

0345
CK #6345

PAID

RECEIVED

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

JAN 9 2026

Date of Notification (1) 1-5-26		Name of Building Owner/Operator (2) _____						
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 700 HAVEN AVE City, State, Zip Code OCEAN CITY N.J 08226 Name of Contact _____ Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 13 WATERWAY RD		Square Feet _____	# of Floors _____ Bldg. Age _____					
City (5) OCEAN CITY		Current Use (Prior if being demolished) _____						
County (6) CAPE MAY	County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) KLEMCO INC.						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Street Address 369 S SPRUCE AVE						
Street Address _____		City, State, Zip Code MAPLE SHADE N.J 08052						
City, State, Zip Code _____		Telephone No. 856-779-0472	License No. 01371					
Project Manager for Monitoring Firm _____ Telephone No. _____		Name of OSHA Monitor N/A						
Start Date (10) 1-15-26		Scheduled Completion Date (11) 1-25-26						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____						
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes _____ No _____ N/A X		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 2000 SF	Abatement Type			
					Removal X	Repair _____	Encapsulate _____	Enclosure _____
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 4	Name of Registered Landfill C.M.C.M.V.A				
City, State MAPLE SHADE N.J 08053		Disposal Date _____	City, State WOOD BRIDGE NJ					
Completed By MIKE KLEMM	Title PRESIDENT	Signature <i>Mike Klemm</i>	Date 1-5-26					

6345
CK#6345

PAID

RECEIVED

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>RD</u>								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>700 HAVEN AVE</u>								
		City, State, Zip Code <u>OCEAN CITY N.J 08226</u>								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address <u>2029 ASBURY AVE</u>		Square Feet	Bldg. Age							
City (5) <u>OCEAN CITY</u>		Current Use (Prior if being demolished)								
County (6) <u>Cape May</u>	County Code (7) (STATE USE ONLY)									
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		Street Address <u>369 S SPRUCE AVE</u>								
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>								
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>							
Start Date (10) <u>1-16-26</u>	Scheduled Completion Date (11) <u>1-26-26</u>	Name of OSHA Monitor <u>N/A</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address								
		City, State, Zip Code								
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) 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) <u>1500 SF</u>	Abatement Type					
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure	
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1500 SF</u>	<u>X</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 08053</u>		Disposal Date	City, State <u>WOODBINE NJ</u>							
Completed By <u>MIKE KLEMM</u>	Title <u>PRESIDENT</u>	Signature <u>Mike Klemm</u>	Date <u>1-5-26</u>							

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)	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	132 N. Lafayette Avenue City, State & Zip Code Ventnor NJ 08406	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 132 N. Lafayette Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Ventnor		Square Feet 1500	# of Floors 1
County (6) Atlantic		Bldg. Age 70	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State & Zip Code		City, State & Zip Code	
Project Manager for Monitoring Firm		License Number	
Telephone Number		Telephone Number	
Scheduled Start Date (10) January 9th, 2026		Scheduled Completion Date (11) January 30th, 2026	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor	
<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		Street Address	
		City, State & Zip Code	

Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 50 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic			X	Pipe insulation	70 LF	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 31st, 2026		City, State Morrisville, PA	
Completed By Erica Vanarelli		Title Finance/Office Executive	Signature <i>Erica Vanarelli</i>		Date December 30, 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)

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 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						
City (5) Vineland		Bldg. Age 50							
County (6) Cumberland		Current Use (Prior if being demolished) Bank							
County Code (7) USE ONLY									
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc.		ASCM No.							
Street Address 27-01 Queens Plaza North, Suite 800		Name of Abatement Contractor (9) Synatech, Inc.							
City, State & Zip Code Long Island City, NY 11101		Street Address 1432 Route 539							
Project Manager for Monitoring Firm Troy Ray		Telephone Number 631-338-4944	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) <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 SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Break Room			x	Cove base mastic	56 LF	X			
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 <i>Erica Vanarelli</i>		Date November 25, 2025			

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

2881

Proj. #: 26-09

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

RECEIVED

JAN 9 2026

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

FACILITY INFORMATION

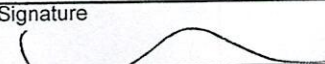
Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 6 Orchard Street			Square Feet 2,200 SF		
City (5) Denville, NJ 07834			# of Floors 03		
County (6) Morris			Bldg. Age 141		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address				Street Address 144 US Highway 46	
City, State, Zip Code				City, State, Zip Code Budd Lake, NJ 07828	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
Start Date (10) 01/13/2026		Sched. Completion Date (11) 01/14/2026		License Number 02007	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours				Name of OSHA Monitor KLOMAX, LLC	
				Street Address 144 US Highway 46	
				City, State, Zip Code Budd Lake, NJ 07828	

