad Ali Avenue
	City, State, Zip Code: Newark, NJ 07108
	Name of Contact: Benjamin Olagadeyo; Telephone Number: 973-733-7220 x 8149

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): South 17th Street School	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 619 South 17th Street	Square Feet: 100,000; # of Floors: 4; Bldg. Age: 141
City (5): Newark	Current Use (Prior if being demolished): School
County (6): Essex; County Code (7) (STATE USE ONLY): _____	
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc.; ASCM No.:	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: 1253 N. Church Street	Street Address: 623 Cutler Avenue
City, State, Zip Code: Moorestown, NJ 08057	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Jim Guilardi; Telephone No.: 856-840-8800	Telephone No.: 856-755-0099; License No.: 00842
Start Date (10): 02/27/2026; Scheduled Completion Date (11): 03/02/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 200 Route 130 North; City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf [ ] ≥160 sf or ≥260 lf

[x] Renovation [ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement Hallway	X			Pipe Insulation	9 LF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 03/02/2026	City, State: Morrisville, PA
Completed by: Samantha Brown	Title: Operations Coordinator	Signature: [signature]	Date: 02/27/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 02 / 26 / 26	Name of Building Owner/Operator (2): Camden County Improvement Authority	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 520 Market Street
		City, State, Zip Code: Camden, NJ 08102
		Name of Contact: Mike D'Astuto — Telephone Number: 851-831-6218

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Alfred Cramer Site A		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: East State Street & Pierce Avenue		
City (5): Camden		Square Feet: 20000 — # of Floors: 2 — Bldg. Age: +/- 90
County (6): Camden	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): County Offices-Vacant - being Demolished

Name of Monitoring Firm Hired by Building Owner (8): Remington & Vernick Engineers — ASCM No.:	Name of Abatement Contractor (9): USA Environmental Management, Inc.	
Street Address: 2059 Springdale Road	Street Address: 8436 Enterprise Avenue	
City, State, Zip Code: Cherry Hill, NJ 08003	City, State, Zip Code: Philadelphia, PA 19153	
Project Manager for Monitoring Firm: Marco Carulli — Telephone No.: 856-795-9595	Telephone No.: 215-365-5810 — License No.: 1156	
Start Date (10): 03 / 09 / 26 — Scheduled Completion Date (11): 06 / 30 / 26	Name of OSHA Monitor: USA Environmental Management, Inc	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-_____ PM/11:30 PM-_____ AM	Street Address: 8436 Enterprise Avenue	
	City, State, Zip Code: Philadelphia, PA 19153	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
First Floor	☐	☐	☒	Floor Tile	1200 SF	☒	☐	☐	☐
First Floor	☐	☐	☒	Floor Tile & Mastic	550 SF	☒	☐	☐	☐
Exterior	☐	☐	☒	Window Glazing	380 LF	☒	☐	☐	☐
Exterior	☐	☐	☒	Roofing	7800 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: USA Environmental Management, Inc.	NJDEP Waste Hauler ID No.: 32610	Cubic Yards of Waste: 200 +/-	Name of Registered Landfill: Cumberland County Landfill
City, State: Philadelphia, PA		Disposal Date: 06/30/2026	City, State: Newburg, PA

Completed By (Print or Type): Tracy Smith	Title: President	Signature: For. T-Smith	Date: 2-26-26

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 3/09/2026		Name of Building Owner/Operator (2)	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancelation	Street Address: 573 East 24th Street, 2nd Fl	
		City, State, Zip Code: Paterson, NJ 07514	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address: 573 East 24th Street, 2nd Fl			
City (5): Paterson		Square Foot: 1,200	# of Floors: 2 / Bldg. Age: 55+
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): Unicorn Contracting Corp.	
Street Address		Street Address: 14 Willow Street	
City, State, Zip Code		City, State, Zip Code: Bloomfield, NJ 07003	
Project Manager fo Monitoring Firm	Telephone No.	Telephone No.: 973-333-9176	License No.: 01331
Start Date (10): 3/10/2026	Scheduled Completion Date (11): 3/10/2026	Name of OSHA Monitor: Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ 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)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specity SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement boiler room		X		TSI	35 LF	X			

