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CR #6345

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

JAN 9 2026

Date of Notification (1) <u>1-5-26</u>		Name of Building Owner/Operator (2) <u></u>				
Agencies Notified <input type="checkbox"/> SPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>700 HAVEN AVE</u>			
			City, State, Zip Code <u>OCEAN CITY N.J 08726</u>			
		Name of Contact <u></u>	Telephone Number <u></u>			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>13 WATERWAY RD</u>			Square Feet <u></u>	# of Floors <u></u>		
City (5) <u>OCEAN CITY</u>			Bldg. Age <u></u>			
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>KLEMCO INC.</u>			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. <u></u>	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>			
Street Address			Street Address <u>369 S SPRUCE AVE</u>			
City, State, Zip Code			City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>			
Project Manager for Monitoring Firm		Telephone No. <u></u>	Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>		
Start Date (10) <u>1-15-26</u>	Scheduled Completion Date (11) <u>1-25-26</u>	Name of OSHA Monitor <u>N/A</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address			
			City, State, Zip Code			
Scope of Work (Check all that apply)						
<input type="checkbox"/> ≥3 sf or ≥3 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2000 SF</u>	Abatement Type	
					Yes <u></u>	No <u></u>
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>7904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>CIMC MVA</u>		
City, State <u>MAPLE SHADE N.J 08053</u>		Disposal Date <u></u>	City, State <u>WOODBINE NJ</u>			
Completed By <u>MIKE KLEMCO</u>	Title <u>PRESIDENT</u>	Signature <u>Mike 76</u>	Date <u>1-5-26</u>			

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Ck#6345

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

JAN 9 2026

Date of Notification (1) <u>1-5-26</u>		Name of Building Owner/Operator (2) <u>ACADEMY FOR EXCELLENCE</u>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>700 HAVEN AVE</u>	Telephone Number _____ <u>120</u>		
	City, State, Zip Code <u>OCEAN CITY N.J. 08226</u>	Name of Contact _____ Telephone Number _____			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>2029 ASBURY AVE</u>		Square Feet _____	# of Floors _____		
City (5) <u>OCEAN CITY</u>		Bldg. Age _____			
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY) _____ <u>0</u>	Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>			
Street Address _____ <u></u>	Street Address <u>369 S SPRUCE AVE</u>	License No. <u>01371</u>			
City, State, Zip Code _____ <u></u>		Telephone No. <u>856-779-0472</u>	Telephone No. _____ <u></u>		
Project Manager for Monitoring Firm _____ <u></u>	Telephone No. _____ <u></u>	Name of OSHA Monitor <u>N/A</u>			
Start Date (10) <u>1-16-26</u>	Scheduled Completion Date (11) <u>1-26-26</u>	Street Address _____ <u></u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code _____ <u></u>			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> <u>IN Facility</u> (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1500 SF</u>	Abatement Type	
				Yes <u></u>	No <u></u>
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>C. M. C. M. U. A</u>	
City, State <u>MAPLE SHADE N.J. 08052</u>		Disposal Date _____ <u></u>	City, State <u>WOODBINE NJ</u>	Date <u>1-5-26</u>	
Completed By <u>MIKE KLEMCO</u>	Title <u>PRESIDENT</u>	Signature <u>Mike 76</u>			

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

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

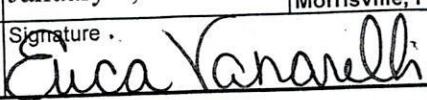
Checks #

Date of Notification (1) December 30, 2025		Name of Building Owner / Operator (2) <i>PAID</i> <i>RECEIVED</i>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <u>1</u> <input type="checkbox"/> Cancellation	Street Address 132 N. Lafayette Avenue	JAN 9 2026						
		City, State & Zip Code Ventnor NJ 08406							
		Name of Contact <i>Erica Vanarelli</i>	Telephone Number <i>609-296-6916</i>						
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 132 N. Lafayette Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)							
City (5) Ventnor		Square Feet 1500	# of Floors 1						
		Bldg. Age 70							
County (6) Atlantic		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. Synatech, Inc.	Name of Abatement Contractor (9) Synatech, Inc.						
Street Address		Street Address 1432 Route 539							
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087							
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817						
Scheduled Start Date (10) January 9 th , 2026		Scheduled Completion Date (11) January 30 th , 2026							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.							
		Street Address 1432 Route 539							
		City, State & Zip Code Little Egg Harbor, NJ 08087							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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) Removal Repair Encapsulate Enclosure		Abatement Type	
Attic				Pipe insulation		70 LF		<input checked="" type="checkbox"/> X	
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Landfill			
City, State Little Egg Harbor, NJ 08087				Disposal Date January 31 st , 2026		City, State Morrisville, PA			
Completed By Erica Vanarelli		Title Finance/Office Executive		Signature <i>Erica Vanarelli</i>		Date December 30, 2025			

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

Checks # **RECEIVED**

Date of Notification (1) November 25, 2025		Name of Building Owner / Operator (2) Bank of America						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <u>1</u> <input type="checkbox"/> Cancellation	Street Address 44 South Broadway, Suite 1200						
		City, State & Zip Code White Plains, NY 10601						
		Name of Contact Dino Nappi		Telephone Number 516 972 8809				
		FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)						
Street Address 470 North Delsea Drive		Square Feet 2000	# of Floors 1	Bldg. Age 50				
City (5) Vineland		Current Use (Prior if being demolished) Bank						
County (6) Cumberland	County Code (7) USE ONLY							
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.		ASCM No.		Name of Abatement Contractor (9) Synatech, Inc.				
Street Address 27-01 Queens Plaza North, Suite 800				Street Address 1432 Route 539				
City, State & Zip Code Long Island City, NY 11101				City, State & Zip Code Little Egg Harbor, NJ 08087				
Project Manager for Monitoring Firm Troy Ray		Telephone Number 631-338-4944		Telephone Number 609-296-6916 License Number 00817				
Scheduled Start Date (10) December 6, 2025	Scheduled Completion Date (11) December 30, 2025	Name of OSHA Monitor Synatech, Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1432 Route 539						
		City, State & Zip Code Little Egg Harbor, NJ 08087						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
						Yes	No	N/A
Break Room		<input checked="" type="checkbox"/>	Cove base mastic		56 LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill		
City, State Little Egg Harbor, NJ 08087				Disposal Date January 2, 2026		City, State Morrisville, PA		
Completed By Erica Vanarelli		Title Finance/Office Executive		Signature 		Date November 25, 2025		

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

2881

Proj. #: 26-09

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

RECEIVED

JAN 9 2026

Date of Notification (1) <u>1/12/13 11/12/15</u>		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____		
	Street Address 6 Orchard Street		
	City, State, Zip Code Denville, NJ 07834		
	Name of Contact		Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Residential</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 6 Orchard Street			Square Feet # of Floors Bldg. Age 2,200 SF 03 141		
City (5) <u>Denville, NJ 07834</u>		County (6) <u>Morris</u>		County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>			Name of Abatement Contractor (9) <u>KLOMAX, LLC</u>		
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 License Number 833-455-6629 02007	
Start Date (10) <u>01/13/2026</u>		Sched. Completion Date (11) <u>01/14/2026</u>		Name of OSHA Monitor <u>KLOMAX, LLC</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>Normal Hours</u>			Street Address 144 US Highway 46		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			City, State, Zip Code Budd Lake, NJ 07828		

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e r				R e p a c t				E n c a p				E n c l			
	Yes	No	N/A																		
BASEMENT		X		Pipe Insulation	80 LF		X														

Registered Waste Hauler <u>KLOMAX, LLC</u>	NJDEP Hauler ID# <u>0038241</u>	Cubic Yards of Waste <u>1/2 CYD.</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
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City, State <u>Budd Lake, NJ 07828</u>	Disposal Date <u>TBD</u>	City, State <u>TULLYTOWN, PA</u>
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Completed by (Print or Type) <u>Gordana Stojanovska</u>	Title <u>Secretary</u>	Signature	Date <u>12/31/2025</u>
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* Do not use this form for asbestos licensure-exempted activities.

RECEIVED

Date of Notification (1) 12/11/2025	Name of Building Owner/Operator (2) 419 Central Avenue Haledon, NJ 07508	JAN 9 2026
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 419 Central Avenue City, State, Zip Code Haledon, NJ 07508
		Name of Contact _____
		Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential Street Address 419 Central Avenue		Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
City (5) Haledon, NJ 07508	County (6) Passaic	Square Feet 1,500 SF	# of Floors 03	Bldg. Age 91

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A	ASCM No. _____	Name of Abatement Contractor (9) KLOMAX, LLC Street Address 144 US Highway 46 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) 01/14/2026	Sched. Completion Date (11) 01/15/2026	Name of OSHA Monitor KLOMAX, LLC Street Address 144 US Highway 46 City, State, Zip Code Budd Lake, NJ 07828	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours	<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure
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Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT	Is location normally used solely by maintenance/custodial staff (12) Yes No N/A			Description of asbestos-containing material (ACM) Pipe Insulation	Amount (Specify SF or LF) 75 LF	R e m o v e r	R e p a i r	E n c a p	E n c L
						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
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City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA
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Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature _____	Date 12/31/2025
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36696

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

RECEIVED

Date of Notification (1) 12/30/25 <i>uk #36696</i>		Name of Building Owner/Operator (2) Hanover Park Regional School District						
		DEC 31 2025						
Agencies Notified		Type Notification						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
		Street Address 75 Mount Pleasant Avenue						
		City, State, Zip Code East Hanover, NJ 07936						
		Name of Contact William Albert, BA						
		Telephone Number 973-887-0320						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Hanover Park High School Building #1								
Street Address 63 Mount Pleasant Avenue								
City (5) East Hanover								
County (6) Morris		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC		ASCM No.						
		Name of Abatement Contractor (9) Panoramic Window & Door Systems, Inc.						
Street Address 712 Sergeantsville Rd								
City, State, Zip Code Stockton, NJ 08559								
Project Manager for Monitoring Firm Matthew Abraham		Telephone No. 610-431-7545						
		Telephone No. 732-926-0900						
		License No. 01237						
Start Date (10) 01/09/26	Scheduled Completion Date (11) 01/12/26		Name of OSHA Monitor Panoramic Window & Door Systems, Inc.					
Occupancy Status During Abatement (Check Only One)								
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 3:00pm - 11:00pm <input checked="" type="checkbox"/> Other - Describe: _____								
Street Address 712 Sergeantsville Rd								
City, State, Zip Code Stockton, NJ 08559								
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
		Yes	No			N/A	Removal	Repair
Door			X	Perimeter Caulk	34LF 55 LF	X		
Name of Registered Waste Hauler Panoramic Window & Door Systems, Inc.		NJDEP Waste Hauler ID No. 0036057		Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Bros Sanitary Landfill			
City, State Stockton, NJ				Disposal Date TBD	City, State Easton, PA			
Completed by Paul Nagy		Title VP		Signature <i>PN</i>		Date 12/30/25		

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

3373

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

RECEIVED
Check 3373

Date of Notification (1) 12/24/2025		Name of Building Owner/Operator (2) JAN 7 2026					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 592 Thurnau Dr					
		City, State, Zip Code River Vale, NJ 07675					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 592 Thurnau Dr		Square Feet 2,000	# of Floors 2				
City (5) River Vale, NJ 07675		Bldg. Age 1954					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC				
Street Address		Current Use (Prior if being demolished) 75 Voorhis Place					
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-466-0166				
Start Date (10) 01/05/2026		Scheduled Completion Date (11) 01/12/2026	Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address	City, State, Zip Code				
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Exterior		X		siding	2,000 SF	X	
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill		
City, State Elizabeth, NJ		Disposal Date 01/12/2026		City, State Pen Argyl, PA			
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 12/24/2025	

* 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)

Check 3384

Date of Notification (1) 12/26/2025		Name of Building Owner/Operator (2) Berg Animal Hospital PA					
Agencies Notified		Street Address 622 NJ-34					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
		City, State, Zip Code Matawan, NJ 07747					
		Name of Contact Nick Latriano, First Onsite					
		Telephone Number 732.770.6508					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Commercial - Berg Animal Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 622 NJ-34		Square Feet 7,901					
City (5) Matawan, NJ 07747		# of Floors 1	Bldg. Age 1963				
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. 201- 466-0166	License No. 02126				
Start Date (10) 01/12/2026	Scheduled Completion Date (11) 02/02/2026		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One)		Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Bathroom	X		wall tile & sheetrock	52 SF	X		
Bathroom	X		ceiling	90 SF	X		
Kitchen	X		sheetrock wall	180 SF	X		
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill		
City, State Elizabeth, NJ		Disposal Date 02/02/2026		City, State Pen Argyl, PA			
Completed by Lubica Perez	Title Owner		Signature Lubica Perez		Date 12/26/2025		

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

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

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Date of Notification (1) 12/17/2025		Name of Building Owner/Operator (2) JAN 7 2026						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 Wardell Ave						
		City, State, Zip Code Rumson, NJ 07760						
		Name of Contact		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 8 Wardell Ave			Square Feet 2,538	# of Floors 2				
City (5) Rumson, NJ 07760			Bldg. Age 1959					
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior to 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) 12/19/2025		Scheduled Completion Date (11) 12/26/2025	Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure 								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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
1st Floor Hallway		X		floor tile & mastic		20 sf	X	
Playroom		X		floor tile & mastic		253 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 12/26/2025		City, State Pen Argyl, PA		
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 12/17/2025		

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

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Date of Notification (1) 12/16/2025		Name of Building Owner/Operator (2) JAN 7 2026							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 51 Garrison Ave							
		City, State, Zip Code Jersey City, NJ 07306							
Name of Contact 		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 51 Garrison Ave		Square Feet 2,224	# of Floors 2						
City (5) Jersey City, NJ 07306		Bldg. Age 1920							
County (6) Hudson		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126						
Start Date (10) 12/18/2025	Scheduled Completion Date (11) 12/24/2025		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type		
							<input type="checkbox"/> Removal	<input type="checkbox"/> Repair	<input type="checkbox"/> Encapsulate
Basement		<input type="checkbox"/> X		pipe insulation		20 LF	<input checked="" type="checkbox"/>		
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 12/24/2025		City, State Pen Argyl, PA			
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 12/16/2025			

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

3383

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

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Check 3383

Date of Notification (1) 12/18/2025		Name of Building Owner/Operator (2) JAN 7 2026				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 Undercliff Terrace S				
		City, State, Zip Code West Orange, NJ 07052				
		Name of Contact _____ Telephone Number _____				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 24 Undercliff Terrace S		Square Feet 1,240	# of Floors 1			
City (5) West Orange, NJ 07052		Bldg. Age 1957				
County (6) Essex		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC			
Street Address		Street Address 75 Voorhis Place				
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456				
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126			
Start Date (10) 12/19/2025	Scheduled Completion Date (11) 12/23/2025		Name of OSHA Monitor			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address City, State, Zip Code				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
Basement		X	pipe insulation	20 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 12/23/2025	City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner		Signature Lubica Perez	Date 12/18/2025	

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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) 12/22/2025		Name of Building Owner/Operator (2) JAN 7 2026					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 35 10th St					
		City, State, Zip Code Keansburg, NJ 07734					
		Name of Contact		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 35 10th St			Square Feet 1,260	# of Floors 2			
City (5) Keansburg, NJ 07734			Bldg. Age 1936				
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) 12/23/2025	Scheduled Completion Date (11) 12/30/2025		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address				
			City, State, Zip Code				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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
Kitchen			floor tile	353 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 12/30/2025	City, State Pen Argyl, PA			
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>		Date 12/22/2025	