Scope of Work (check all that apply)

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

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

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

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

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

2581
Proj. #: 26-10

RECEIVED

Date of Notification (1) 1 2 1 / 1 3 1 / 1 2 1 5		Name of Building Owner/Operator (2) 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			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 419 Central Avenue			Square Feet 1,500 SF	# of Floors 03	Bldg. Age 91
City (5) Haledon, NJ 07508	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 144 US Highway 46		
City, State, Zip Code			City, State, Zip Code Budd Lake, NJ 07828		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629		License Number 02007
Start Date (10) 01/14/2026		Sched. Completion Date (11) 01/15/2026	Name of OSHA Monitor KLOMAX, 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: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours			Street Address 144 US Highway 46		
			City, State, Zip Code Budd Lake, NJ 07828		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		Pipe Insulation	75 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"/>

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

PAID

Print Form

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>ck #36696</i>		Name of Building Owner/Operator (2) Hanover Park Regional School District		DEC 31 2025					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 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			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 63 Mount Pleasant Avenue			Square Feet n/a	# of Floors 1	Bldg. Age unknown				
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 1248 Wrights Lane		City, State, Zip Code West Chester, PA 19380		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 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 <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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>[Signature]</i>		Date 12/30/25			

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	Type Notification	Street Address 592 Thurnau Dr							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code 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) _____	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) 01/05/2026	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 checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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.

3384

Print Form

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

Check 3384 RECEIVED

Date of Notification (1) 12/26/2025		Name of Building Owner/Operator (2) Berg Animal Hospital PA		JAN 7 2026	
Agencies Notified		Type Notification		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 Latrino, 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)	
Street Address 622 NJ-34				<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) Matawan, NJ 07747				Square Feet 7,901	# of Floors 1
County (6) Middlesex				Bldg. Age 1963	
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) 01/12/2026		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Bathroom		x		wall tile & sheetrock	52 SF
Bathroom		x		ceiling	90 SF
Kitchen		x		sheetrock wall	180 SF
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

* 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 3382

Date of Notification (1) 12/20/2025		Name of Building Owner/Operator (2) <div style="text-align: right;">JAN 7 2026</div>							
Agencies Notified	Type Notification	Street Address 8 Seibert Ct							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Park Ridge, NJ 07656							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address 8 Seibert Ct		<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) Park Ridge, NJ 07656		Square Feet 2,688	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1959						
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) 12/29/2025	Scheduled Completion Date (11) 01/05/2026	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 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) 137 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile & mastic		x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 01/05/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez				Date 12/20/2025	

* 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 3381

Date of Notification (1) 12/17/2025		Name of Building Owner/Operator (2) JAN 7 2026							
Agencies Notified	Type Notification	Street Address 8 Wardell Ave							
<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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor 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	

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

RECEIVED
Check 3380

Date of Notification (1) 12/16/2025		Name of Building Owner/Operator (2) JAN 7 2026							
Agencies Notified	Type Notification	Street Address 51 Garrison Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code 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) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126						
Start Date (10) 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							
		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) 20 LF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation					X
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ			Disposal Date 12/24/2025	City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 12/16/2025			

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

RECEIVED
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 type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 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	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) 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		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	

Check 3371

ASB-41 (R-06-08)

* 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
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 type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 946 Kenyon Ave						
		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	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) 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						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 30 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		X	pipe insulation		X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ		Disposal Date 12/30/2025		City, State Pen Argyl, PA				
Completed by Lubica Perez		Title Owner	Signature Lubica Perez			Date 12/22/2025		

* 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) 12/26/25		Name of Building Owner/Operator (2) Humberto Hildago		JAN 6 2026					
Agencies Notified		Type Notification		Street Address					
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		326 Portia St.					
				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)					
Street Address 326 Portia 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) South Amboy				Square Feet 500	# of Floors 1				
County (6) Middlesex				Bldg. Age 65 Yrs.					
County Code (7) (STATE USE ONLY) _____				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)				Street Address 156 Maple 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 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) 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) 500 sf.	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			*	tar paper		*			
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 Agryl, PA				
Completed by Leslaw Nalodka			Title President		Signature <i>L NL</i>			Date 12/26/25	