Name of Registered Waste Hauler: Unicorn Contracting Corp.	NJDEP Waste Hauler ID No.: 0035844	Cubic Yards of Waste: 1+	Name of Regustered 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: 3/09/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 03/03/2026	Name of Building Owner/Operator (2): Procacci Development Company
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 239-A Taunton Boulevard
	City, State, Zip Code: Medford, NJ 08055
	Name of Contact: Michael John Procacci — Telephone Number: 856-983-7160

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vacant Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 249 Elbo Lane	
City (5): Mount Laurel	Square Feet: 2,112 — # of Floors: 3 — Bldg. Age: 70
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): Horizon Environmental Group, Inc. — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: PO Box 316	Street Address: 623 Cutler Avenue
City, State, Zip Code: Thorofare, NJ 08086	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Steve Flanigan — Telephone No.: 856-848-0800	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 03/17/2026 — Scheduled Completion Date (11): 03/20/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd Floor White Bedroom		X		Sheetrock/Joint Compound	674 SF	X			
Attic & 2nd Floor Windows		X		Glazing/Glazing Putty Debris	120 LF	X			
Dining Room		X		Floor Tile	170 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 7	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 03/20/2026	City, State: Morrisville, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 03/03/2026

ASB-41 (R-06-08)

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ASBESTOS CONTROL & LICENSING

Print Form

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

Date of Notification (1): 03/03/2026		Name of Building Owner/Operator (2):	
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 798 Central Avenue	
		City, State, Zip Code: Rahway, NJ 07065	
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 798 Central Avenue			
City (5): Rahway		Square Feet: 1,455	# of Floors: 2 / Bldg. Age: 96
County (6): Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence	
Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: PO Box 341		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Chesterfield, NJ 08515		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Nora Pearse	Telephone No.: 609-298-4070	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 03/13/2026	Scheduled Completion Date (11): 03/16/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen Ceiling			X	Plaster	10 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: 03/16/2026	City, State: Morrisville, PA

Completed by: Shannon Thomson	Title: Operations Manager	Signature: Shannon Thomson	Date: 03/03/2026

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 03/03/2026	Name of Building Owner/Operator (2): Procacci Development Company
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment # 2 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 239-A Taunton Boulevard
	City, State, Zip Code: Medford, NJ 08055
	Name of Contact: Michael John Procacci — Telephone Number: 856-983-7160

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vacant Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 250 Cemetery Road	Square Feet: 2,000 — # of Floors: 3 — Bldg. Age: 70
City (5): Mount Laurel	Current Use (Prior if being demolished): Residence
County (6): Burlington — County Code (7) (STATE USE ONLY):	
Name of Monitoring Firm Hired by Building Owner (8): Horizon Environmental Group, Inc. — ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: PO Box 316	Street Address: 623 Cutler Avenue
City, State, Zip Code: Thorofare, NJ 08086	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Steve Flanigan — Telephone No.: 856-848-0800	Telephone No.: 856-755-0099 — License No.: 00842
Start Date (10): 03/17/2026 — Scheduled Completion Date (11): 03/20/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:	Street Address: 200 Route 130 North
	City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf [ ] ≥160 sf or ≥260 lf

[ ] Renovation [X] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Rear Door		X		Door Caulk	20 LF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Fairless Landfill
City, State: Freehold, NJ		Disposal Date: 03/20/2026	City, State: Morrisville, PA
Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 03/03/2026

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 03/04/2026	Name of Building Owner/Operator (2)
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address 110 Lenape Trail
	City, State, Zip Code Medford, NJ 08055
	Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 110 Lenape Trail	Square Feet: 2,037 / # of Floors: 2 / Bldg. Age: 66
City (5) Medford	Current Use (Prior if being demolished) Residence
County (6) Burlington	County Code (7) *(STATE USE ONLY)* _____
Name of Monitoring Firm Hired by Building Owner (8) Eagle Industrial Hygiene Associates, Inc.	ASCM No.
Street Address 216 Cedar Avenue	Name of Abatement Contractor (9) Shade Environmental, LLC
City, State, Zip Code Willow Grove, PA 19090	Street Address 623 Cutler Avenue
Project Manager for Monitoring Firm Tim Harris	Telephone No.: 215-672-6088
	City, State, Zip Code Maple Shade, NJ 08052
	Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10) 03/16/2026	Scheduled Completion Date (11) 03/20/2026
	Name of OSHA Monitor EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address 200 Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Lower-Level Family Room & Bathroom			X	Joint Compound/Sheetrock	180 SF	X			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Conestoga Landfill
City, State Freehold, NJ		Disposal Date 03/20/2026	City, State Morgantown, PA
Completed by Samantha Brown	Title Operations Coordinator	Signature	Date 03/04/2026