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

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Check 3372

Date of Notification (1) 12/22/2025		Name of Building Owner/Operator (2) JAN 7 2026					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 946 Kenyon Ave	ASBESTOS CONTROL & LICENSING				
		City, State, Zip Code Plainfield, NJ 07060					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 946 Kenyon Ave		Square Feet 1,402	# of Floors 2				
City (5) Plainfield, NJ 07060		Bldg. Age 1926					
County (6) Union		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC				
Street Address		Street Address 75 Voorhis Place					
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456					
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126				
Start Date (10) 12/23/2025	Scheduled Completion Date (11) 12/30/2025	Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Basement			pipe insulation	30 LF	<input checked="" type="checkbox"/>		
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 12/30/2025	City, State Pen Argyl, PA		
Completed by Lubica Perez		Title Owner		Signature Lubica Perez	Date 12/22/2025		

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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) 12/26/25		Name of Building Owner/Operator (2) Humberto Hildago					
		JAN 6 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 326 Portia St.					
		AN ASBESTOS ABATEMENT & LICENSING					
		City, State, Zip Code South Amboy, NJ 08879					
		Name of Contact Humberto Hildago	Telephone Number 917-340-0687				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Garage		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 326 Portia St.		Square Feet 500	# of Floors 1				
City (5) South Amboy		Bldg. Age 65 Yrs.					
County (6) Middlesex		Current Use (Prior if being demolished) Garage					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.				
Street Address		Street Address 156 Maple Ave.					
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057					
Project Manager for Monitoring Firm		Telephone No. 862-221-9092	License No. 01107				
Start Date (10) 01/05/26	Scheduled Completion Date (11) 01/06/26	Name of OSHA Monitor Leslaw Nalodka					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 156 Maple Ave.					
		City, State, Zip Code Wallington, NJ 07057					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
roof		*	tar paper	500 sf.	*		
Name of Registered Waste Hauler Century Waste Services LLC.		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30 Yrd.	Name of Registered Landfill GCSL			
City, State Elizabeth, NJ		Disposal Date 01/07/26	City, State Pen Argyl, PA				
Completed by Leslaw Nalodka		Title President	Signature <i>L.N.</i>		Date 12/26/25		

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6342 CIC# 6342

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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) <u>1-3-26</u>		Name of Building Owner/Operator (2) <u>1910 FERNDALE DR.</u>		IAN 8 2026				
Agencies Notified	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1910 FERNDALE DR.</u>		City, State, Zip Code <u>OCEAN CITY, NJ. 08226</u>				
		Name of Contact		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>1910 FERNDALE DR.</u>			Square Feet # of Floors Bldg. Age <u>1500 2 50+</u>					
City (5) <u>OCEAN CITY</u>			Current Use (Prior if being demolished) <u>VACANT</u>					
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) <u>KLEMCO INC</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.		Street Address <u>369 S. SPRUCE AVE</u>				
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code <u>MAPLE SHADE NJ 08052</u>				
Start Date (10) <u>1-13-26</u>		Scheduled Completion Date (11) <u>1-23-26</u>		Telephone No. <u>856-779-0472</u> License No. <u>1371</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>N/A</u>		Street Address				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) <table border="1"><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>		Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	
Yes	No	N/A						
				Amount (Specify SF or LF) <u>2000 SF</u>	Abatement Type <table border="1"><tr><td>Removal</td><td>Repair</td><td>Encapsulation</td></tr></table>	Removal	Repair	Encapsulation
Removal	Repair	Encapsulation						
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C MCMUA</u>			
City, State <u>MAPLE SHADE NJ 08052</u>		Disposal Date		City, State <u>WOODBINE NJ</u>				
Completed By <u>MICHAEL KLEMCO</u>		Title <u>PRES.</u>		Signature <u>MICHAEL KLEMCO</u>				
				Date <u>1-3-25</u>				

6342

CIC# 6342

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

JAN 8 2026

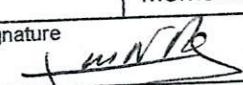
Date of Notification (1) <u>1-3-26</u>		Name of Building Owner/Operator (2) ASBESTOS CONTRACTOR LICENSING P. O. BOX 322						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 103 26 th ST.		City, State, Zip Code BRIGANTINE N.J. 08203						
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Name of Contact _____						
Street Address 103 26 th ST.		Telephone Number _____						
City (5) BRIGANTINE		FACILITY INFORMATION						
County (6) ATLANTIC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Square Feet 1000						
ASCM No. _____		# of Floors 2						
Name of Abatement Contractor (9) KLEMCO INC		Bldg. Age 50+						
Street Address 369 S. SPRUCE AVE		Current Use (Prior if being demolished)						
City, State, Zip Code MAPLE SHADE N.J. 08052								
Project Manager for Monitoring Firm Telephone No. _____		Telephone No. 856-779-0422						
Start Date (10) 1-14-26		License No. # 01371						
Scheduled Completion Date (11) 1-24-26		Name of OSHA Monitor N/A						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 1750 SF	Abatement Type		
						Removal Repair Encapsulate		
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904		Cubic Yards of Waste 5	Name of Registered Landfill ACUA.			
City, State MAPLE SHADE N.J.				Disposal Date Signature Michael Klemm	City, State PLEASANTVILLE			
Completed By MICHAEL KLEMm		Title PRES		Date 1-3-26				

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

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

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Date of Notification (1) 12/12/2025		Name of Building Owner/Operator (2)					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 825 Berckman St	JAN 8 2026				
		City, State, Zip Code Plainfield NJ 07062	ASBESTOS CONTROL & LICENSING Name of Contact _____ Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 825 Berckman St		Square Feet	# of Floors				
City (5) Plainfield		Bldg. Age +50					
County (6) Union		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) United Demo LLC				
Street Address		Street Address 143 Acme St					
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07202					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-218-3930				
Start Date (10) 12/22/2025		Scheduled Completion Date (11) 12/23/2025					
Name of OSHA Monitor United Demo LLC		License No. 02045					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 143 Acme St					
		City, State, Zip Code Elizabeth NJ 07202					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement		X	Pipe insulation	240 LF	X		
Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No. 0040986	Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill			
City, State Elizabeth NJ		Disposal Date TBD		City, State Morrisville PA			
Completed by Jose N Rosas		Title President		Signature 		Date 12/12/2025	

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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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10/24
Date of Notification (1)

1 / 5 /2026

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial Notification
- Amended Notification #1
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

HACKENSACK MERIDIAN HEALTH

JAN 8 2026

Street Address

30 PROSPECT AVENUE

City, State, Zip Code

HACKENSACK, NEW JERSEY 07601

ASBESTOS CONTROL & LICENSING

Name of Contact

BRIAN O'NEIL

Telephone Number

848-275-1901

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

JERSEY SHORE UNIVERSITY MEDICAL CENTER

Street Address

1945 STATE HWY. 33

City (5)
NEPTUNE

County (6)
MONMOUTH

County Code (7)
(STATE USE ONLY)

ASCM No.
64

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

Other (ie. private & commcl. bldgs., homes, etc.)

Square-Feet # of Floors Bldg. Age
1,000,000 6 89

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL TACTICS INC.

Street Address
64 BROAD STREET

City, State, Zip Code
MATAWAN, NJ

Current Use (Prior if being demolished)

COMMERCIAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10501

Telephone Number License Number
845-369-7500 1101

Telephone Number
License Number

1101

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Street Address

1376 ROUTE 9

City, State, Zip Code
WAPPINGER FALLS, NY 12590

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#6438

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

Check#033334

JAN 7 2026

Date of Notification (1) 12-22-25		Name of Building Owner/Operator (2) NJDOT					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Squirrelwood Road Bridge over route 80 ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Woodland Park Passaic County					
		Name of Contact Don Ocampo		Telephone Number 609-633-5627			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Route 80 Underpass Exit 56			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address Squirrelwood Road Exit			Square Feet Na	# of Floors Na			
City (5) Woodland Park			Bldg. Age Na				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) WSP USA Inc		ASCM No.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.			
Street Address One Penn Plaza 250 West 34th Street			Street Address 200 Broad Street				
City, State, Zip Code New York, NY 10018			City, State, Zip Code Carlstadt, NJ 07072				
Project Manager for Monitoring Firm Leonid Abramov		Telephone No. (212)-760-5716		Telephone No. 201-939-6565			
Start Date (10) 01-5-26 (1) HOLD		Scheduled Completion Date (11) 7-30-26		License No. 00756			
Occupancy Status During Abatement (Check Only One)			Name of OSHA Monitor Even-Air Inc.				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101				
Scope of Work (Check All That Apply)			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
		Yes	No			N/A	Removal
Route 80 Underpass			X	Transite Piping	1600 LF	X	
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill		
City, State Elizabeth, NJ 07201				Disposal Date TBD	City, State Morrisville, PA 19067		
Completed by Richard Doran		Title Project Manager		Signature <i>Richard Doran</i>		Date 12-22-25	

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#6438

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

Check#033334

DEC 29 2025

Date of Notification (1) 12-22-25		Name of Building Owner/Operator (2) NJDOT		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Squirrelwood Road Bridge over route 80		
		City, State, Zip Code Woodland Park Passaic County		
		Name of Contact Don Ocampo	Telephone Number 609-633-5627	
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Route 80 Underpass Exit 56		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address Squirrelwood Road Exit		Square Feet Na	# of Floors Na	
City (5) Woodland Park		Bldg. Age Na		
County (6) Passaic		Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) WSP USA Inc		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.	
Street Address One Penn Plaza 250 West 34th Street		Street Address 200 Broad Street		
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072		
Project Manager for Monitoring Firm Leonid Abramov		Telephone No. (212)-760-5716	Telephone No. 201-939-6565	
Start Date (10) 01-5-26		License No. 00756		
Scheduled Completion Date (11) 7-30-26		Name of OSHA Monitor Even-Air Inc.		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 10-59 Jackson Avenue		
		City, State, Zip Code Long Island City, NY 11101		
Scope of Work (Check All That Apply)				
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		
		Yes	No	N/A
Route 80 Underpass		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		
		Transite Piping		
		Amount (Specify SF or LF)	Abatement Type	
		1600 LF	Removal	Repair
			Encapsulate	Enclosure
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ 07201		Disposal Date TBD	City, State Morrisville, PA 19067	
Completed by Richard Doran		Title Project Manager	Signature <i>Richard Doran</i>	
			Date 12-22-25	

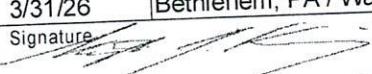
* Do not use this form for asbestos licensure exempted activities.

1568

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

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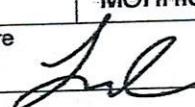
1568

Date of Notification (1) January 02, 2026		Name of Building Owner/Operator (2) Amzak Capital Management							
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
FACILITY INFORMATION		ASBESTOS CONTROL & LICENSING							
Name of Facility Where Abatement is Taking Place (3) building		Street Address 980 N. Federal Highway							
Street Address 100 Jersey Ave.		City, State, Zip Code Boca Raton, FL 33483							
City (5) New Brunswick		Name of Contact Project Manager							
County (6) Middlesex		Telephone Number 973-234-7026							
Name of Monitoring Firm Hired by Building Owner (8) Emerald Environmental Group, LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 22 Ottawa Rd N		Square Feet							
City, State, Zip Code Morganville, NJ 07751-1346		# of Floors							
Project Manager for Monitoring Firm Joseph Rizzo, CSP, CHMM		Bldg. Age							
Start Date (10) 1/5/26		Current Use (Prior if being demolished) empty							
Scheduled Completion Date (11) 3/31/26		Name of Abatement Contractor (9) The MACK Group, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type		
							Yes	No	N/A
roof		<input checked="" type="checkbox"/>		Transite		TBD	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Century Waste Services LLC		NJ DEP Waste Hauler ID No. 4509		Cubic Yards of Waste TBD		Name of Registered Landfill IESSI Bethlehem landfill / Minerva Ent.			
									City, State Elizabeth, NJ
Completed by Steve King		Title V.P.		Signature 		Date 1/2/26			

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

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Date of Notification (1) 11/28/2025		Name of Building Owner/Operator (2) HAMMERTIME HOME IMPROVEMENTS					
Agencies Notified	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 107 OCEAN AVE				
			City, State, Zip Code JERSEY CITY, NJ 07305				
		Name of Contact YECHIEL SPIRA		Telephone Number 7325032885			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 230-236 KEARNY AVE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 230-236 KEARNEY AVE			Square Feet 1000	# of Floors 2			
City (5) JERSEY CITY			Bldg. Age +50				
County (6) HUDSON		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) COMMERCIAL			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Malco Environmental LLC				
Street Address			Street Address 339 Lafayette St				
City, State, Zip Code			City, State, Zip Code Newark, NJ 07105				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 5133487	License No. 02113			
Start Date (10) 12/08/2025		Scheduled Completion Date (11) 12/30/2025		Name of OSHA Monitor			
Occupancy Status During Abatement (Check Only One)			Street Address				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			City, State, Zip Code				
Scope of Work (Check All That Apply) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf</td> <td style="width: 30%;"><input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition</td> <td style="width: 40%;"><input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>					<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				
					Yes No N/A		Amount (Specify SF or LF)
EXTERIOR	X		1500SF X				
EXTERIOR	X		800LF X				
Name of Registered Waste Hauler CENTURY WASTE			NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste			
Name of Registered Landfill United States							
City, State 623 DOWD AVE ELIZABETH, NJ 07201			Disposal Date	City, State MORRISVILLE, PA			
Completed by Jennifer Gomes		Title President		Signature 			
				Date 11/28/2025			

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350
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 11/28/2025		Name of Building Owner/Operator (2) HAMMERTIME HOME IMPROVEMENTS SEC 5 2025						
Agencies Notified		Street Address 107 OCEAN AVE						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
		City, State, Zip Code JERSEY CITY, NJ 07305						
		Name of Contact YECHIEL SPIRA		Telephone Number 7325032885				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 220 KEARNY AVE			Type of Facility (4)					
Street Address 220 KEARNEY AVE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) JERSEY CITY			Square Feet 1000	# of Floors 2				
County (6) HUDSON			Bldg. Age +50					
County Code (7) (STATE USE ONLY) _____			Current Use (Prior if being demolished) COMMERCIAL					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Malco Environmental LLC					
Street Address		Street Address 339 Lafayette St						
City, State, Zip Code		City, State, Zip Code Newark, NJ 07105						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 5133487	License No. 02113				
Start Date (10) 12/08/2025		Scheduled Completion Date (11) 12/30/2025	Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)		Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Abatement Type					
			Yes	No	N/A	Amount (Specify SF or LF)	Removal	Repair
EXTERIOR			ROOF	800SF	X			
Name of Registered Waste Hauler CENTURY WASTE		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill United States			
City, State 623 DOWD AVE ELIZABETH, NJ 07201			Disposal Date		City, State MORRISVILLE, PA			
Completed by Jennifer Gomes		Title President		Signature		Date 11/28/2025		

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Document to N.J.A.C. 26:20 and 19:120)