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

6342 C1C4 6342

PAID

RECEIVED

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

Date of Notification (1) 1-3-26		Name of Building Owner/Operator (2) IAN 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 1910 FERNDALE DR	
		City, State, Zip Code OCEAN CITY, NJ. 08226	
		Name of Contact	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 1910 FERNDALE DR		Square Feet 1500	# of Floors 2
City (5) OCEAN CITY		Bldg. Age 50+	
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC	
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE NJ 08052	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 1371
Start Date (10) 1-13-26	Scheduled Completion Date (11) 1-23-26	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 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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"/> 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)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
SIDING		X	TRANSITE
			2000 SF
Name of Registered Waste Hauler KLEMMCO INC		NJDEP Waste Hauler ID No. 17904	Name of Registered Landfill C M C M U A
City, State MAPLE SHADE N.J 08052		Cubic Yards of Waste 5	City, State WOODBINE NJ
Disposal Date		Signature [Signature]	Date 1-3-25
Completed By MICHAEL KLEMM		Title PRES.	

6342

CICW 6342

PAID

RECEIVED

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

JAN 8 2026

Date of Notification (1) 1-3-26		Name of Building Owner/Operator (2) 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address P.O. BOX 322		City, State, Zip Code BRIGANTINE N.J. 08203					
Name of Contact		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 103 26th ST.		Square Feet 1000	# of Floors 2				
City (5) BRIGANTINE		Bldg. Age 50+					
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC					
Street Address		Street Address 369 S. SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 01371				
Start Date (10) 1-14-26	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)	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) 1750 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SIDING	X	TRANSITE	1750 SF	X			
Name of Registered Waste Hauler KLEMMCO 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	City, State PLEASANTVILLE					
Completed By MICHAEL KLEMM	Title PRES	Signature MICHAEL KLEMM	Date 1-3-26				

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

RECEIVED

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		City, State, Zip Code Plainfield NJ 07062						
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 checked="" 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 +50					
City (5) Plainfield		Bldg. Age						
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. 862-218-3930	License No. 02045					
Start Date (10) 12/22/2025	Scheduled Completion Date (11) 12/23/2025	Name of OSHA Monitor United Demo LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 143 Acme St						
		City, State, Zip Code Elizabeth NJ 07202						
Scope of Work (Check All That Apply) <input 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) 240 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement			X	Pipe insulation	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			

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

Name of Building Owner/Operator (2)	HACKENSACK MERIDIAN HEALTH
-------------------------------------	----------------------------

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact BRIAN O'NEIL	Telephone Number 848-275-1901
---------------------------------	----------------------------------

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)	Number of Facilities (5)	Number of Employees (6)	Number of Jobs (7)	Number of Jobs per Facility (8)	Number of Jobs per Employee (9)	Number of Jobs per Facility per Employee (10)
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	32	33	34	35
36	37	38	39	40	41	42
43	44	45	46	47	48	49
50	51	52	53	54	55	56
57	58	59	60	61	62	63
64	65	66	67	68	69	70
71	72	73	74	75	76	77
78	79	80	81	82	83	84
85	86	87	88	89	90	91
92	93	94	95	96	97	98
99	100	101	102	103	104	105
106	107	108	109	110	111	112
113	114	115	116	117	118	119
120	121	122	123	124	125	126
127	128	129	130	131	132	133
134	135	136	137	138	139	140
141	142	143	144	145	146	147
148	149	150	151	152	153	154
155	156	157	158	159	160	161
162	163	164	165	166	167	168
169	170	171	172	173	174	175
176	177	178	179	180	181	182
183	184	185	186	187	188	189
190	191	192	193	194	195	196
197	198	199	200	201	202	203
204	205	206	207	208	209	210
211	212	213	214	215	216	217
218	219	220	221	222	223	224
225	226	227	228	229	230	231
232	233	234	235	236	237	238
239	240	241	242	243	244	245
246	247	248	249	250	251	252
253	254	255	256	257	258	259
260	261	262	263	264	265	266
267	268	269	270	271	272	273
274	275	276	277	278	279	280
281	282	283	284	285	286	287
288	289	290	291	292	293	294
295	296	297	298	299	300	301
302	303	304	305	306	307	308
309	310	311	312	313	314	315
316	317	318	319	320	321	322
323	324	325	326	327	328	329
330	331	332	333	334	335	336
337	338	339	340	341	342	343
344	345	346	347	348	349	350
351	352	353	354	355	356	357
358	359	360	361	362	363	364
365	366	367	368	369	370	371
372	373	374	375	376	377	378
379	380	381	382	383	384	385
386	387	388	389	390	391	392
393	394	395	396	397	398	399
400	401	402	403	404	405	406
407	408	409	410</			