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

ASB-41 (R-06-08)

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

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MAR 10 2026

Date of Notification (1): 03/06/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 352 Piermont Avenue
	City, State, Zip Code: Hillsdale, NJ 07642
	Name of Contact / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 352 Piermont Avenue	Square Feet: 1,728 / # of Floors: 3 / Bldg. Age: 66
City (5): Hillsdale	Current Use (Prior if being demolished): Residence
County (6): Bergen	County Code (7) *(STATE USE ONLY)*: _____
Name of Monitoring Firm Hired by Building Owner (8): Criterion Labratories, Inc.	ASCM No.:
Street Address: 400 Street Road	Name of Abatement Contractor (9): Shade Environmental, LLC
City, State, Zip Code: Bensalem, PA 19020	Street Address: 623 Cutler Avenue
Project Manager for Monitoring Firm: Craig Gratz / Telephone No.: 215-244-1300	City, State, Zip Code: Maple Shade, NJ 08052
Start Date (10): 03/16/2026 / Scheduled Completion Date (11): 03/20/2026	Telephone No.: 856-755-0099 / License No.: 00842
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ 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)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile & Mastic	590 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 4	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 03/20/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 03/06/2026

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

ASB-41 (R-06-08)

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

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MAR 11 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03 / 10 / 26	Name of Building Owner/Operator (2): NETFLIX INC.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 5808 SUNSET BLVD.
	City, State, Zip Code: LOS ANGELES, CA 90028
	Name of Contact: THOMAS MCCLINTOCK
	Telephone Number: (631) 764-6622

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): NETFLIX STUDIOS-FORT MONMOUTH	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 502 CAREN FRANZINI WAY	Square Feet: 970,445 / # of Floors: N/A / Bldg. Age: 50+/-
City (5): OCEANPORT	Current Use (Prior if being demolished): VACANT
County (6): MONMOUTH / County Code (7)(STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8): LANGAN ENGINEERING & ENVIRON. / ASCM No.	Name of Abatement Contractor (9): PEPPER ENVIRONMENTAL SERVICES, INC.
Street Address: 1 UNIVERSITY SQUARE DRIVE	Street Address: 2251 FRALEY STREET
City, State, Zip Code: PRINCETON, NJ 08540	City, State, Zip Code: PHILADELPHIA, PA 1917
Project Manager for Monitoring Firm: ANDREW CHUN / Telephone No.: (609) 282-8029	Telephone No.: (215) 533-5155 / License No.: 01166
Start Date (10): 03 / 23 / 26 / Scheduled Completion Date (11): 04 / 24 / 26	Name of OSHA Monitor: LANGAN ENGINEERING & ENVIRONMENTAL SERVICES
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 1 UNIVERSITY SQUARE DRIVE / City, State, Zip Code: PRINCETON, NJ 08540

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

ABATEMENT PRIOR TO DEMO

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
	☐	☐	☒	SEE ATTACHED		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: DELAWARE VALLEY CONTRACTORS/MAZZA RECYCLING SRVCS/ HORIZON DISPOSAL/ AGLIANO BROTHERS TRUCKING	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: CUMBERLAND COUNTY/FAIRLESS LANDFILL
City, State: READING, PA/TINTON FALLS, NJ/TRENTON, NJ/BARTO, PA		Disposal Date	City, State: NEWBURGH, PA/MORRISVILLE, PA
Completed By (Print or Type): DENISE M. NIVEN	Title: ADMIN. ASST.	Signature: Denise M. Niven	Date: 3/10/26

ASB-41
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NETFLIX STUDIOS-FORT MONMOUTH
502 CAREN FRANZINI WAY-OCEANPORT, NJ
ACM LISTING