RECEIVED

Date of Notification (1) 11/28/2025		Name of Building Owner/Operator (2) HAMMERTIME HOME IMPROVEMENTS					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
	Street Address 107 OCEAN AVE						
	City, State, Zip Code JERSEY CITY, NJ 07305						
	Name of Contact YECHIEL SPIRA		Telephone Number 7325032885				
	FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) 222-228 KEARNY AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 222-228 KEARNEY AVE		Square Feet 1000	# of Floors 2				
City (5) JERSEY CITY		Bldg. Age +50					
County (6) HUDSON		Current Use (Prior if being demolished) COMMERCIAL					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Malco Environmental LLC				
Street Address		Street Address 339 Lafayette St					
City, State, Zip Code		City, State, Zip Code Newark, NJ 07105					
Project Manager for Monitoring Firm		Telephone No. 5133487	License No. 02113				
Start Date (10) 12/08/2025	Scheduled Completion Date (11) 12/30/2025		Name of OSHA Monitor				
Abatement Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	Abatement Type				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
EXTERIOR	X		ROOF FLASHING	1000LF	X		
Name of Registered Waste Hauler CENTURY WASTE		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill United States		
City, State 623 DOWD AVE ELIZABETH, NJ 07201			Disposal Date		City, State MORRISVILLE, PA		
Completed by Jennifer Gomes		Title President		Signature 		Date 11/28/2025	

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

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

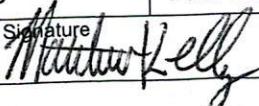
RECEIVED

Date of Notification (1) 11/28/2025		Name of Building Owner/Operator (2) HAMMERTIME HOME IMPROVEMENTS DEC 5 2025					
Agencies Notified	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 107 OCEAN AVE				
			City, State, Zip Code JERSEY CITY, NJ 07305				
		Name of Contact YECHIEL SPIRA		Telephone Number 7325032885			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 222-228 KEARNY AVE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 222 -228 KEARNEY AVE			Square Feet 1000	# of Floors 2			
City (5) JERSEY CITY			Bldg. Age +50				
County (6) HUDSON		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) COMMERCIAL			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Malco Environmental LLC				
Street Address		Street Address 339 Lafayette St					
City, State, Zip Code		City, State, Zip Code Newark, NJ 07105					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 5133487	License No. 02113			
Start Date (10) 12/08/2025		Scheduled Completion Date (11) 12/30/2025		Name of OSHA Monitor			
Occupancy Status During Abatement (Check Only One)		Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code					
Scope of Work (Check All That Apply) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf</td> <td style="width: 30%;"><input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition</td> <td style="width: 40%;"><input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>					<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
1st floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILES TAN	1500LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler CENTURY WASTE		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill United States		
City, State 623 DOWD AVE ELIZABETH, NJ 07201			Disposal Date		City, State MORRISVILLE, PA		
Completed by Jennifer Gomes		Title President		Signature		Date 11/28/2025	

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

U241
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED
 Check# 4241

Date of Notification (1) 12/18/25		Name of Building Owner/Operator (2) Willingboro Board of Education		DEC 24 2025													
Agencies Notified	Type Notification	Street Address 440 Beverly Rancocas Rd.															
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Willingboro, NJ 08046 <p style="text-align: right;">ASBESTOS CONTRACT & LICENSING</p>															
		Name of Contact Thomas Fryc		Telephone Number 609-835-8600													
FACILITY INFORMATION																	
Name of Facility Where Abatement is Taking Place (3) J. Cresswell Stuart Early Childhood Development Center			Type of Facility (4)														
Street Address 70 Sunset Rd.			<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)														
City (5) Willingboro			Square Feet 46,157	# of Floors 1	Bldg. Age 75												
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School														
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.														
Street Address PO Box 385			Street Address 923 Haws Ave.														
City, State, Zip Code Oceanville, NJ 08231			City, State, Zip Code Norristown, PA 19401														
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 610-239-9920	License No. 00398													
Start Date (10) 1/6/26	Scheduled Completion Date (11) 2/16/26		Name of OSHA Monitor Plymouth Environmental Co., Inc.														
Occupancy Status During Abatement (Check Only One)			Street Address 923 Haws Ave.														
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			City, State, Zip Code Norristown, PA 19401														
Scope of Work (Check All That Apply) <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> ≥3 sf or ≥3 lf</td> <td><input checked="" type="checkbox"/> Renovation</td> <td><input checked="" type="checkbox"/> Full Containment with Negative Pressure</td> </tr> <tr> <td><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf</td> <td><input type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Mini-Enclosure</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Glovebag Procedure</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>						<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure			<input type="checkbox"/> Glovebag Procedure			<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure															
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure															
		<input type="checkbox"/> Glovebag Procedure															
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure															
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type												
					Yes	No	N/A	Removal	Repair	Encapsulate							
1st Floor Throughout	X		VAT & Mastic	46,157 SF	X												
1st Floor Throughout	X		Masonry Block Wall Mortar	960 SF	X												
1st Floor Throughout	X		Sinks/Undercoat	44 SF	X												
Name of Registered Waste Hauler Horizon Disposal Services		NJDEP Waste Hauler ID No. 10416		Cubic Yards of Waste 240	Name of Registered Landfill Fairless Landfill												
				Disposal Date TBD	City, State Falls Township, Pa												
Completed by Matthew Kelly		Title Project Manager				Date 12/18/25											

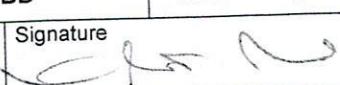
* Do not use this form for asbestos licensure exempted activities.

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

RECEIVED

Date of Notification (1) 01 / 05 / 26		Name of Building Owner/Operator (2) State of NJ DOT									
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
		Street Address PO Box 600 City, State, Zip Code Trenton, NJ 08625									
		Name of Contact		Telephone Number							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) 181 Highway 31			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 181 Highway 31			Square Feet 2000	# of Floors 2							
City (5) Raritan			Bldg. Age								
County (6) Hunterdon		County Code (7) (STATE USE ONLY) 00098		Current Use (Prior if being demolished) vacant residential							
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants LLC		ASCM No. 00098	Name of Abatement Contractor (9) Polstar Inc								
Street Address 3 Terri Lane			Street Address 37 Parliament dr								
City, State, Zip Code Burlington, NJ 08016			City, State, Zip Code New City, NY 10956								
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-571-7522	Telephone No. 917-273-8182	License No. 02099							
Start Date (10) 01 / 19 / 26	Scheduled Completion Date (11) 12 / 31 / 26		Name of OSHA Monitor HDT Consultants International								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM			Street Address 3346 Fenton Ave City, State, Zip Code Bronx, NY 10469								
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type						
					Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure
Throughout house interior		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	drywall & joint compound		10,400sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor living room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	wall plaster		440sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen, 2 nd floor bath, basemt step		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	linoleum		430 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor mud room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 vat		80sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste Services LLC			NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill						
City, State Elizabeth, NJ 07201			Disposal Date TBD	City, State Morrisville, PA 19067							
Completed By (Print or Type) Wojtek Olszewski		Title Project Manager		Signature 			Date 1/5/26				

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

Date of Notification (1) <u>01</u> / <u>05</u> / <u>26</u>			Name of Building Owner/Operator (2) State of NJ DOT				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 600				
			City, State, Zip Code Trenton, NJ 08625				
			Name of Contact		Telephone Number		
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 181 Highway 31			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address 181 Highway 31			Square Feet # of Floors Bldg. Age 2000 2				
City (5) Raritan			Current Use (Prior if being demolished) vacant residential				
County (6) Hunterdon		County Code (7)(STATE USE ONLY) 00098	Name of Abatement Contractor (9) Polstar Inc				
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants LLC			Street Address 37 Parliament dr				
Street Address 3 Terri Lane			City, State, Zip Code New City, NY 10956				
City, State, Zip Code Burlington, NJ 08016		Telephone No. 609-571-7522			Telephone No. 917-273-8182		
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-571-7522			License No. 02099		
Start Date (10) <u>01</u> / <u>19</u> / <u>26</u>		Scheduled Completion Date (11) <u>12</u> / <u>31</u> / <u>26</u>		Name of OSHA Monitor HDT Consultants International			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u>PM</u> - <u>AM</u>				Street Address 3346 Fenton Ave			
				City, State, Zip Code Bronx, NY 10469			
Scope of Work (Check all that apply) <input type="checkbox"/> <u>>3 sf or >3 lf</u> <input checked="" type="checkbox"/> <u>>160 sf or >260 lf</u>				<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Removal	Repair	Encapsulate
Flue packing		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Basement	2sf	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ 07201			Disposal Date TBD	City, State Morrisville, PA 19067			
Completed By (Print or Type) Wojtek Olszewski		Title Project Manager		Signature 		Date 11/5/26	

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

RECEIVED

JAN 12 2026

Date of Notification (1) 1/2/25		Name of Building Owner/Operator (2) Bridgewater Raritan Regional School District					
Agencies Notified	Type Notification	Street Address 836 Newmans Lane					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgewater, NJ 08807					
Name of Facility Where Abatement is Taking Place (3) Bridgewater Raritan Middle School		Name of Contact Kevin Lomski, BA					
Street Address 128 Merriwood Drive		Telephone Number 908-685-2777					
City (5) Bridgewater		FACILITY INFORMATION					
County (6) Somerset		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		Square Feet n/a	# of Floors 1				
Street Address 3 Crosswicks Street		Bldg. Age unknown					
City, State, Zip Code Bordentown, NJ 08505		Current Use (Prior if being demolished) Public School					
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	License No. 01237				
Start Date (10) 1/12/26	Scheduled Completion Date (11) 3/30/26	Name of OSHA Monitor Panoramic Window & Door Systems, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 3:00 PM- 11:00 PM <input type="checkbox"/> Other – Describe: _____		Street Address 712 Sergeantsville Rd					
		City, State, Zip Code Stockton, NJ 08559					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Windows			Caulk	1682 LF	x		
Windows		x	Glazing	1686 SF	x		
Name of Registered Waste Hauler Panoramic Window & Door Systems, Inc.		NJDEP Waste Hauler ID No. 0036057	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Bros Sanitary Landfill			
City, State Stockton, NJ			Disposal Date TBD	City, State Easton, PA			
Completed by Paul Nagy		Title VP	Signature <i>TPN</i>	Date 1/2/25			

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

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

RECEIVED

Date of Notification (1) 01/07/2026		Name of Building Owner/Operator (2) The College of New Jersey							
		JAN 12 2026							
Agencies Notified	Type Notification	Street Address 2000 Pennington Road							
		City, State, Zip Code Ewing, NJ 08628							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		Name of Contact David Jurkin							
		Telephone Number 609-771-2881							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The College of New Jersey - Centennial Hall		Type of Facility (4)							
Street Address 2000 Pennington Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Ewing		Square Feet 74,000	# of Floors 4						
County (6) Mercer		Bldg. Age 85							
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 3 Terri Lane, Suite 4		Street Address 623 Cutler Avenue							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 856-755-0099						
Start Date (10) 01/12/2026		License No. 00842							
Scheduled Completion Date (11) 01/16/2026		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type		
							Yes	No	N/A
Game Room 132		X		Wall Material (2 Holes)		1 SF	X		
Bathroom 114 (Trash Room Side)		X		Wall Material (1 Hole)		.5 SF	X		
Bathroom 214 (Restroom Side)		X		Wall Material (1 Hole)		.5 SF	X		
Bathroom 314 (Restroom Side)		X		Wall Material (1 Hole)		.5 SF	X		
Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Landfill			
City, State Maple Shade, NJ				Disposal Date 01/16/2026		City, State Morrisville, PA			
Completed by Samantha Brown		Title Operations Coordinator		Signature <i>Samantha Brown</i>		Date 01/07/2026			

*Continued on Page 2

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility	Is Location Normally Used Solely by Maintenance/Custodial			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair
	Yes	No	N/A				
Bathroom 252 (Restroom Side)		X		Wall Material (1 Hole)	.5 SF	X	
Bathroom 352 (Restroom Side)		X		Wall Material (1 Hole)	.5 SF	X	

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

RECEIVED

Date of Notification (1) 01/06/2026		Name of Building Owner/Operator (2) JAN 12 2026						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 65 Alden Avenue						
		City, State, Zip Code Trenton, NJ 08618						
Name of Contact		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 65 Alden Avenue			Square Feet 1,358	# of Floors 3				
City (5) Trenton			Bldg. Age 116					
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) 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) 02/27/2026	Scheduled Completion Date (11) 03/03/2026		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 200 Route 130 North					
			City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
					Yes	No	N/A	Removal
Basement			X	Duct Paper	8 SF	X		
Name of Registered Waste Hauler Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill			
City, State Maple Shade, NJ		Disposal Date 03/03/2026		City, State Morrisville, PA				
Completed by Samantha Brown		Title Operations Coordinator		Signature		Date 01/06/2026		

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

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

RECEIVED

Date of Notification (1) 12/26/2025		Name of Building Owner/Operator (2) Township of Bernards			
Agencies Notified		Type Notification			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation			
Street Address 1 Collyer Lane		City, State, Zip Code Basking Ridge, New Jersey 07920			
Name of Contact Will Gaddish		Telephone Number (908) 482-1906			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Department of Health Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 262 S Finely Avenue		Square Feet N/A	# of Floors N/A		
City (5) Basking Ridge, New Jersey		Bldg. Age N/A			
County (6) Somerset		County Code (7) (STATE USE ONLY) _____			
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC		ASCM No. 003	Name of Abatement Contractor (9) Teal Management		
Street Address 1253 North Church Street		Street Address 24 Morley Drive			
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Woodland Park NJ 07424			
Project Manager for Monitoring Firm Brian Clark		Telephone No. 856-840-8815	Telephone No. 862-243-1471		
Start Date (10) 1/12/2026	Scheduled Completion Date (11) 1/25/2026	License No. 02063			
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Teal Management			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 24 Morley Drive City, State, Zip Code Woodland Park NJ 07424			
Scope of Work (Check All That Apply)		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			
		Yes	No	N/A	Abatement Type Removal Repair Encapsulate Enclosure
Kitchen (in wall) Kitchen		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			
Kitchen (in wall) Kitchen		PIPE INSULATION PLASTER		Amount (Specify SF or LF) 15 LF	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 1/30/2026		City, State Morrisville PA	
Completed by Tome Maslarkov		Title Project Manager		Signature Tome Maslarkov	
				Date 12/26/2025	

* Do not use this form for asbestos licensure exempted activities

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:80-7 AND 12:120-7)

1169 200. CP41 1169

Date of Notification (1) 11 / 19 / 25		Name of Building Owner / Operator (2) D&R BELMAR URBAN RENEWAL LLC			
		RECEIVED			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
		Street Address 570 COMMERCE BLVD City, State, Zip Code CARLSTADT, NJ 07072			
		Name of Contact CHRIS SQUEO			
		Telephone Number 845.558.7257			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 910 RIVER ROAD - MOTOR LODGE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)			
Street Address 910 RIVER ROAD		Square Feet 26,400	# Of Floors 2		
City (5) BELMAR	County (6) MONMOUTH	Building Age 80 +			
Current Use (Prior if being demolished) MOTEL					
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		
Scheduled Start Date (10) 12 / 15 / 25		Sched. Completion Date (11) 02 / 28 / 26	License Number 00860		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input checked="" type="checkbox"/> Hours - Describe: _____ <input checked="" type="checkbox"/> 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)					
<input type="checkbox"/> Demolition <input type="checkbox"/> >3sf or >3lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		
		YES NO N/A	Amount (Specify SF or LF)		
ROOF		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOFING 10,900 SF <input type="checkbox"/>		
THROUGHTOUT		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE PANEL 1,270 SF <input type="checkbox"/>		
THROUGHTOUT		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTINGS 2,295 LF <input type="checkbox"/>		
EXTERIOR		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	BRICK FAÇADE MORTAR 5,100 SF <input type="checkbox"/>		
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 01/08/26