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

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

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)	COMMERCIAL
---	------------

ASCM No.
64

Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
732-290-2217

Telephone Number	License Number
845-369-7500	1101

Sched. Completion Date (11)		
12 /	30	/2026
Month	Day	Year

Name of OSHA Monitor	QUALITY ENVIRONMENTAL
----------------------	-----------------------

Month Day Year

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: MONDAY - FRIDAY 7AM-3:30 PM

Street Address	1376 ROUTE 9
----------------	--------------

City, State, Zip Code
WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)

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

☒ Renovation

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

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

Is Location normally used solely by Maint/Custodial Staff (12)		
Yes	No	N/A

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

Amount
(Specify
SF or LF)

Abatement Type

ENCLOSURE
ENCAPSULE
REPAIR
REMOVAL

2ND FLOOR MEHANDRU WING

FLOOR TILE MASTIC

5.785 SF

NJDEP Waste Hauler ID No.	913
------------------------------	-----

Cubic Yards of Waste	20
----------------------	----

Name of Registered Landfill	GRAND CENTRAL SANITARY LANDFILL
-----------------------------	---------------------------------

Disposal Date	1/12/2026-12/30/2026
---------------	----------------------

City, State
PLAINFIELD TOWNSHIP, PA

Title
DIRECTOR OF OPERATIONS

Signature _____

Date 7-1-26

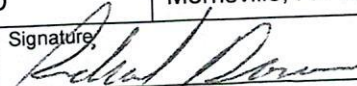
RECEIVED

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

Check#033334

JAN 7 2026

#6438

Date of Notification (1) 12-22-25		Name of Building Owner/Operator (2) NJDOT							
Agencies Notified	Type Notification	Street Address Squirrelwood Road Bridge over route 80							
<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 checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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	License No. 00756						
Start Date (10) 01-5-26 (1) HOLD	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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1600 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Route 80 Underpass			x	Transite Piping		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 				Date 12-22-25		

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

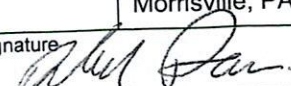
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check#033334

RECEIVED

DEC 29 2025

#6438

Date of Notification (1) 12-22-25		Name of Building Owner/Operator (2) NJDOT						
Agencies Notified	Type Notification	Street Address Squirrelwood Road Bridge over route 80						
<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 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		Scheduled Completion Date (11) 7-30-26	License No. 00756					
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)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1600 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Route 80 Underpass			x	Transite Piping	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 			Date 12-22-25	

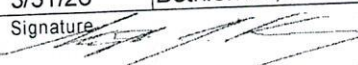
* Do not use this form for asbestos licensure exempted activities.

1568

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

RECEIVED

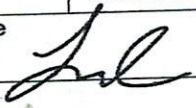
1568

Date of Notification (1) January 02, 2026		Name of Building Owner/Operator (2) Amzak Capital Management		JAN 8 2026	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		980 N. Federal Highway City, State, Zip Code Boca Raton, FL 33483	
Name of Contact Project Manager				Telephone Number 973-234-7026	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) building				Type of Facility (4)	
Street Address 100 Jersey 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) New Brunswick				Square Feet	Bldg. Age
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) empty	
Name of Monitoring Firm Hired by Building Owner (8) Emerald Environmental Group, LLC			Name of Abatement Contractor (9) The MACK Group, LLC		
Street Address 22 Ottawa Rd N			Street Address 1500 Kings HWY N, STE 209		
City, State, Zip Code Morganville, NJ 07751-1346			City, State, Zip Code Cherry Hill, NJ 08034		
Project Manager for Monitoring Firm Joseph Rizzo, CSP, CHMM			Telephone No. 973-641-1736		License No. 00781
Start Date (10) 1/5/26		Scheduled Completion Date (11) 3/31/26		Name of OSHA Monitor The MACK Group, LLC.	
Occupancy Status During Abatement (Check Only One)				Street Address 1500 Kings HWY N, STE 209	
<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 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 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) TBD
	Yes	No	N/A		
roof	<input checked="" type="checkbox"/>			Transite	TBD
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 IESI Bethlehem landfill / Minerva Ent.
City, State Elizabeth, NJ		Disposal Date 3/31/26		City, State Bethlehem, PA / Waynesburg, OH	
Completed by Steve King		Title V.P.		Signature 	Date 1/2/26