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, VAT, OR OTHER MISCELLANCEOUS)	AMOUNT (SPECIFY SF OR LF, ETC.)	ABATEMENT TYPE REMOVAL	ABATEMENT TYPE REPAIR	ABATEMENT TYPE ENCAPSULATE	ABATEMENT TYPE ENCLOSURE
BUILDING 502-PERIMETER WALLS	N/A	EXTERIOR WINDOW FRAME CAULK	920 LF	YES	NO	NO	NO
BUILDING 502-PERIMETER WALLS	N/A	VERTICAL EXPANSION JOINT CAULK	165 LF	YES	NO	NO	NO
BUILDING 502-PERIMETER WALLS	N/A	ASSUMED CONCEALED WINDOW/LOUVERS/DOOR LINTEL FLASHING	75 SF	YES	NO	NO	NO
BUILDING 502-MECHANICAL ROOM	N/A	ASSUMED SUSPECT BOILER INTERIOR MATERIALS (LINERS, RIB INSULATION, GASKETS, ETC.)	65 SF	YES	NO	NO	NO
BUILDING 502-PERIMETER WALLS	N/A	METAL DOOR CORE INSULATION	80 SF	YES	NO	NO	NO

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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

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MAR 16 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03 / 13 / 26	**Name of Building Owner / Operator (2)** SEAGIS PROPERTY GROUP
	Street Address 1 MEADOWLANDS PLAZA, SUITE 800
	City, State, Zip Code EAST RUTHERFORD, NJ 07073
	Name of Contact SHEMAR ROYAL **Telephone Number** 908.471.9645

Agencies Notified
- ☐ EPA
- ☐ DEP
- ☑ DOH
- ☑ DOL

Type of Notification
- ☑ Initial
- ☐ Amended
- Amendment #_____
- ☐ Emergency w/ justification
- ☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 827 MARTIN STREET	**Type of Facility (4)** ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (I.e., private & cmmercial bldgs., homes, etc.)
Street Address 827 MARTIN STREET	

City (5)	County (6)	County Code (7)
RAHWAY	UNION	

Square Feet	# Of Floors	Building Age
30,000	1	80 +

Current Use (Prior if being demolished)
COMMERCIAL

Name of Monitoring Firm Hired by Bldg. Owner (8) EHI **ASCM NO**	**Name of Abatement Contractor (9)** Northstar Contracting Group, Inc.
Street Address 655 West Shore Trial	**Street Address** 32 Williams Parkway
City, State, Zip Code SPARTA, NJ 07871	**City, State, Zip Code** East Hanover, NJ 07936
Project Mngr. For Monitoring Firm JP von DOEHREN **Telephone Number** 973-729-5649	**Telephone Number** 973-772-3660 **License Number** 00860
Sheduled Start Date (10) 03 / 24 / 26	**Sched. Completetion Date (11)** 04 / 24 / 26

Occupancy Status During Abatement (Check Only 1)
- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Facility Hours - Describe: _____
- ☑ Other - Describe: _ 7:00AM-3:30 PM MON-FRI

Name of OSHA Monitor
Northstar Contracting Group, Inc.

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES	NO	N/A	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
OFFICE AREA	☐	☑		FLOOR TILE	1,788 SF	☑	☐	☐	☐
OFFICE AREA	☐	☑	☐	COVE BASE	140 LF	☑	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC	**NJDEP Waste Hauler ID No.** 30534	**Cubic Yards of Waste**	**Name of Registered Landfill** FAIRLESS LANDFILL
City, State EAST HANOVER, NJ 07936		**Disposal Date**	**City. State** MORRISVILLE, PA

Completed by (Print or Type) STEVEN STILES	**Title** PROJECT MANAGER	**Signature**	**Date** 03/13/26

ASB-41

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MAR 10 2026

ASBESTOS CONTROL & LICENSING

Print Form

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

Date of Notification (1): 03/06/2026		Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 15 N Hillside Ave City, State, Zip Code: Chatham, NJ 07928 Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 15 N Hillside Ave		
City (5): Chatham, NJ 07928		Square Feet: 1,470 / # of Floors: 1 / Bldg. Age: 1920
County (6): Morris	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): 03/16/2026	Scheduled Completion Date (11): 03/23/2026	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: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
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: 03/23/2026	City, State: Pen Argyl, PA