RECEIVED
Check 3435

3435

Date of Notification (1) 12/29/2025		Name of Building Owner/Operator (2) JAN 12 2026			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 73 Depeyster Ave ASBESTOS CONTROL & LICENSING			
		City, State, Zip Code Tenafly, NJ 07670			
		Name of Contact	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 73 Depeyster Ave		Square Feet 3,151	# of Floors 2		
City (5) Tenafly, NJ 07670		Bldg. Age 1938			
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) 01/07/2026	Scheduled Completion Date (11) 01/14/2026	Name of OSHA Monitor			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address			
		City, State, Zip Code			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> x wrap & cut <input checked="" type="checkbox"/> x Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF)	Abatement Type	
	Yes	No		N/A	Removal
Basement & First floor	x		ducts that terminate at 1st floor	15 locations	x
Basement	x		exposed duct insulation	x	
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 01/14/2026	City, State Pen Argyl, PA		
Completed by Lubica Perez	Title Owner		Signature Lubica Perez	Date 12/29/2025	

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

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

Check 3436

Date of Notification (1) 12/29/2025		Name of Building Owner/Operator (2) Street Address 263 Lawrence Ave City, State, Zip Code Highland Park, NJ 08904 Name of Contact Telephone Number							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		Street Address 263 Lawrence Ave City, State, Zip Code Highland Park, NJ 08904 Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 263 Lawrence Ave			Square Feet 2,786	# of Floors 2					
City (5) Highland Park, NJ 08904			Bldg. Age 1910						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior to 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) 12/30/2025		Scheduled Completion Date (11) 01/05/2026		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address City, State, Zip Code						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type	
Basement		X		pipe insulation		86 LF	X	Repair	Encapsulate
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ				Disposal Date 01/05/2026		City, State Pen Argyl, PA			
Completed by Lubica Perez		Title Owner			Signature Lubica Perez		Date 12/29/2025		

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

3385

Print Form

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

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 Check 3385

Date of Notification (1) 12/29/2025		Name of Building Owner/Operator (2) JAN 12 2026					
Agencies Notified	Type Notification		Street Address 33 Peyser St				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Woodbridge, NJ 07095				
		Name of Contact		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)				
Street Address 33 Peyser St			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Woodbridge, NJ 07095			Square Feet 910	# of Floors 1			
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC				
Street Address			Street Address 75 Voorhis Place				
City, State, Zip Code			City, State, Zip Code Ringwood NJ 07456				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-466-0166	License No. 02126			
Start Date (10) 12/30/2025	Scheduled Completion Date (11) 01/06/2026		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One)			Street Address <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				
			Street Address City, State, Zip Code				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement	X		floor tile & mastic	413 SF	X		
Laundry	X		floor tile & mastic	130 SF	X		
Bottom of the stairs	X		floor tile & mastic	7.5 SF	X		
Storage room	X		floor tile & mastic	172 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 01/06/2026	City, State Pen Argyl, PA		
Completed by Lubica Perez		Title Owner		Signature Lubica Perez	Date 12/29/2025		

3386
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 3386

Date of Notification (1) 12/27/2025		Name of Building Owner/Operator (2) JAN 12 2026					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 18 Burdge Dr					
		City, State, Zip Code Howell Township, NJ 07731					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 18 Burdge Dr		Square Feet 2,022	# of Floors 2				
City (5) Howell Township, NJ 07731		Bldg. Age 1973					
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) VEL Construction, LLC				
Street Address		Street Address 75 Voorhis Place					
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456					
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126				
Start Date (10) 01/05/2026		Scheduled Completion Date (11) 01/12/2026					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Name of OSHA Monitor Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Garage	X		floor tile & mastic	273 SF	X		
Storage room closet	X		floor tile & mastic	113 SF	X		
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill		
				Disposal Date 01/12/2026	City, State Pen Argyl, PA		
Completed by Lubica Perez		Title Owner		Signature Lubica Perez	Date 12/27/2025		

* 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)

RECEIVED
Check 3428

Date of Notification (1) 12/27/2025		Name of Building Owner/Operator (2) JAN 12 2026					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 13 Valley Rd					
		City, State, Zip Code Manalapan Township, NJ 07726					
		Name of Contact		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 13 Valley Rd		Square Feet 1,449	# of Floors 1	Bldg. Age 1971			
City (5) Manalapan Township, NJ 07726		Current Use (Prior if being demolished)					
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) VEL Construction, LLC				
Street Address		Street Address 75 Voorhis Place					
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456					
Project Manager for Monitoring Firm		Telephone No. 201-466-0166	License No. 02126				
Start Date (10) 01/05/2026		Scheduled Completion Date (11) 01/12/2026	Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Main level	X		Floor tile	315 SF	X		
Main level	X		Mastic	455 SF	X		
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill		
City, State Elizabeth, NJ		Disposal Date 01/12/2026		City, State Pen Argyl, PA			
Completed by Lubica Perez		Title Owner		Signature Lubica Perez	Date 12/27/2025		

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

3430
PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Check 3430
 RECEIVED

Date of Notification (1) 01/05/2026		Name of Building Owner/Operator (2) JAN 12 2026					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3 Collins Ave					
		City, State, Zip Code Bloomfield, NJ 07003	ASBESTOS CONTROL & LICENSING				
Name of Facility Where Abatement is Taking Place (3) Residential		Name of Contact _____ Telephone Number _____					
Street Address 3 Collins Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Bloomfield, NJ 07003		Square Feet 1,755	# of Floors 1				
County (6) Essex		Bldg. Age 1937					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC				
Street Address		Street Address 75 Voorhis Place					
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456					
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126				
Start Date (10) 01/06/2026	Scheduled Completion Date (11) 01/13/2026		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement		X	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 01/13/2026		City, State Pen Argyl, PA		
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 01/05/2026	

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

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

Check 3429026

Date of Notification (1) 01/02/2026		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING														
Agencies Notified	Type Notification	Street Address 5 N Longview Rd														
		RECEIVED														
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation														
		City, State, Zip Code Howell Township, NJ 07731														
		Name of Contact		Telephone Number												
FACILITY INFORMATION																
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) ASBESTOS CONTROL & LICENSING													
Street Address 5 N Longview Rd			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)													
City (5) Howell Township, NJ 07731			Square Feet 3,329	# of Floors 2												
County (6) Monmouth			Bldg. Age 1981													
			Current Use (Prior if being demolished)													
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC													
Street Address		Street Address 75 Voorhis Place														
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456														
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-466-0166	License No. 02126												
Start Date (10) 01/05/2026	Scheduled Completion Date (11) 01/12/2026		Name of OSHA Monitor													
Occupancy Status During Abatement (Check Only One)			Street Address													
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			City, State, Zip Code													
Scope of Work (Check All That Apply) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input type="checkbox"/> ≥3 sf or ≥3 lf</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Renovation</td> <td style="width: 40%;">Full Containment with Negative Pressure</td> </tr> <tr> <td><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf</td> <td><input type="checkbox"/> Demolition</td> <td>Mini-Enclosure</td> </tr> <tr> <td></td> <td></td> <td>Glovebag Procedure</td> </tr> <tr> <td></td> <td></td> <td>Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>					<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	Full Containment with Negative Pressure	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	Mini-Enclosure			Glovebag Procedure			Non-Exempted (*) and Non-Friable Procedure
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	Full Containment with Negative Pressure														
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	Mini-Enclosure														
		Glovebag Procedure														
		Non-Exempted (*) and Non-Friable Procedure														
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Abatement Type													
			Yes	No	N/A	Removal	Repair									
Please see attached																
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill												
City, State Elizabeth, NJ		Disposal Date 01/12/2026		City, State Pen Argyl, PA												
Completed by Lubica Perez		Title Owner		Signature Lubica Perez												
				Date 01/02/2026												

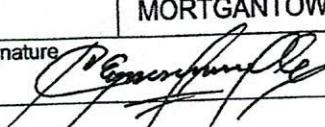
* Do not use this form for asbestos licensure exempted activities.

VEL Construction LLC**5 N Longview Road, Howell, NJ**

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
living room	No	floor tile	268 sf	Removal
bedroom 1	No	floor tile	126 sf	Removal
bedroom 2	No	floor tile	134 sf	Removal
closet	No	floor tile	46 sf	Removal
hallway	No	floor tile	36 sf	Removal
bedroom 3	No	floor tile	132 sf	Removal
utility room	No	floor tile	44 sf	Removal
storage	No	floor tile	36 sf	Removal
under the stairs	No	floor tile	40sf	Removal

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

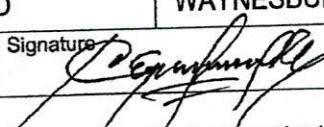
RECEIVED

Date of Notification (1) 1/8/2026		Name of Building Owner/Operator (2) JAN 13 2026						
Agencies Notified	Type Notification <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 160 Hopper Avenue					
			City, State, Zip Code Waldwick, NJ 07463					
			Name of Contact ASBESTOS CONTRACTOR LICENSING					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 49 Harrison Avenue,			Square Feet 1,794.SF.	# of Floors 2				
City (5) Waldwick NJ. 07463.			Bldg. Age 86					
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) YES				
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 ROAD. SUITE # F-4			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				
Start Date (10) 1/10/2026		Scheduled Completion Date (11) 1/12/2026		License No. 01300				
Occupancy Status During Abatement (Check Only One)			Name of OSHA Monitor ASBESTOS ANALYTICAL LAB					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 51 GAGE ROAD, City, State, Zip Code EAST BRUNSWICK NJ. 08816					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure 								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)					
					Yes No N/A		Abatement Type	
BASEMENT	X		Floor Tile green & Mastic		Amount (Specify SF or LF)			
						X		
BASEMENT	X		Pipes Insulation & debris		X			
						X		
Name of Registered Waste Hauler ROVIC - TRANSPORT			NJDEP Waste Hauler ID No. 20745		Cubic Yards of Waste 30C/Y		Name of Registered Landfill CONESTOGA LANDFILL	
City, State RIVERDALE NEW JERSEY			Disposal Date TBD		City, State MORTGANTOWN PA. 19543			
Completed by CARLOS ESQUIVEL		Title PRESIDENT			Signature 		Date 1/8/2026	

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

1335
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

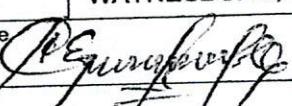
RECEIVED

Date of Notification (1) 1/8/2026		Name of Building Owner/Operator (2) JAN 13 2026						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 160 Hopper Avenue		ASBESTOS CONTROL & LICENSING						
City, State, Zip Code Waldwick, NJ 07463								
Name of Contact		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 41 Harrison Avenue,		Square Feet 1,410 SF.	# of Floors 2					
City (5) Waldwick NJ. 07463.		Bldg. Age 96						
County (6) BERGEN		Current Use (Prior if being demolished) YES						
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 ROAD. SUITE # F-4		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					
Start Date (10) 1/9/2026		Name of OSHA Monitor ASBESTOS ANALYTICAL LAB						
Scheduled Completion Date (11) 1/9/2026		Street Address 51 GAGE ROAD,						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code EAST BRUNSWICK NJ. 08816						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf								
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENT	X		CUT & WRAP	20 LF.	X			
			PIPE INSULATION					
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 N.Y.			Disposal Date TBD	City, State WAYNESBURG, OHIO				
Completed by CARLOS ESQUIVEL		Title PRESIDENT		Signature 		Date 1/8/2026		

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

1333
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

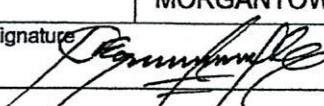
RECEIVED

Date of Notification (1) 1/5/2026		Name of Building Owner/Operator (2) JAN 13 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 901 Castle Point Terrace					
		City, State, Zip Code Hoboken NJ. 07030.					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 901 Castle Point Terrace		Square Feet 2,749 SF.	# of Floors 2				
City (5) Hoboken NJ. 07030.		Bldg. Age 125					
County (6) HUDSON		Current Use (Prior if being demolished) N/A					
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		Telephone No.	Telephone No. 201-776-0642				
Start Date (10) 1/6/2026		Scheduled Completion Date (11) 1/6/2026					
Name of OSHA Monitor HILLMANN CONSULTING LAB SERVICES		License No. 01300					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 1600 Route 22 East, Suite #107.					
		City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
BASEMENT	X		PIPE INSULATION	150. LF.	X		
Name of Registered Waste Hauler TRI- STATE TRANSFER INC		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 	Date 1/5/2026		

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

1332
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 1/2/2026		Name of Building Owner/Operator (2) DMR Construction Services, Inc.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 160 Hopper Avenue					
		City, State, Zip Code Waldwick, NJ 07463					
		Name of Contact		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 168 FRANKLIN AVE,							
City (5) WYCKOFF NJ. 07481		Square Feet 2,278. SF.	# of Floors 2	Bldg. Age 95			
County (6) BERGEN		Current Use (Prior if being demolished) YES					
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. SUITE F-4		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) 1/17 /2026	Scheduled Completion Date (11) 1/21/2026		Name of OSHA Monitor ASBESTOS ANALYTICAL LAB				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 51 GAGE ROAD, City, State, Zip Code EAST BRUNSWICK NJ. 08816					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
1ST. FLOOR		X	FLOOR TILE	512. SF.	X		
2ND. FLOOR		X	FLOOR TILE	462. SF.	X		
EXTERIOR		X	TRANSITE SIDING	3,851. SF.	X		
Name of Registered Waste Hauler ROVIC TRANSPORT		NJDEP Waste Hauler ID No. 20745		Cubic Yards of Waste 30. C/Y	Name of Registered Landfill CONESTOGA LANDFILL		
City, State RIVERDALE, NEW JERSEY 07457			Disposal Date TBD		City, State MORGANTOWN PA. 1943		
Completed by CARLOS ESQUIVEL		Title PRESIDENT		Signature 		Date 1/2/2026	

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

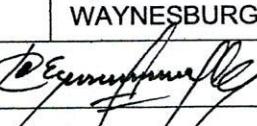
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 1/2/2026		Name of Building Owner/Operator (2) DMR Construction Services, Inc.				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 160 Hopper Avenue				
		City, State, Zip Code Waldwick, NJ 07463				
		Name of Contact	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 45 HARRISON AVE,		Square Feet 1,508. SF.	# of Floors 2			
City (5) WALDWICK NJ. 07463		Bldg. Age 105				
County (6) BERGEN		Current Use (Prior if being demolished) YES				
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. SUITE F-4		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			
Start Date (10) 1/12/2026		License No. 01300				
Scheduled Completion Date (11) 1/14/ 2026		Name of OSHA Monitor ASBESTOS ANALYTICAL LAB				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 51 GAGE ROAD, City, State, Zip Code EAST BRUNSWICK NJ. 08816				
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf						
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
1ST. FLOOR	X		FLOOR TILE	416. SF.	X	
KITCHEN	X		FLOOR TILE	105. SF.	X	
BASEMENT	X		PIPE INSULATION	9 LF.	X	
EXTERIOR	X		TRANSITE SIDING	3,940 SF.	X	
Name of Registered Waste Hauler ROVIC TRANSPORT		NJDEP Waste Hauler ID No. 20745	Cubic Yards of Waste 30. C/Y	Name of Registered Landfill CONESTOGA LANDFILL		
City, State RIVERDALE, NEW JERSEY 07457			Disposal Date TDB	City, State MORGANTOWN PA. 1943		
Completed by CARLOS ESQUIVEL		Title PRESIDENT		Signature		Date 1/2/2026