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

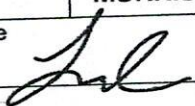
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 11/28/2025		Name of Building Owner/Operator (2) HAMMERTIME HOME IMPROVEMENTS						
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		Type Notification		City, State, Zip Code JERSEY CITY, NJ 07305				
		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact YECHIEL SPIRA				
				Telephone Number 7325032885				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 230-236 KEARNY AVE				Type of Facility (4)				
Street Address 230-236 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 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
EXTERIOR		X		ROOF	1500SF	X		
EXTERIOR		X		ROOF FLASHING	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		

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

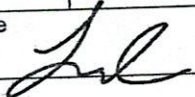
RECEIVED

Date of Notification (1) 11/28/2025		Name of Building Owner/Operator (2) HAMMERTIME HOME IMPROVEMENTS								
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		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								
		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) <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 220 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)		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								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 800SF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
EXTERIOR		x		ROOF			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.

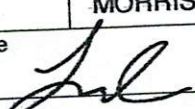
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 26:27 and 26:28)

RECEIVED

Date of Notification (1) 11/28/2025		Name of Building Owner/Operator (2) HAMMERTIME HOME IMPROVEMENTS							
Agencies Notified	Type Notification	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) 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. 5133487	License No. 02113						
Start Date (10) 12/08/2025	Scheduled Completion Date (11) 12/30/2025	Name of OSHA Monitor							
Company 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 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		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			

**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							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 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)		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							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor		X		FLOOR TILES TAN	1500LF	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.

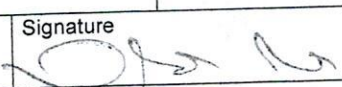
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
Check # 4241
DEC 24 2025

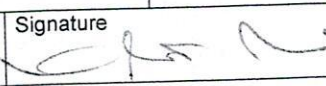
Date of Notification (1) 12/18/25		Name of Building Owner/Operator (2) Willingboro Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 440 Beverly Rancocas Rd.							
		City, State, Zip Code Willingboro, NJ 08046							
		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) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 70 Sunset Rd.		Square Feet 46,157	# of Floors 1						
City (5) Willingboro		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		Name of OSHA Monitor Plymouth Environmental Co., Inc.							
Start Date (10) 1/6/26	Scheduled Completion Date (11) 2/16/26	Street Address 923 Haws Ave.							
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 Norristown, PA 19401							
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) 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
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					
City, State Trenton, NJ			Disposal Date TBD	City, State Falls Township, Pa					
Completed by Matthew Kelly		Title Project Manager	Signature <i>Matthew Kelly</i>	Date 12/18/25					

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

RECEIVED
JAN 9 2026

Date of Notification (1) <div style="display: flex; justify-content: space-around;"> 01 / 05 / 26 </div>			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 <div style="display: flex; justify-content: space-between;"> Name of Contact Telephone Number </div>						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) 181 Highway 31 Street Address 181 Highway 31 City (5) Raritan County (6) Hunterdon			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.) <div style="display: flex; justify-content: space-between;"> Square Feet 2000 # of Floors 2 Bldg. Age </div> 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 37 Parliament dr City, State, Zip Code New City, NY 10956 <div style="display: flex; justify-content: space-between;"> Telephone No. 917-273-8182 License No. 02099 </div>						
Street Address 3 Terri Lane City, State, Zip Code Burlington, NJ 08016		Project Manager for Monitoring Firm John Lutz Telephone No. 609-571-7522							
Start Date (10) <div style="display: flex; justify-content: space-around;"> 01 / 19 / 26 </div>		Scheduled Completion Date (11) <div style="display: flex; justify-content: space-around;"> 12 / 31 / 26 </div>		Name of OSHA Monitor HDT Consultantc International Street Address 3346 Fenton Ave City, State, Zip Code Bronx, NY 10469					
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									
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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) 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)	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	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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 2sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Flue packing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Basement		<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 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		

36710

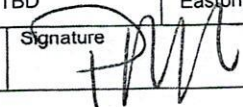
PAID

RECEIVED

Print Form

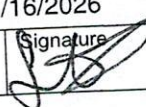
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