Completed by: Lubica Perez	Title: Owner	Signature: *Lubica Perez*	Date: 03/06/2026

ASB-41 (R-06-08)

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

Check 3557

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MAR 10 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/06/2026		Name of Building Owner/Operator (2)
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 323 Gill Ln City, State, Zip Code Iselin, NJ 08830 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 323 Gill Ln, Apartment 12B		
City (5) Iselin, NJ 08830		Square Feet: TBD / # of Floors: 1 / Bldg. Age: 1973
County (6) Middlesex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC
Street Address		Street Address 75 Voorhis Place
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201- 466-0166 / License No.: 02126
Start Date (10) 03/16/2026	Scheduled Completion Date (11) 03/23/2026	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: _____		Street Address City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen		x		ceiling	126 SF	x			
Kitchen		x		walls	322 SF	x			
Dining room		x		walls	144 SF	x			
Dining room		x		closet walls	70 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 03/23/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 03/06/2026

ASB-41 (R-06-08)

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

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

MAR 10 2026
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/06/2026	Name of Building Owner/Operator (2):
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 540 Scotland Rd
	City, State, Zip Code: Union, NJ 07083
	Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 540 Scotland Rd	
City (5): Union, NJ 07083	Square Feet: 1,250 / # of Floors: 1 / Bldg. Age: 1958
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): 03/10/2026 / Scheduled Completion Date (11): 03/17/2026	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: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen & Dining room		x		linoleum floor	260 SF	x			
Basement		x		floor tile	240 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: 03/17/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 03/06/2026

ASB-41 (R-06-08)

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

Date of Notification (1) 03/06/2026	Name of Building Owner/Operator (2) MAR 10 2026
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address 127 Massachusetts St ASBESTOS CONTROL & LICENSING City, State, Zip Code Westfield, NJ 07090 Name of Contact / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 127 Massachusetts St			
City (5) Westfield, NJ 07090		Square Feet 1,401	# of Floors 1 / Bldg. Age 1936
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) 03/07/2026	Scheduled Completion Date (11) 03/11/2026	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: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	65 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 03/11/2026	City, State Pen Argyl, PA

Completed by Lubica Perez	Title Owner	Signature *Lubica Perez*	Date 03/06/2026

ASB-41 (R-06-08)

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

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

MAR 10 2026

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 03/06/2026	Name of Building Owner/Operator (2):	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 201 Parry Rd	
	City, State, Zip Code: Cinnaminson, NJ 08077	
	Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 201 Parry Rd	Square Feet: 2,259	# of Floors: 2
City (5): Cinnaminson, NJ 08077		Bldg. Age: 1959
County (6): Burlington	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): 03/10/2026	Scheduled Completion Date (11): 03/17/2026	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: _____		Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Bedroom		x		carpet, pad, floor tile	158 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: 03/17/2026	City, State: Pen Argyl, PA
Completed by: Lubica Perez	Title: Owner	Signature: Lubica Perez	Date: 03/06/2026

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ASB-41 (R-06-08)

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

25 W Erie Ave
Rutherford, 07070

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ASBESTOS CONTROL & LICENSING

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Date of Notification (1)	Name of Building Owner/Operator (2)
3/7/26	L.E.M. Construction LLC

Agencies Notified	Type Notification	Street Address	Telephone Number
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	50 E Johnson Ave City, State, Zip Code Bergenfield NJ Name of Contact	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Street Address: 50 E Johnson Ave	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)

City (5)	Square Feet	# of Floors	Bldg. Age
Bergenfield			

County (6)	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished)
Bergen		

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		LEM CONSTRUCTION LLC

Street Address	Street Address
	25 W ERIE AVE
City, State, Zip Code	City, State, Zip Code
	RUTHERFORD NJ 07604

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
		201-500-9896	02004

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
3/17/26	3/17/26	

Occupancy Status During Abatement (Check Only One)	Street Address
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
EXTERIOR				SIDING	1200SF	X			
BASEMENT ABOVE BOILER				INSUALTION PANEL	8SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
LEM CONSTRUCTION LLC	02004	TBD	TBD
City, State: TBD		Disposal Date: TBD	City, State: TBD