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

RECEIVED

Date of Notification (1) 12/31/2025		Name of Building Owner/Operator (2) JAN 1 2025						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7855 BOULEVARD EAST						
		City, State, Zip Code NORTH BERGEN NJ. 07047						
		Name of Contact _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 7855 BOULEVARD EAST (APARTMENT 19.E.)		Square Feet 1,705. SF.	# of Floors -----					
City (5) NORTH BERGEN NJ. 07047		Bldg. Age 50.						
County (6) HUDSON		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. SUITE F-4		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					
Start Date (10) 1/13/2026		Scheduled Completion Date (11) 1/17/ 2026						
Name of OSHA Monitor ASBESTOS ANALYTICAL LAB		License No. 01300						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 51 GAGE ROAD,						
		City, State, Zip Code EAST BRUNSWICK NJ. 08816						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
					Yes	No	N/A	Removal
Entire Apartment 19E		X		ACM black Mastic glue .		800. 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 N.Y.				Disposal Date TBD		City, State WAYNESBURG, OHIO		
Completed by CARLOS ESQUIVEL		Title PRESIDENT		Signature 		Date 12/31/2025		

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

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

Date of Notification (1)

01/05/2025

Name of Building Owner/Operator (2)

RECEIVED

Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1400 Treeneedle Rd City, State, Zip Code Point Pleasant NJ 08742 Name of Contact					
						ASBESTOS TELEPHONE NUMBER & LICENSING			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)					
Street Address 1400 Treeneedle Rd				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Point Pleasant				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) 01/26/2026		Scheduled Completion Date (11) 01/26/2026		Name of OSHA Monitor AAA Lead Professionals					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____				Street Address 6 White Dove Court					
				City, State, Zip Code Lakewood, NJ, 08701					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type		
							Yes	No	N/A
Interior		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Tiles		240 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Lead Professionals Inc				NJDEP Waste Hauler ID No. 35103		Cubic Yards of Waste 3	Name of Registered Landfill IESI		
City, State Lakewood, NJ				Disposal Date 01/26/2026		City, State BETHLEHEM, PA			
Completed by JOSEPH PERLSTEIN		Title OWNER			Signature 		Date 01/05/2025		

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

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

CHECK # 2046

Date of Notification (1)
01/02/2026

PAID
Name of Building Owner/Operator (2)

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Agencies Notified	Type Notification	Street Address 731 SHAWNEE ROAD
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BLACKWOOD NJ 08012
		Name of Contact ANDES SING
		Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 731 SHAWNEE ROAD	Square Feet 2012	
City (5) BLACKWOOD	# of Floors 2	
County (6) GLOUCESTER	Bldg. Age 61	
Name of Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GROUP INC.	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL
Project Manager for Monitoring Firm DAVID FLANNIGAN	ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.
Street Address PO BOX 316	Telephone No. 609-221-4660	Street Address 570 CLEMS RUN
City, State, Zip Code THOROFARE NJ 08066	Telephone No. 610-304-4676	City, State, Zip Code MULLICA HILL NJ 08062
Start Date (10) 01/12/2026	Scheduled Completion Date (11) 01/13/2026	Telephone No. 610-304-4676
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: RESIDENTIAL-ABATEMENT AREA CLOSED OFF	Name of OSHA Monitor EMSL	License No. 01145
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure

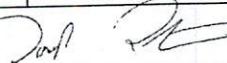
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Yes	No	N/A
FOYER-HALLWAY-CLOSET	X	FLOOR TILE	71 SF	X		

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL	NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 04	Name of Registered Landfill MINERVA LANDFILL
City, State MULLICA HILL NJ	Disposal Date 01/13/2026	City, State WAYNESBURG, OH	
Completed by RON SWANSON	Title GENERAL MANAGER	Signature <i>Ron Swanson</i>	Date 01/02/2026

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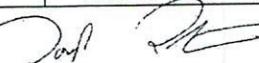
PAID State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 01/07/2026		Name of Building Owner/Operator (2) Radiant property Management LLC				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 280 Fulton St				
		City, State, Zip Code New Brunswick NJ 08901				
		Name of Contact ASBESTOS & LICENSING Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 280 Fulton St		Square Feet	# of Floors			
City (5) New Brunswick		Bldg. Age				
County (6) Middlesex		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals			
Street Address		Street Address 6 White Dove Court				
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701				
Project Manager for Monitoring Firm		Telephone No. 732-719-5649	License No. 1200			
Start Date (10) 01/16/2026	Scheduled Completion Date (11) 01/20/2026		Name of OSHA Monitor AAA Lead Professionals			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 6 White Dove Court				
		City, State, Zip Code Lakewood, NJ, 08701				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
Interior			Pipe insulation	610 LF	<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 10	Name of Registered Landfill IESI		
City, State Lakewood, NJ		Disposal Date 01/20/2026	City, State BETHLEHEM, PA			
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 	Date 01/07/2026	

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

Date of Notification (1) 01/05/2025		Name of Building Owner/Operator (2) 73 Addicks Rd		RECEIVED		
Agencies Notified	Type Notification	Street Address 73 Addicks Rd				
		City, State, Zip Code Westwood, NJ, 07675		Name of Contact RESIDENT		Telephone Number 201-641-4300
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 73 Addicks Rd			Square Feet	# of Floors	Bldg. Age	
City (5) Westwood						
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) 01/15/2025		Scheduled Completion Date (11) 01/15/2025		Name of OSHA Monitor AAA Lead Professionals		
Occupancy Status During Abatement (Check Only One)				Street Address 6 White Dove Court		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____				City, State, Zip Code Lakewood, NJ, 08701		
Scope of Work (Check All That Apply)						
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		
						Yes
Interior				Duct Insulation	50LF	<input checked="" type="checkbox"/>
Name of Registered Waste Hauler Lead Professionals Inc			NJDEP Waste Hauler ID No. 35103		Cubic Yards of Waste 2	
City, State Lakewood, NJ			Disposal Date 01/15/2025		Name of Registered Landfill IESI	
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 01/05/2025

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

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chf 1529
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Date of Notification (1) 1/6/2026		Name of Building Owner/Operator (2) Private property						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 63 Hillside Ave						
		City, State, Zip Code Livingston NJ						
		Name of Contact		Telephone Number				
		ASBESTOS CONTROL & LICENSING						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 63 Hillside Ave			Square Feet 2000 SF	# of Floors 2 floor				
City (5) Livingston NJ			Bldg. Age +50					
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) 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) 1/25/2026		Name of OSHA Monitor Hillman Consulting					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> 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)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Garage room			X	floor tile	250 SF	x		
Kitchen			X	linoleum	120 SF	x		
Name of Registered Waste Hauler Ropvic 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		Date 1/6/2026		

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

1/19/02
Date of Notification (1)
01 / 06 / 26

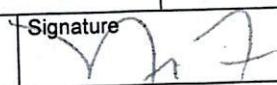
Name of Building Owner/Operator (2)

RECEIVED 1/9/02

Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 337 Dodds Lane	JAN - 9 2026
		City, State, Zip Code Princeton, NJ 08540	
		Name of Contact	ASBESTOS
			Telephone Number & Licensing

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence Street Address 83 Random Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)
City (5) Princeton		Square Feet # of Floors Bldg. Age 2600 1 70
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) Guardian Contracting, Inc.		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) 01 / 19 / 26	Scheduled Completion Date (11) 01 / 21 / 26	Name of OSHA Monitor E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton
		City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition				
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	
basement			asbestos floor tile		400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.			NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill		
City, State Toms River, New Jersey			Disposal Date 01/21/26	City, State Morrisville, Pennsylvania			
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager			Signature 	Date 1/6/26		

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

Date of Notification (1) 01 / 06 / 26			Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc. RECEIVED 9/20/2023		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 188 City, State, Zip Code Spring Lake, NJ 07762			
		Name of Contact ASR			Telephone Number 732-349-9932
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 1001 Patterson Road			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
City (5) Point Pleasant Beach			Square Feet 1200	# of Floors 1	Bldg. Age 50
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755		
Project Manager for Monitoring Firm		Telephone No. 732-349-9932		Telephone No. 732-349-9932	
Start Date (10) 01 / 20 / 26		Scheduled Completion Date (11) 01 / 22 / 26		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM			Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) asbestos siding	
exterior				Amount (Specify SF or LF) 1200 sf	
				<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
				<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>01</u> / <u>06</u> / <u>26</u>		Name of Building Owner/Operator (2) 337 Dodds Lane		RECEIVED <i>49901</i>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 337 Dodds Lane								
			City, State, Zip Code Princeton, NJ 08540								
		Name of Contact		Telephone Number							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 267 Dodds Lane			Square Feet 2700	# of Floors 2	Bldg. Age 65						
City (5) Princeton		County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished) Residence						
County (6) Mercer											
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) <u>01</u> / <u>19</u> / <u>26</u>	Scheduled Completion Date (11) <u>01</u> / <u>21</u> / <u>26</u>		Name of OSHA Monitor E.M.S.L. Analytical								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 1056 Stelton								
			City, State, Zip Code Piscataway, New Jersey 08854								
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>		Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Yes	No	N/A					
Removal	Repair	Encapsulate									
basement		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> asbestos floor tile		400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Name of Registered Waste Hauler Guardian Contracting, Inc.			NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill						
City, State Toms River, New Jersey			Disposal Date 01/21/26	City, State Morrisville, Pennsylvania							
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>2/17</i>		Date <i>1/16/26</i>					

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

1305043-197

Date of Notification (1) 12/15/2025		Name of Building Owner/Operator (2) RECEIVED						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 70 Overbrook dr	JAN - 0 2026					
		City, State, Zip Code Colonia NJ 07067						
		Name of Contact ASBESTOS	Telephone Number CONTRACTING					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 70 Overbrook Dr		Square Feet 800	# of Floors 2					
City (5) Colonia NJ 07067		Bldg. Age 50+						
County (6) Middlesex 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) ILV Contracting LLC					
Street Address		Street Address 16 Hillcrest Ave						
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013						
Project Manager for Monitoring Firm		Telephone No. 917-403-3160	License No. 02132					
Start Date (10) 12/26/2025	Scheduled Completion Date (11) 01/26/2026		Name of OSHA Monitor ILV CONTRACTING LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 16 Hillcrest Ave City, State, Zip Code Clifton NJ 07013						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		X	Tiles and Mastic		400	X	X	
Room 1 First Floor		X	Tiles and Mastic		200	X	X	
Room 2 First Floor		X	Tiles and Mastic		200	X	X	
All House		X	Wipe Cleaning		1700			
Name of Registered Waste Hauler ILV CONTRACTING LLC		NJDEP Waste Hauler ID No. 113851		Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill			
City, State Clifton New Jersey				Disposal Date	City, State Pen Argyl, PA			
Completed by Ivana Velkov	Title President			Signature <i>Ivana Velkov</i>	Date 12/15/2025			

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

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

RECEIVED

CHECK 8875

Date of Notification (1) 1/6/26 Type Notification		Name of Building Owner / Operator (2)		JAN 12 2026	
Agencies Notified	Street Address 22 Mercer Ave		ASBESTOS CONTROL & LICENSING		
	EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Initial Notification Amended Notification Cancellation	City, State & Zip Code Port Monmouth, NJ 07758		
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) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 22 Mercer Ave			Square Feet 2,600	# of Floors 2	Bldg. Age 70+
City (5) Port Monmouth	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) Residence		
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		Telephone Number 732-290-2217	Street Address P.O. Box 7620		
City, State & Zip Code Matawan, NJ 07747		Telephone Number 732-605-9062	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) 1/9/26	Scheduled Completion Date (11) 1/9/26	Name of OSHA Monitor Global Abatement Services, LLC			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address P.O. Box 7620			
		City, State & Zip Code Monroe Township, NJ 08831			
<p>Scope of Work (Check all that apply)</p> <p>Demolition <input checked="" type="checkbox"/> Renovation</p> <p>Large Project</p> <p>Quantity is \geq 3 SF or \geq 3 LF ACM</p> <p><input checked="" type="checkbox"/> Quantity is \geq 160 SF or \geq 260 LF ACM</p>					
<p>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</p>		<p>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</p> <p>N/A</p>		<p>Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Other: Non-friable</p>	
<p>Basement</p>		<p>VAT</p>		<p>500SF</p>	
<p>Basement</p>		<p>Pipe insulation</p>		<p>110LF</p>	
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693		Cu. Yds. of Waste 10	
City, State Freehold, NJ		Disposal Date 1/12/26		Name of Registered Landfill Fairless Hills	
Completed By (Print or Type) Dominick Tringali		Title President		Signature Dominick Tringali	
				Date 1/6/26	



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

CL# 2311

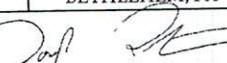
Date of Notification (1) 1/5/2026		Name of Building Owner/Operator (2) Private property			RECEIVED			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 430 9th Street		JAN 12 2026		
				City, State, Zip Code Fairview NJ		Name of Contact		Telephone Number TOLL & LICENSING
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 430 9th Street				Square Feet 2000 SF	# of Floors 2 floor	Bldg. Age +50		
City (5) Fairview NJ				Current Use (Prior if being demolished)				
County (6) Bergen County		County Code (7) (STATE USE ONLY) _____						
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) 1/15/2026		Scheduled Completion Date (11) 1/25/2026		Name of OSHA Monitor Hillman Consulting				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> 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)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
						Yes	No	N/A
Exterior				Transite shingles	2800 SF	x		
Name of Registered Waste Hauler Ropvic 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 Burge Rd New Philadelphia NJ			
Completed by Galo Zumba		Title Principal				Date 1/5/2026		

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

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

RECEIVED

JAN 13 2020

Date of Notification (1) 01/05/2026		Name of Building Owner/Operator (2)													
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation													
		Street Address 170 Berkshire Rd <small>ASBESTOS CONTROL & LICENSING</small> City, State, Zip Code Hasbrouck Heights, NJ, 07604													
		Name of Contact _____ Telephone Number _____													
FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 170 Berkshire Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)													
City (5) Hasbrouck Heights		Square Feet	# of Floors												
County (6) Bergen		Current Use (Prior if being demolished)													
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. AAA Lead Professionals	Name of Abatement Contractor (9) AAA Lead Professionals												
Street Address		Street Address 6 White Dove Court													
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701													
Project Manager for Monitoring Firm		Telephone No. 732-719-5649	License No. 1200												
Start Date (10) 01/16/2026	Scheduled Completion Date (11) 01/19/2026		Name of OSHA Monitor AAA Lead Professionals												
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 6 White Dove Court City, State, Zip Code Lakewood, NJ, 08701													
Scope of Work (Check All That Apply) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf</td> <td style="width: 33%;"><input checked="" type="checkbox"/> Renovation</td> <td style="width: 33%;"><input checked="" type="checkbox"/> Full Containment with Negative Pressure</td> </tr> <tr> <td><input type="checkbox"/> ≥160 sf or ≥260 lf</td> <td><input type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Mini-Enclosure</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> Glovebag Procedure</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>				<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure			<input checked="" type="checkbox"/> Glovebag Procedure			<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure													
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure													
		<input checked="" type="checkbox"/> Glovebag Procedure													
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure													
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)													
		Yes	No	N/A											
Interior		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)													
		Pipe Insulation													
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 01/19/2026	City, State BETHLEHEM, PA												
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 		Date 01/05/2026										

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

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

RECEIVED

Date of Notification (1) 01/06/2026		Name of Building Owner/Operator (2) Street Address 764 Queen Anne Rd					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ 07666					
		Name of Contact		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 764 Queen Anne Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Teaneck		Square Feet	# of Floors	Bldg. Age			
County (6) Bergen		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) 01/07/2026	Scheduled Completion Date (11) 01/07/2026		Name of OSHA Monitor AAA Lead Professionals				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 6 White Dove Court					
		City, State, Zip Code Lakewood, NJ, 08701					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Interior			Pipe Insulation	40LF	<input checked="" type="checkbox"/>		
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 01/07/2026	City, State BETHLEHEM, PA			
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature	Date 01/06/2026		

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

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

PAID
CH/661869

Date of Notification (1) 1/8/2026		Name of Building Owner/Operator (2) JAN 13 2026					
Agencies Notified	Type Notification	Street Address 349 Dogwood Dr.					
		City, State, Zip Code Union, NJ 07083					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
		Name of Contact _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 349 Dogwood Dr.		Square Feet 2,200	# of Floors 2				
City (5) Union, NJ 07083		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) 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				
Start Date (10) 1/11/2026		Scheduled Completion Date (11) 1/13/2026					
Name of OSHA Monitor Iris Environmental Laboratories, Inc.		License No. 01355					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: OCCUPIED		Street Address 2333 Route 22 West					
		City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement		X	Pipe Insulation		80 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 <i>Jeymy Donneys</i>	Date 1/8/2026		

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

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

1543
JAN 14 2026

Date of Notification (1) 1/8/2026		Name of Building Owner/Operator (2) PAID					
Agencies Notified	Type Notification	ASBESTOS CONTROL & LICENSING					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3 E Mantua Ave	City, State, Zip Code Wenonah NJ 08090				
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 3 E Mantua Ave		Square Feet 3,787	# of Floors 2				
City (5) Wenonah		Bldg. Age 1900					
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Living					
Name of Monitoring Firm Hired by Building Owner (8) EA consulting LLC		ASCM No.	Name of Abatement Contractor (9) Bellco Demolition				
Street Address 1720 Glassboro Road		Street Address 950 ridge rd A-6					
City, State, Zip Code Williamstown, NJ 08094		City, State, Zip Code Claymont, DE, 19703					
Project Manager for Monitoring Firm David costa		Telephone No. 856-803-0839	Telephone No. 856-298-2571				
Start Date (10) 1/9/2026	Scheduled Completion Date (11) 1/10/2026		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address				
			City, State, Zip Code				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement		X	Pipe wrap	16LF	X		
Name of Registered Waste Hauler Bellco Demolition.		NJDEP Waste Hauler ID No. WH25011		Cubic Yards of Waste 4	Name of Registered Landfill Lanchester Landfill		
City, State Wilmington, DE				Disposal Date	City, State		
Completed by Ronald Ormsby		Title Owner		Signature <i>RR2221</i>		Date 1/8/2026	

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

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PAID

Date of Notification (1) 01 / 18 / 26		Name of Building Owner/Operator (2) 415413 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 11 South Monroe Avenue City, State, Zip Code Wenonah NJ 08090 ASBESTOS CONTROL & LICENSING Name of Contact _____							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 9 North Clinton Ave		Square Feet 2,225	# of Floors 3						
City (5) Wenonah		Bldg. Age 120							
County (6) Gloucester		County Code (7) (STATE USE ONLY) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 617 Stokes Road #4-318		Street Address 70 Stacy Haines Road Suite 4							
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Lumberton NJ 08048							
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 856-596-9994							
Telephone No. 609-702-0400		License No. 00862							
Start Date (10) 01 / 19 / 26		Scheduled Completion Date (11) 01 / 22 / 26							
Name of OSHA Monitor EMSL Analytical, Inc.		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ 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)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <i>wrap and cut method</i> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
					Yes	No	N/A	Removal	Repair
Basement		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe with asbestos insulation		128 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor 2 rooms -4 risers		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe insulation		42 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Asbestos and Mold Services Corp		NJDEP Waste Hauler ID No. 0035680		Cubic Yards of Waste 80		Name of Registered Landfill Fairless Hills			
City, State Lumberton, NJ		Disposal Date 10/10/25		City, State Morrisville, PA					
Completed By (Print or Type) Jennifer Burns		Title Office Assistant		Signature <i>J. Burns</i>		Date 11/8/26			

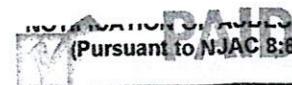
13534

B & G Project # 2026-11

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

Check # RECEIVED 13534

Date of Notification (1) 01/09/2026		Name of Building Owner/Operator (2) Street Address 6 Hillside Avenue City, State, Zip Code Cedar Grove, NJ 07009 Name of Contact Telephone Number					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Street Address 6 Hillside Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Cedar Grove, NJ 07009		Square Feet	# of Floors				
County (6) Essex		Bldg. Age 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. 973-696-6869	License No. 00378				
Start Date (10) 01/20/2026	Scheduled Completion Date (11) 01/21/2026		Name of OSHA Monitor B & G Restoration, Inc.				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 1234 Route 23 City, State, Zip Code Butler, NJ 07405					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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 <input type="checkbox"/>	Repair <input checked="" type="checkbox"/>	Encapsulate <input type="checkbox"/>
crawl space				35 LF	<input checked="" type="checkbox"/>		
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 01/21/2026		City, State Pen Argyl, PA			
Completed by Gordana Luna		Title Secretary / Treasurer		Signature <i>Gordana Luna</i>		Date 01/09/2026	



Date of Notification (1) 01/02/2026		Name of Building Owner/Operator (2) RECEIVED					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 Furman Place	JAN 13 2026				
		City, State, Zip Code Lyndhurst, NJ 07071					
		Name of Contact ASBESTIC	Telephone Number LICENSE#				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 225 Furman Place		Square Feet 1422	# of Floors 2				
City (5) Lyndhurst		Bldg. Age 76					
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Emerald Environmental Group LLC	ASCM No.	Name of Abatement Contractor (9) Green Team Contracting					
Street Address 22 Ottawa Rd	Street Address 100 Louis Street Suite H						
City, State, Zip Code N Morganville, NJ 07751	City, State, Zip Code South Hackensack NJ, 07606						
Project Manager for Monitoring Firm Joseph Rizzo	Telephone No. 347-886-1319	Telephone No. 917-670-7798	License No. 02119				
Start Date (10) 01/03/2026	Scheduled Completion Date (11) 01/04/2026	Name of OSHA Monitor Emerald Environmental Group LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 22 Ottawa Rd	Street Address N Morganville, NJ 07751				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Yes	No	N/A	Removal
Basement		X	Mastic & Floor Tile	400SF	X		
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. BIC-1323	Cubic Yards of Waste 2-3	Name of Registered Landfill Grand Central Landfill			
City, State Elizabeth, NJ		Disposal Date 01/04/2026	City, State Pen Argyl, PA				
Completed by Carlo Limongi	Title Owner		Signature Carlo Limongi		Date 01/02/2026		

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

PAID

RECEIVED

Date of Notification (1) DECEMBER 15, 2025		Name of Building Owner/Operator (2)				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 51 HUNTSVILLE ROAD				
		City, State, Zip Code NEWTON NJ 07860				
		Name of Contact ASBES				
		Telephone Number: LICENSING				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 51 HUNTSVILLE ROAD		Square Feet 3500	# of Floors 2			
City (5) NEWTON/ANDOVER		Bldg. Age 1900s				
County (6) SUSSEX		Current Use (Prior if being demolished) residential				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial			
Street Address		Street Address 54 Morgan Dr				
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871				
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334			
Start Date (10) 12/16/2025	Scheduled Completion Date (11) 12/23/2025	Name of OSHA Monitor Checkmark Industrial				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 54 Morgan Dr				
		City, State, Zip Code Sparta NJ 07871				
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
throughout interior of home	X		pipe wrap and elbows	325 LF	X	
basement	X		VAT	176 SF	X	
furnace room	X		transite board	50 SF	X	
Name of Registered Waste Hauler SELF HAULED		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 6	Name of Registered Landfill SCMUA	
City, State SPARTA NJ			Disposal Date		City, State LAFAYETTE NJ	
Completed by Corey Stankovic		Title CEO		Signature <i>C. Stankovic</i>		Date 12/15/2025

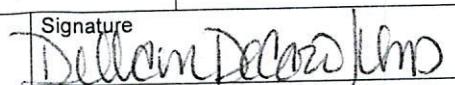
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) DECEMBER 12, 2025		Name of Building Owner/Operator (2) JAN 13 2026				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5 WINDSOR DRIVE				
		City, State, Zip Code LIVINGSTON NJ				
		Name of Contact	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 5 WINDSOR DRIVE		Square Feet 2,356	# of Floors 1			
City (5) LIVINGSTON		Bldg. Age 1958				
County (6) ESSEX		Current Use (Prior if being demolished) residential				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial			
Street Address		Street Address 54 Morgan Dr				
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871				
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334			
Start Date (10) 12/15/2025	Scheduled Completion Date (11) 12/20/2025	Name of OSHA Monitor Checkmark Industrial				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 54 Morgan Dr				
		City, State, Zip Code Sparta NJ 07871				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
BASEMENT/DEN	X	/	VAT	245 SF	X	
Name of Registered Waste Hauler SELF HAULED		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 2	Name of Registered Landfill FAIRLESS	
City, State SPARTA NJ		Disposal Date		City, State MORRISVILLE PA		
Completed by Corey Stankovic		Title CEO		Signature <i>Corey Stankovic</i>	Date 12/12/2025	

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

CHECK # 4404

Date of Notification (1)		Name of Building Owner/Operator (2)									
1 / 7 / 26		Verizon Communications									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street									
		City, State, Zip Code Pittsburgh, PA 15212									
		Name of Contact Brian Kingsbury (Owners Rep)									
		Telephone Number 201-388-0620									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Verizon Point Pleasant Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)									
Street Address 1032 Ocean Road		Square Feet +50000	# of Floors 3								
City (5) Point Pleasant		Bldg. Age +60									
County (6) Ocean		County Code (7) (STATE USE ONLY) Verizon Building									
Name of Monitoring Firm Hired by Building Owner (8) USA EMI		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC								
Street Address 344 West State Street		Street Address 1123 BEAVER STREET									
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007									
Project Manager for Monitoring Firm Richard Reynolds		Telephone No. 267-261-2837	Telephone No. 215-788-6040								
Start Date (10) 1 / 26 / 26	Scheduled Completion Date (11) 2 / 11 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM/5PM-1AM</u>		Street Address 1123 BEAVER STREET									
		City, State, Zip Code BRISTOL, PA 19007									
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type						
					Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure
AC Room 22		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation		850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 22		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile & Mastic		60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 20		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile & Mastic		600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 20		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation		30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage			NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill						
City, State Freehold NJ			Disposal Date TBD	City, State Morgantown, PA							
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature 	Date 1/7/26						

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

Check# 4604

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

PAID

Date of Notification (1) 12/04/2025		Name of Building Owner/Operator (2) MAPLEWOOD-III LLC		RECEIVED JAN - 8 2026				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 MAPLEWOOD DRIVE						
		City, State, Zip Code MAPLE SHADE NJ 08052						
Name of Contact LAURIE BALLARD		Telephone Number & LICENSING 609-636-8365						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENTS			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 4 ASHWOOD CT.			Square Feet 1250	# of Floors 2	Bldg. Age 50+			
City (5) MAPLE SHADE			Current Use (Prior if being demolished) RESIDENTIAL					
County (6) BURLINGTON		County Code (7) (STATE USE ONLY) _____		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.				
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.			Street Address 570 CLEMS RUN					
Street Address 1012 INDUSTRIAL DRIVE			City, State, Zip Code MULLICA HILL NJ 08062					
City, State, Zip Code WEST BERLIN NJ 08091								
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202		Telephone No. 610-304-4676	License No. 01145			
Start Date (10) 12/05/2025	Scheduled Completion Date (11) 12/05/2025			Name of OSHA Monitor EMSL				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				Street Address 200 RT. 130 NORTH				
				City, State, Zip Code CINNAMINSON NJ 08077				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type	
							Yes	No
BATHROOM FLOOR		X		MASTIC		32 SF	X	
LAUNDRY ROOM CEILING				JOINT COMPOUND		24 SF	X	
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 5		Name of Registered Landfill MINERVA LANDFILL		
City, State MULLICA HILL NJ				Disposal Date 12/06/2025		City, State WAYNESBURG OH		
Completed by RON SWANSON		Title GENERAL MANAGER			Signature <i>Ron Swanson</i>		Date 12/04/2025	

* 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)

RECEIVED

Date of Notification (1) 12 / 30 / 25			Name of Building Owner/Operator (2) PSEG / Job #2502-6397 Check # 17546 JAN - 2024			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5 ON HOLD <input type="checkbox"/> Emergency (including justification)	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ ASBESTOS CONTROL & LICENSING			
			Name of Contact Scott Penn Telephone Number 201-638-1684			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) PSEG Central Avenue Substation			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address 157 S 14th Street						
City (5) Newark			Square Feet # of Floors Bldg. Age			
County (6) Essex		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation			
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No. 00121	Name of Abatement Contractor (9) AbateTech, Inc.			
Street Address 26 Columbia Turnpike			Street Address 30 Maple Ave. PO Box 25			
City, State, Zip Code Florham Park, NJ 07932			City, State, Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Matt Sheldon		Telephone No. 973-240-1800	Telephone No. 609-265-2107		License No. 00529	
Start Date (10) 10 / 13 / 25	Scheduled Completion Date (11) 12 / 31 / 25		Name of OSHA Monitor IATL			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-9PM/</u> <u>PM-</u> <u>AM</u>			Street Address 9000 Commerce Pkwy. Suite B			
			City, State, Zip Code Mount Laurel, NJ 08054			
Scope of Work (Check all that apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Vault		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Cable Sock Insulation		2,500 LF	
Name of Registered Waste Hauler Vehicle 55		NJDEP Waste Hauler ID No. 000151	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill		
			Disposal Date 12/31/25	City, State Morrisville, PA		
Int or Type) Rumbetti	Title Operations Coordinator		Signature <i>Grant</i>		Date 12-30-25	