Completed by	Title	Signature	Date
Michael Urbizagastegui	Owner		3/7/26

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

Date of Notification (1): 3/18/26	Name of Building Owner/Operator (2): Vineland Preparatory Academy
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 2000 Maple Avenue City, State, Zip Code: Vineland NJ 08361 Name of Contact: Raymond Farraghen Telephone Number: 215-584-0715

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Vineland Preparatory Academy Cottage 1/2 Roof		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 2000 Maple Avenue		Square Feet: 1000+	# of Floors: 1
City (5): Vineland NJ 08361			Bldg. Age: 35+
County (6): Cumberland	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): Pernaco Inc.	
Street Address		Street Address: PO Box 329	
City, State, Zip Code		City, State, Zip Code: West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856-753-9800	License No.: 00727
Start Date (10): 3/30/26	Scheduled Completion Date (11): 4/3/26	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof Cottage 1/2			x	Roof Drain Caulking	35 LF				

Name of Registered Waste Hauler: Pernaco Inc	NJDEP Waste Hauler ID No.: 21787	Cubic Yards of Waste: 1	Name of Registered Landfill: Cumberland County Landfill
City, State: West Berlin NJ		Disposal Date: 3/3/26	City, State: Rosenhayn NJ 08352
Completed by: Anthony T Perna	Title: President	Signature	Date: 3/18/26

ASB-41 (R-06-08)

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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): 03/17/2026		Name of Building Owner/Operator (2):
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 3 Saint Davids Road City, State, Zip Code: Cherry Hill, NJ 08002 Name of Contact: Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 3 Saint Davids Road			
City (5): Cherry Hill		Square Feet: 2,718	# of Floors: 2 / Bldg. Age: 76
County (6): Camden	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence	

Name of Monitoring Firm Hired by Building Owner (8): Management & Environmental Consulting Serv	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: PO Box 341		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Chesterfield, NJ 08515		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Nora Pearse	Telephone No.: 609-298-4070	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 03/18/2026	Scheduled Completion Date (11): 03/23/2026	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Living Room, Hallway, & Bedroom			X	Floor Tile	390 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 3	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 03/23/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 03/17/2026

ASB-41 (R-06-08)

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MAR 20 2026
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 03/17/2026		Name of Building Owner/Operator (2):
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation	Street Address: 14 Roma Court
		City, State, Zip Code: Lincroft, NJ 07738
		Name of Contact:	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 14 Roma Court		
City (5): Lincroft		Square Feet: 1,518 | # of Floors: 2 | Bldg. Age: 69
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 Pearse	Telephone No.: 609-298-4070	Telephone No.: 856-755-0099 | License No.: 00842
Start Date (10): 03/19/2026	Scheduled Completion Date (11): 03/23/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 200 Route 130 North
		City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Laundry Room, Kitchen & Entry Landing			X	Floor Tile	88 SF	X			
Basement Storage Closet			X	Floor Tile	34 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 03/23/2026	City, State: Morgantown, PA

Completed by: Samantha Brown	Title: Operations Coordinator	Signature:	Date: 03/17/2026

ASB-41 (R-06-08)

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MAR 23 2026

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

Date of Notification (1)	Name of Building Owner/Operator (2)
03/19/2026	

Agencies Notified	Type Notification	Street Address
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	38 Poplar Lane
		City, State, Zip Code: Willingboro, NJ 08046
		Name of Contact: / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 38 Poplar Lane	
City (5): Willingboro	Square Feet: 2,168 / # of Floors: 2 / Bldg. Age: 66
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)	ASCM No.	Name of Abatement Contractor (9)
Eagle Industrial Hygiene Associates, Inc.		Shade Environmental, LLC
Street Address: 216 Cedar Avenue		Street Address: 623 Cutler Avenue
City, State, Zip Code: Willow Grove, PA 19090		City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Tim Harris	Telephone No.: 215-672-6088	Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): 03/20/2026	Scheduled Completion Date (11): 03/23/2026	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 200 Route 130 North City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Laundry Room			X	Joint Compound/Sheetrock	10 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Freehold Cartage	15939	1	Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 03/23/2026	City, State: Morgantown, PA