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

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

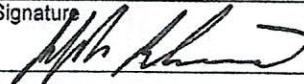
Date of Notification (1) <u>12</u> / <u>29</u> / <u>25</u>		Name of Building Owner/Operator (2) PSE&G Lawrenceville HQ / Job #2509-6487 RECEIVED Check # Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation Street Address 4140 Quakerbridge Rd. JAN - 8 2026 City, State, Zip Code Lawrence Township, NJ 08648 Name of Contact Scott Mayes Telephone Number ASBESTOS CONTROL & LICENSING 609-923-2075							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Lawrenceville HQ ROC Project		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 4140 Quakerbridge Rd.		City (5) Lawrenceville	Square Feet # of Floors Bldg. Age						
County (6) Mercer		County Code (7)(STATE USE ONLY) Facility Headquarters							
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						
Start Date (10) <u>10</u> / <u>13</u> / <u>25</u>		Scheduled Completion Date (11) <u>2</u> / <u>27</u> / <u>26</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-3:30PM/4PM-12AM</u>		Name of OSHA Monitor IATL							
Scope of Work (Check all that apply) <input type="checkbox"/> <u>>3 sf or >3 lf</u> <input checked="" type="checkbox"/> <u>>160 sf or >260 lf</u>		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type <input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure		
							Yes	No	N/A
SEE ATTACHED		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> SEE ATTACHED				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SEE ATTACHED		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> SEE ATTACHED				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SEE ATTACHED		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> SEE ATTACHED				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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State Of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) RECEIVED

Date of Notification: 01/06/26		Name of Building owner Alex Cable INC		
Agency Notified EPA DEP X DOL X DOH	Type Notification x Initial Amended # Emergency (including Justification) Extended	Street Adress: 56 Sparta Ave		
		City, State, Zip Code Newton NJ 07860		
		Name of Contact: Alex Cable INC		ASBESTOS CONTROL & LICENSING PHONE. 973 670 0683
Name of Facility Where Abatement is Taking Place Thorlabs			Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) X commercial	
Street Address 9 Hicks Ave			Square Feet 2000	# of Floors 02
City Newton			Bldg. Age 45	
County (6) Sussex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC	
Street			Street Address: 269 Walker St. Apt 6	
City, State, Zip			City, State, Zip Code Fairview, NJ 07022	
Project Manager for Monitoring Fir		Telephone No. 973-641-5400	License No 02044	
Start Date 01/16/26	Scheduled completion Data 02/16/26		Name of OSHA firm 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 -Describe/Facility closed during the abatement after school hours			Street Address 1056 Stelton Rd STE 5	
			Other City, State, Zip Code Piscataway, NJ 08854	
Scope of Work (Check all apply)				
> 3 sf or > 3 x xx > 160 sf or > 260 lf		Renovation X Demolition	x Full Containment with Negative Pressure Mini Closure Glovebag Procedure x Non - Exempted (*) and Non- Friable procedure	
Location of		Is Location Normally	Description of	
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	
		Ye s	No	N/ A
Asbestos pipe insulation first floor, Floor tile mastic firs floor		X	Thermal system insulation VAT/ACM	
Exterior roofing Flashing			ACM	
Exterior waterproofing			ACM	
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD
City, State Bronx NY		Disposal Date 02/20/26		Name of Registered Landfill MINERVA ENTREPRICE INC
Completed by Gustavo Ordon		Signature		01/06/26

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

✓ 2071
RECEIVED

Date of Notification (1) <u>01</u> / <u>07</u> / <u>25</u>		Name of Building Owner/Operator (2) <u>Hopkins Group Management LLC</u>				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>275 Magnolia Avenue</u>			
			City, State, Zip Code <u>Jersey City, NJ 07306</u>			
			Name of Contact <u>Matt Weinreich</u>			
			Telephone Number <u>212-661-8100</u>			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Commercial Street Address 165 Newark Avenue			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
City (5) Jersey City, NJ 07306			Square Feet 25000	# of Floors 1	Bldg. Age 50+	
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.			
Street Address			Street Address 176 Saddle River Avenue			
City, State, Zip Code			City, State, Zip Code South Hackensack, NJ 07606			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841	License No. 00156		
Start Date (10) <u>01</u> / <u>19</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>06</u> / <u>26</u>		Name of OSHA Monitor Asbestos Analytical Labs			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8:00 AM</u> - <u>PM/4:30 PM</u> - <u>AM</u>			Street Address 51 Gage Road			
			City, State, Zip Code East Brunswick, NJ 08816			
Scope of Work (Check all that apply)			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
					Yes	No
Ground / 1 st Floor		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe Insulation		350 LF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ground / 1 st Floor		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Floor Tile		3500 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 30 Yards	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Elizabeth, NJ		Disposal Date 02-15-2026		City, State Pen Argyl, PA 08072		
Completed By (Print or Type) Ralph Barnhardt		Title Sr. Project Manager				Date 01-07-2026

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

RECEIVED

Check 8876

PAID

JAN 12 2026

Date of Notification (1) 1/5/26 Type Notification		Name of Building Owner / Operator (2) 7-Eleven Inc.		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Emergency Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address 1722 Routh Street, Suite 1000	
			City, State & Zip Code Dallas, TX 75201	
			Name of Contact Eric Roemer	
			Telephone Number 631-873-5241	
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Vacant Building			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
			Square Feet 3,500	# of Floors 1
Street Address 33 Pine Cone Lane City (5) Sparta			Current Use (Prior if being demolished) Commercial	
			Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc	
Name of Abatement Contractor (9) Global Abatement Services, LLC				
Street Address 64 Broad Street City, State & Zip Code Matawan, NJ 07747			Street Address P.O. Box 7620	
			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) 1/19/26	Scheduled Completion Date (11) 1/30/26		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> 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)				
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Large Project Quantity is \geq 3 SF or \geq 3 LF ACM		Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Other: Non-friable	
<input checked="" type="checkbox"/> Quantity is \geq 160 SF or \geq 260 LF ACM				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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)
Exterior		N/A	Window caulk	60LF
Store room/office		N/A	Joint compound	1,100 SF
Storage room		N/A	Mastic	160SF
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 30	Name of Registered Landfill Fairless Hills
City, State Freehold, NJ			Disposal Date 1/30/26	City, State Fairless Hill, PA
Completed By (Print or Type) Dominick Tringali		Title Pres.	Signature Dominick Tringali	
			Date 1/5/26	

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

130-17630

Date of Notification (1) 12 / 30 / 25		Name of Building Owner/Operator (2) PSEG / Job #2507-6468			Check #17630 JAN 30 2026			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5 ON HOLD <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/>		Street Address 284 North Park Street City, State, Zip Code East Orange, NJ J ASBESTOS CONTROL & LICENSING				
				Name of Contact Mike Bastidas		Telephone Number 908-206-6947		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSEG Orange Gas HQ				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address 284 North Park Street								
City (5) East Orange				Square Feet	# of Floors	Bldg. Age		
County (6) Essex		County Code (7)(STATE USE ONLY) 00121		Current Use (Prior if being demolished) Headquarters Building				
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) 10 / 27 / 25	Scheduled Completion Date (11) 12 / 31 / 25			Name of OSHA Monitor IATL				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM/3:30PM-12AM</u>				Street Address 9000 Commerce Pkwy. Suite B City, State, Zip Code Mount Laurel, NJ 08054				
Scope of Work (Check all that apply) <input type="checkbox"/> <u>>3 sf or >3 lf</u> <input checked="" type="checkbox"/> <u>>160 sf or >260 lf</u> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Exterior Yard		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Transite Pipe	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Work Station		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Floor tile & Mastic	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multipurpose Room		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Floor tile & Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Womens Restroom		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Pipe Covering	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill			
City, State Flanders, NJ				Disposal Date 12/31/25	City, State Morrisville, PA			
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator			Signature <i>Gwendolyn Trumbetti</i>		Date 12-30-25	

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

Date of Notification (1) 12 / 29 / 25		Name of Building Owner/Operator (2) Hartley Dodge Memorial Building Job #2508-6484 Check #17701						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Kings Road	JAN - 9 2026					
		City, State, Zip Code Madison, NJ						
		Name of Contact Tyler Merson	Telephone Number 973-593-3042	PERMIT CONTROL & LICENSING				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Hartley Dodge Memorial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 50 Kings Road		City (5) Madison	Square Feet	# of Floors				
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Current Use (Prior if being demolished)					
Street Address 120 North Warren St.		Name of Abatement Contractor (9) AbateTech, Inc.						
City, State, Zip Code Trenton, NJ 08608		Street Address 30 Maple Ave. PO Box 25						
Project Manager for Monitoring Firm Jordan Reed		Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529				
Start Date (10) 1 / 5 / 26	Scheduled Completion Date (11) 2 / 20 / 26	Name of OSHA Monitor JATL						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM		Street Address 9000 Commerce Parkway						
		City, State, Zip Code Mount Laurel, NJ 08054						
Scope of Work (Check all that apply)								
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
					Yes	No	N/A	Removal
SEE ATTACHED		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SEE ATTACHED		SEE ATTACHED		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Lumberton, NJ		Disposal Date 2/20/26	City, State Morrisville, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coord.		Signature Gwen		Date 12-29-25		

Scope of Work

Location of ACM	Used for Maint.	Description of ACM	Amount	Abatement Type
East Wing	NO	Fire Doors	96	Removal (NF)
East Wing	NO	Black Waterproofing	250 SF	Removal (NF)
East Wing	NO	Mastic	98 SF	Removal (NF)
East Wing	NO	Plaster Stabilization	4,252 SF	Stabilization
East Wing	NO	Pipe Insulation	205 LF	Removal (W&C)
East Wing	NO	Pipe Insulation	70 LF	Wrap & Repair

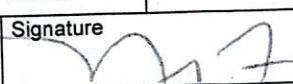
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
JAN - 3 2026

Date of Notification (1) <u>1</u> / <u>5</u> / <u>26</u>		Name of Building Owner/Operator (2) NJ DOT / Job #2402-6221 Check #17702										
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation										
		Street Address PO Box 600 City, State, Zip Code Trenton, NJ 08625										
		Name of Contact James Aumack		Telephone Number 973-418-0643								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) NJ DOT Portway			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)									
Street Address North Munn Ave. over Rt. 280												
City (5) Kearny			Square Feet	# of Floors								
County (6) Hudson			Bldg. Age									
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.									
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25										
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048										
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 6098392432	Telephone No. 609-265-2107	License No. 00529								
Start Date (10) <u>1</u> / <u>14</u> / <u>26</u>	Scheduled Completion Date (11) <u>1</u> / <u>23</u> / <u>26</u>	Name of OSHA Monitor IATL										
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 9000 Commerce Parkway Suite B City, State, Zip Code Mount Laurel, NJ 08054										
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 ft <input checked="" type="checkbox"/> >160 sf or >260 ft												
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition												
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type							
					Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure	
Exterior		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe		160 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.			NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill							
City, State Lumberton, NJ			Disposal Date 1/23/25	City, State Tullytown, PA								
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator			Signature <i>GWT</i>		Date 1/5/26					

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

RECEIVED

Date of Notification (1) <u>01</u> / <u>05</u> / <u>26</u>		Name of Building Owner/Operator (2) Arya Properties						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
		Street Address P O Box 145						
		City, State, Zip Code Island Heights, NJ 08732						
		Name of Contact Shahen Gharibian		Telephone Number 732-259-6000				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Former Top of the Mast Restaurant			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1 23rd Avenue			Square Feet 5000	# of Floors 2				
City (5) Seaside Park			Bldg. Age 80					
County (6) Ocean		County Code (7) (STATE USE ONLY) Toms River, New Jersey 08755						
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No. 732-349-9932	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) <u>01</u> / <u>15</u> / <u>26</u>	Scheduled Completion Date (11) <u>01</u> / <u>20</u> / <u>26</u>		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM</u> / <u>PM</u> - <u>AM</u>			Street Address 1056 Stelton					
			City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
ground floor		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		asbestos transite panels	960 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Name of Registered Waste Hauler Guardian Contracting, Inc.			NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill			
City, State Toms River, New Jersey			Disposal Date 01/20/26		City, State Morrisville, Pennsylvania			
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager			Signature 		Date 1/5/26	

State of New Jersey **PAID** Notification of Asbestos Abatement

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

RECEIVED

Date of Notification (1) January 7, 2026		Name of Building Owner/Operator (2) West Milford Public Schools JAN 12 2026			
Agencies Notified X EPA DCA x DOL X DEP x DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled			
		Street Address 46 Highlander Drive	City, State, Zip Code West Milford, NJ 07480		
		Name of Contact Mr. Douglas Glen	Telephone Number 973.697.1700		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Macopin Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet:</u> Unknown # of Floors: 2 Bldg. Age: 80 years			
Street Address 70 Highlander Drive		Current Use (prior if being demolished):			
City (5) West Milford	County (6) Passaic	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.			
ASCM No. 00079		Street Address 511 MAIN STREET			
Street Address 20-21 Wagaraw Road, Bldg # 35 E		City State, Zip Code Butler, NJ 07405			
City, State, Zip Code Fairlawn, NJ 07410		Telephone Number 973-492-0477	License Number 00840		
Project Manager for Monitoring Firm Fred Larson	Telephone Number 973-636-9145	Name of OSHA Monitor EMSL inc.			
Scheduled Start Date (10) January 8, 2026	Scheduled Completion Date (11) January 8, 2026	Street Address 1056 Stelton Road			
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: Vacant		City, State, Zip Code Piscataway, NJ 08854			
Source of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition	Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
Woman's Locker Room	<input checked="" type="checkbox"/>		TSI	9'	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 2	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561				Disposal Date January 8, 2026	City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072
Hauler #2) Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860					GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265
Completed by (Print or Type) Marin Graure	Title Sr. Project Manager		Signature Marin Graure		Date January 7, 2026

GAC # 2026-829

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

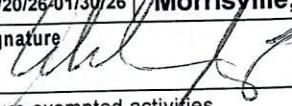
Date of Notification (1)		Name of Building Owner/Operator (2)							
12/05/25		RED BANK MANOR CONDOMINIUMS							
Agencies Notified		Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		1 MANOR DRIVE							
		City, State, Zip Code							
		RED BANK, NJ, 07701							
		Name of Contact							
		BERT SMITH							
		ASBESTOS REMOVAL & LICENSING							
		732-408-2525							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
RED BANK MANOR CONDOMINIUMS		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address									
1 MANOR DR.									
City (5)		Square Feet # of Floors Bldg. Age							
RED BANK		20,000 f 4 60f							
County (6)		Current Use (Prior if being demolished)							
MONMOUTH		APARTMENTS							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
HSS ENVIRONMENTAL		ARIAI							
Street Address		Street Address							
PO BOX 365		144 HILL ST							
City, State, Zip Code		City, State, Zip Code							
BERLIN, NJ, 08009		PATERSON, NJ 07501							
Project Manager for Monitoring Firm		Telephone No.							
JIM PROCTOR		856-452-1311							
Start Date (10)		Scheduled Completion Date (11)							
12/13/25		12/16/25							
Occupancy Status During Abatement (Check Only One)									
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type	
								Yes	No
BOILER ROOM		✓		TSI		80LF		✓	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
ARIAI		36031		10 Yds ³		FAIRLESS HILLS			
City, State				Disposal Date		City, State			
PATERSON, NJ				TBD		MORRISVILLE, PA			
Completed by		Title		Signature		Date			
GORAN iGEN		CEO		<i>[Signature]</i>		12/05/25			

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

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

Check No. 2029

RECEIVED

Date of Notification (1) January 08, 2026		Name of Building Owner/Operator (2) PA of NY & NJ					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP Notified on 01/08/2026 <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 241 Erie Street				
			City, State, Zip Code Jersey City, NJ 07302				
	Name of Contact Ralph Campione		Telephone Number 973-624-6898				
	FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Building 28 - Parking Lot			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address Newark Liberty International Airport			Square Feet n/a	# of Floors n/a			
City (5) Newark			Bldg. Age n/a				
County (6) Essex		County Code (7) (STATE USE ONLY) N/A	Current Use (Prior if being demolished) Parking Lot				
Name of Monitoring Firm Hired by Building Owner PA of NY & NJ		ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.				
Street Address 241 Erie Street, Room 236			Street Address 223 Randolph Avenue				
City, State, Zip Code Jersey City, NJ 07310			City, State, Zip Code Clifton, NJ 07011				
Project Manager for Monitoring Firm Ralph Campione		Telephone No. 973-624-6898	Telephone No. 973-478-4681	License No. 00120			
Start Date (10) January 20, 2026	Scheduled Completion Date (11) January 30, 2026		Name of OSHA Monitor The Saban Engineering Group, Inc.				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Nonfriable transite pipe removal			Street Address 201 Stuyvesant Avenue				
			City, State, Zip Code Lyndhurst, NJ 07071-1704				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Building 28 - Parking Lot			Transite Sanitary Drain Pipe	5 LF			
Name of Registered Waste Hauler Cardella Trucking Co., Inc.		NJDEP Waste Hauler ID No. 378756		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill		
City, State North Bergen, NJ			Disposal Date 01/20/26-01/30/26		City, State Morrisville, PA		
Completed by Aleksandar Kuridza		Title Project Manager		Signature 		Date 1/8/2026	

B532

B & G Project # 2026-08

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

Check #

RECEIVED
B532

JAN 12 2026

Date of Notification (1) 01/09/2026		Name of Building Owner/Operator (2) Clifton Public Schools					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 745 Clifton Avenue					
		City, State, Zip Code Clifton, NJ 07013					
		Name of Contact Michael Ucci	Telephone Number 973-470-2880				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Clifton Public Schools (NON Sub 8)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 745 Clifton Avenue		Square Feet	# of Floors				
City (5) Clifton, NJ 07013		Bldg. Age					
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Board of Ed Bldg (NON Sub 8)					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.				
Street Address P.O. Box 385		Street Address 1234 Route 23					
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Butler, NJ 07405					
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-696-6869				
Start Date (10) 01/19/2026	Scheduled Completion Date (11) 01/20/2026		Name of OSHA Monitor B & G Restoration, Inc.				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 1234 Route 23					
		City, State, Zip Code Butler, NJ 07405					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement office area		X	pipe insulation	4 1/2 LF	X		
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste 1/2	Name of Registered Landfill Grand Central Landfill		
City, State Butler, NJ			Disposal Date 01/20/2026		City, State Pen Argyl, PA		
Completed by Gordana Luna		Title Secretary / Treasurer		Signature Gordana Luna		Date 01/09/2026	

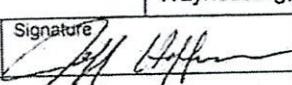
State of New Jersey - **PAID** Notification of Asbestos Abatement(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED

Date of Notification (1) January 7, 2026		Name of Building Owner/Operator (2) The Valley Hospital			
Agencies Notified x EPA DCA x DOL x DEP x DOH		Notification Type Initial Notification x Amended Certification # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled			
		Street Address 223 North Van Dien Avenue			
		City, State, Zip Code Ridgewood, NJ			
		Name of Contact Debra Aiutto	Telephone Number 201.447.8000		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital- Cheel Wing # 1-Microbiology		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet: 80,000</u> # of Floors: 3 Bldg. Age: 80 years			
Street Address 223 N. Van Dien Avenue		Current Use (prior if being demolished):			
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corp		ASCM No.			
Street Address 630 Sentry Parkway, Suite 110		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.			
City, State, Zip Code Blue Bell, PA 19422		Street Address 511 MAIN STREET			
Project Manager for Monitoring Firm Jason Straut	Telephone Number 215.496.9237		Telephone Number 973-492-0477		
Scheduled Start Date (10) January 26, 2026	Scheduled Completion Date (11) February 28, 2026		Name of OSHA Monitor EMSL inc.		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Describe: <input checked="" type="checkbox"/> Occupied—Monday-Sunday- 4pm-Midnight		Street Address 1056 Stelton Road			
		City, State, Zip Code Piscataway, NJ 08854			
Source of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 If <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation Demolition			
		x Full Containment with Negative Pressure Mini-Enclosure 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
Cheel # 1-Microbiology Phase 1A Phase 1B Phase 2B Phase 3 & 4			<input checked="" type="checkbox"/> VAT & Mastic <input checked="" type="checkbox"/> VAT & Mastic <input checked="" type="checkbox"/> VAT & Mastic <input checked="" type="checkbox"/> VAT & Mastic	500 sf 500 sf 500 sf 800 sf	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 40	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561				Disposal Date February 28, 2026	City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072
Hauler #2) Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860					GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265
Completed by (Print or Type) Marin Graure	Title Sr. Project Manager		Signature Marin Graure		Date January 7, 2026

GAC # 2025-815- Please note this job will be phased into 5 phases- A revised notification will be submitted prior to each phase. The total amount of VAT & Mastic will be 3,500 sf. There will be 3-4 weeks in-between each phase. New Start Date by client Phase 3&4 will be performed from January 26th to February 28, 2026

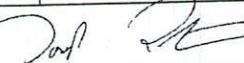
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/8/26		Name of Building Owner/Operator (2) Inspira Health Network							
Agencies Notified	Type Notification	Street Address 165 Bridgeton Pike							
		City, State, Zip Code Mullica Hill NJ 08062							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		Name of Contact Patrick Duke							
		Telephone Number 804-283-3362							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Inspira Health - Woodbury Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 509 North Broad St		Square Feet 380000	# of Floors 8						
City (5) Woodbury		Bldg. Age 70							
County (6) Gloucester		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No 00117	Name of Abatement Contractor (9) Highground Industrial LLC						
Street Address PO Box 365		Street Address 12 Industrial Drive							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Florida, NY 10921							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	Telephone No. 201-252-8600						
Start Date (10) 1/22/26		Scheduled Completion Date (11) 7/15/26							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Highground Industrial LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 12 Industrial Drive City, State, Zip Code Florida, NY 10921							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type		
							Yes	No	N/A
Waterproofing on foundation		X		Waterproofing		141,000SF	X		
Windows		X		Window Caulk		14000LF	X		
							X		
Name of Registered Waste Hauler Sparten Environmental		NJDEP Waste Hauler ID No. PA 584		Cubic Yards of Waste		Name of Registered Landfill Minerva Landfill			
City, State Donora, PA				Disposal Date		City, State Waynesburg, OH			
Completed by Jeff Hoffman		Title Project Manager		Signature 		Date 1/8/26			

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

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Date of Notification (1) 01/07/2026		Name of Building Owner/Operator (2) Interfaith Tabernacle Church					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 246 N Clinton Ave		City, State, Zip Code Trenton, NJ 08609					
Name of Contact		Telephone Number 609-503-1307					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 246 N Clinton Ave		Square Feet	# of Floors				
City (5) Trenton		Bldg. Age					
County (6) Mercer		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals				
Street Address		Street Address 6 White Dove Court					
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649				
Start Date (10) 01/08/2026		Scheduled Completion Date (11) 01/08/2026					
Name of OSHA Monitor AAA Lead Professionals		Name of OSHA Monitor AAA Lead Professionals					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 6 White Dove Court					
		City, State, Zip Code Lakewood, NJ, 08701					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Interior			Pipe Insulation	40LF	<input checked="" type="checkbox"/>		
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 01/08/2026		City, State BETHLEHEM, PA			
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 01/07/2026	

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

Print Form

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Date of Notification (1) 01/05/2026		Name of Building Owner/Operator (2) George Wall Ford		JAN 14 2026							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 700 Shrewsbury Ave		ASBESTOS CONTROL & LICENSING							
		City, State, Zip Code Red Bank, NJ 07701		Name of Contact Jay Wendell		Telephone Number 215-295-5055					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) 709 Sycamore Ave Commercial Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 709 Sycamore Avenue				Square Feet 8,596	# of Floors 2	Bldg. Age 119					
City (5) Tinton Falls		County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Office					
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental			ASCM No.		Name of Abatement Contractor (9) ELCON Environmental						
Street Address 617 Stokes Road, Suite 4-318				Street Address 150 Glenwood Drive							
City, State, Zip Code Medford, NJ 08055				City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 1-888-715-2211		Telephone No. 215-313-7427	License No. 02081						
Start Date (10) 01/19/2026	Scheduled Completion Date (11) 01/23/2026			Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type					
						Yes	No	N/A	Removal	Repair	Encapsulate
1st floor Sunroom			X	Pipe Insulation		45 LF	X				
Name of Registered Waste Hauler Service Transport Group			NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise				
City, State New Castle, DE			Disposal Date TBD		City, State Waynesburg, OH						
Completed by Andre Gosek		Title Project Manager			Signature			Date 01/05/2026			

259
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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JAN 14 2008

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/05/2026		Name of Building Owner/Operator (2) George Wall Ford					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 700 Shrewsbury Ave					
		City, State, Zip Code Red Bank, NJ 07701					
		Name of Contact Jay Wendell	Telephone Number 215-295-5055				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 36 Gilbert St Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 36 Gilbert Street South		Square Feet 14,799	# of Floors 1	Bldg. Age 47			
City (5) Tinton Falls							
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Offices/Industrial			
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental				
Street Address 617 Stokes Road, Suite 4-318		Street Address 150 Glenwood Drive					
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Washington Crossing, PA 18977					
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 1-888-715-2211	Telephone No. 215-313-7427	License No. 02081			
Start Date (10) 01/19/2026	Scheduled Completion Date (11) 01/23/2026		Name of OSHA Monitor Same				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address City, State, Zip Code				
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Office Area		X	Floor Tiles	950 SF	X		
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise			
City, State New Castle, DE			Disposal Date TBD	City, State Waynesburg, OH			
Completed by Andre Gosek		Title Project Manager		Signature 		Date 01/05/2026	

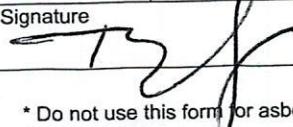
* Do not use this form for asbestos licensure exempted activities.

CK# 6069

State of New Jersey

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

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Date of Notification (1) 1/10/26		Name of Building Owner/Operator (2) VESTA LANDMARK BUILDERS LLC			JAN 14 2026		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6 Oakwood Lane			ASBESTOS CONTROL & LICENSING		
		City, State, Zip Code Rumson, New Jersey 07760					
		Name of Contact Frank		Telephone Number 7322450054			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) VESTA LANDMARK BUILDERS PROPERTY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 22 Rosalie Ave				Square Feet 1800	# of Floors 1	Bldg. Age 65+	
City (5) Rumson				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) 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) 1/19/26	Scheduled Completion Date (11) 1/21/26			Name of OSHA Monitor			
Occupancy Status During Abatement (Check Only One)				Street Address			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 7am-7pm				City, State, Zip Code			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A	Removal		Repair	Encapsulate
exterior		X	siding	1800 sf			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 3	Name of Registered Landfill Chribs		
City, State Colts Neck, New Jersey				Disposal Date 1/21/26	City, State Easton, PA		
Completed by Bree McGuire		Title Secretary Treasurer		Signature 		Date 1/10/26	

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

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Date of Notification (1) 1/8/2026		Name of Building Owner/Operator (2) Springfield Public Schools	
Agencies Notified	Type Notification	Street Address 139 Mountain Ave	
		City, State, Zip Code Springfield, NJ 07081	
		Name of Contact David Walker	Telephone Number (973) 919-4279

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) James Caldwell School		Type of Facility (4)	
Street Address 36 Caldwell Place		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Springfield		Square Feet	# of Floors
County (6) Union		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants Inc		ASCM No. 00079	Name of Abatement Contractor (9) Academy Construction Inc
Street Address 20-21 Wagaraw Road - Bldg. 35E		Street Address 7 East Garden Place	
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Pompton Plains, NJ 07444	
Project Manager for Monitoring Firm Fredrick Larson		Telephone No. 973-636-9145	Telephone No. 973 832 4244
Start Date (10) 1/10/2026	Scheduled Completion Date (11) 1/30/2026		License No. 01379
Occupancy Status During Abatement (Check Only One)			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address	
		City, State, Zip Code	

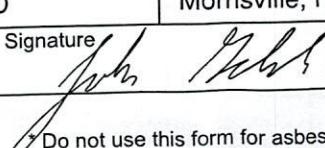
Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulation
Library		X		Wall Plaster	22 sf	X		X

Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Lanfdill	
City, State Pompton Plains, NJ			Disposal Date TBD	City, State Morrisville, PA	
Completed by John Geleski		Title Supervisor		Signature 	Date 01/08/2026

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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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Date of Notification (1) DECEMBER 30, 2025		Name of Building Owner/Operator (2) DANNY'S BRIDGE LLC	RECEIVED
Agencies Notified	Type Notification	Street Address 25 BRIDGE AVE, STE 150	JAN 13 2026
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code RED BANK NJ 07701	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact DAVID HEMSCHOOT	ASBESTOS CONTROL & LICENSING 732-591-1125
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER DANNY'S RESTAURANT		Type of Facility (4)	
Street Address 11 BRIDGE AVE		<input type="checkbox"/> School (K-12)	
City (5) RED BANK		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) MONMOUTH		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Current Use (Prior if being demolished)
			COMMERCIAL
Street Address		Name of Abatement Contractor (9)	
		Checkmark Industrial	
City, State, Zip Code		Street Address	
		54 Morgan Dr	
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code
		973-570-2645	Sparta NJ 07871
Telephone No.		License No.	
01334			
Start Date (10) 1/12/2026	Scheduled Completion Date (11) 1/20/2026		Name of OSHA Monitor
		Checkmark Industrial	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		54 Morgan Dr	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code	
<input type="checkbox"/> Other – Describe: _____		Sparta NJ 07871	

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
						Yes	No	N/A
FIRST FLOOR BAR AREA	X			VAT	890 SF	X		
KITCHEN PANELS	X			TRANSITE PANELS	100 SF	X		
SECOND FLOOR STAIR WELL	X			TEXTURED CEILING	150 SF	X		
SECOND FLOOR	X			VAT	340 SF			
Name of Registered Waste Hauler WESTHAL WASTE SERVICES			NJDEP Waste Hauler ID No.	Cubic Yards of Waste 20	Name of Registered Landfill FAIRLESS			
City, State RIDGEWOOD PARK NJ				Disposal Date	City, State MORRISVILLE PA			
Completed by Corey Stankovic		Title CEO		Signature <i>C. Stankovic</i>	Date 12/30/2025			

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

Check # 34005

Date of Notification (1) 1 / 9 / 26		Name of Building Owner/Operator (2) Princeton University-Facilities Operations	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		
	Street Address McMillan Bldg 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-New Graduate College		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address College Rd W & Springdale Rd			
City (5) Princeton		Square Feet	# of Floors
County (6) MERCER		Bldg. Age 70	
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
Start Date (10) 1 / 20 / 26		Scheduled Completion Date (11) 1 / 20 / 26	Name of OSHA Monitor BRISTOL ENVIRONMENTAL LLC
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-6:30PM/____ PM-____ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)	Abatement Type			
		Yes	No	N/A		Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Room	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pipe Insulation			7 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill			
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City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067			
Completed By (Print or Type) Brian Scafiro	Title Estimator		Signature <i>Brian Scafiro</i>		Date 11/9/20	