Completed by	Title	Signature	Date
Samantha Brown	Operations Coordinator		03/19/2026

ASB-41 (R-06-08)

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

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

MAR 23 2026

Date of Notification (1)	Name of Building Owner/Operator (2)
3 / 19 /2026	HMH CARRIER CLINIC
	Street Address: 252 COUNTY ROAD 601
	City, State, Zip Code: BELLE MEAD, NEW JERSEY 08502
	Name of Contact: BRUCE JENSEN — Telephone Number: 908-297-2919

Agencies Notified: [x] EPA; [ ] DEP; [X] DOL; [X] DOH; [ ] DCA

Type Notification: [ ] Initial Notification; [x] Amended Notification #2; [ ] Cancellation; [ ] On Hold; [ ] EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
HMH CARRIER CLINIC	[ ] School (K-12); [ ] Subchapter 8 (Other than K-12); [X] Other (ie. private & commcl. bldgs., homes, etc.)

Street Address	Square Feet	# of Floors	Bldg. Age
252 COUNTY ROAD 601	4,880	1	45

City (5)	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
BELLE MEAD	SOMERSET		Pharm. Lab. COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
PARTNER ENGINEERING & SCIENCE	17	PAR ENVIRONMENTAL CORPORATION
Street Address: 611 INDUSTRAIL WAY		Street Address: 313 SPOOK ROCK ROAD
City, State, Zip Code: EATONTOWN, NEW JERSEY 07724		City, State, Zip Code: SUFFERN, NEW YORK 10901
Project Manager for Monitoring Firm: MICHELLE NAGY — Telephone Number: 732-380-1700		Telephone Number: 845-369-7500 — License Number: 1101

Expected State Date (10)	Sched. Completion Date (11)	Name of OSHA Monitor
3 / 23 /26 (Month / Day / Year)	9 / 30 /26 (Month / Day / Year)	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:
- [X] Other - Describe: MONDAY-FRIDAY 7AM-12 AM

Street Address: 1376 ROUTE 9
City, State, Zip Code: WAPPINGERS FALL, NEW YORK 12590

Scope of Work (Check all that apply)
- [ ] Demolition
- [ ] >3SF OR LF
- [X] >160 SF OR 260 LF
- [X] Renovation

- [X] Full Containment
- [ ] Mini-Enclo ,
- [ ] 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) 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 REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1st FLOOR GYM			x	FLOOR TILE & MASTIC	4,880 SF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
NEWARK CARTING	913	80	GRAND CENTRAL SANITARY
City, State: NEWARK , NEW JERSEY		Disposal Date: 3/10/26-9/30/2026	City, State: PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	VICE PRESIDENT, OPERATIONS		3-19-26

Print Form

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PAID

RECEIVED
MAR 23 2026

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

Date of Notification (1): 03/20/2026	Name of Building Owner/Operator (2): United Methodist Communities
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 3311 State Route 33 City, State, Zip Code: Neptune, NJ 07753 Name of Contact: Robert Sanko — Telephone Number: 856-589-7800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Pitman Manor			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 535 North Oak Avenue			
City (5): Pitman			Square Feet: 80,000 — # of Floors: 2 — Bldg. Age: 115
County (6): Gloucester	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Health Care Facility
Name of Monitoring Firm Hired by Building Owner (8): Epic Environmental, LLC	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 80 Fork Bridge Road		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Pittsgrove, NJ 08318		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Jim Eberts — Telephone No.: 856-205-1077		Telephone No.: 856-755-0099 — License No.: 00842	
Start Date (10): 03/30/2026 — Scheduled Completion Date (11): 04/02/2026		Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Abatement to be performed in vacant unit		Street Address: 200 Route 130 North City, State, Zip Code: Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Unit 510		X		Floor Tile & Mastic	260 SF	X			

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 2	Name of Registered Landfill: Conestoga Landfill
City, State: Freehold, NJ		Disposal Date: 04/02/2026	City, State: Morgantown, PA
Completed by: Samantha Brown	Title: Operations Coordinator	Signature	Date: 03/20/2026

ASB-41 (R-06-08)

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