JAN 12 2026

Date of Notification (1) 1/2/25		ck# 36710		Name of Building Owner/Operator (2) Bridgewater Raritan Regional School District					
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 836 Newmans Lane City, State, Zip Code Bridgewater, NJ 08807 Name of Contact Kevin Lomski, BA Telephone Number 908-685-2777					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bridgewater Raritan Middle School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 128 Merriwood Drive				Square Feet n/a					
City (5) Bridgewater				# of Floors 1					
County (6) Somerset				Bldg. Age unknown					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Public School					
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates			ASCM No.		Name of Abatement Contractor (9) Panoramic Window & Door Systems, Inc.				
Street Address 3 Crosswicks Street			Street Address 712 Sergeantsville Rd						
City, State, Zip Code Bordentown, NJ 08505			City, State, Zip Code Stockton, NJ 08559						
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			Removal	Repair	Encapsulate	Enclosure
Windows			x	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 		Date 1/2/25		

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

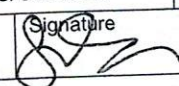
RECEIVED

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					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2000 Pennington Road					
				City, State, Zip Code Ewing, NJ 08628					
		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					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) University					
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	License No. 00842				
Start Date (10) 01/12/2026		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 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
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 		Date 01/07/2026		

Location of Asbestos-Containing Material (ACM) TO BE ABATED 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) <div style="text-align: right;">JAN 12 2026</div>							
Agencies Notified	Type Notification	Street Address 65 Alden Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08618							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 65 Alden Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Trenton	Square Feet 1,358	# of Floors 3	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 Pearce		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
Start Date (10) 02/27/2026		License No. 00842							
Scheduled Completion Date (11) 03/03/2026		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	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
JAN 12 2026

Date of Notification (1) 12/26/2025		Name of Building Owner/Operator (2) Township of Bernards							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 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 Street Address 262 S Finely Avenue City (5) Basking Ridge, New Jersey County (6) Somerset		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.) Square Feet N/A # of Floors N/A Bldg. Age N/A Current Use (Prior if being demolished) Department of Health Building							
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC		ASCM No. 003	Name of Abatement Contractor (9) Teal Management Street Address 24 Morley Drive City, State, Zip Code Woodland Park NJ 07424 Telephone No. 862-243-1471 License No. 02063						
Street Address 1253 North Church Street City, State, Zip Code Moorestown, NJ 08057		Telephone No. 856-840-8815							
Project Manager for Monitoring Firm Brian Clark		Name of OSHA Monitor Teal Management Street Address 24 Morley Drive City, State, Zip Code Woodland Park NJ 07424							
Start Date (10) 1/12/2026		Scheduled Completion Date (11) 1/25/2026							
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: _____									
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 checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen (in wall)			x	PIPE INSULATION	15 LF	x			
Kitchen			x	PLASTER	600 SF	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 <i>Tome Maslarkov</i>		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 8:60-7 AND 12:120-7)

1169

200. CP# 1169

RECEIVED

JAN 12 2026

Date of Notification (1) 11 / 19 / 25		Name of Building Owner / Operator (2) D&R BELMAR URBAN RENEWAL LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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		Building Age 80 +	
City (5) BELMAR	County (6) MONMOUTH	County Code (7)	Square Feet 26,400
			# Of Floors 2
			Current Use (Prior if being demolished) MOTEL
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		Name of Abatement Contractor (9) Northstar Contracting Group, Inc.	
Street Address 655 West Shore Trail		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 DOEHNEN		Telephone Number 973-729-5649	
Scheduled Start Date (10) 12 / 15 / 25	Sched. Completion Date (11) 02 / 28 / 26	Telephone Number 973-772-3660	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 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 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) 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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
ROOF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOFING	10,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THROUGHTOUT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TRANSITE PANEL	1,270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THROUGHTOUT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTINGS	2,295 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	BRICK FAÇADE MORTAR	5,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

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

RECEIVED
Check 3435

3435

JAN 12 2026

Date of Notification (1) 12/29/2025		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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 73 Depeyster Ave							
		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 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"/> wrap & cut <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 & 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)							
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) <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) 86 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation		X			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ		Disposal Date 01/05/2026		City, State Pen Argyl, PA					
Completed by Lubica Perez		Title Owner		Signature Lubica Perez				Date 12/29/2025	

3385

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

Print Form

RECEIVED
 Check 3385

Date of Notification (1) 12/29/2025		Name of Building Owner/Operator (2) <div style="text-align: right;">JAN 12 2025</div>							
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 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		Bldg. Age 1959							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) VEL Construction, LLC							
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126						
Start Date (10) 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: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		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		

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)							
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 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) _____	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) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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					
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			

PAID
 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	Type Notification	Street Address 13 Valley Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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						
City (5) Manalapan Township, NJ 07726		Bldg. Age 1971							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126						
Start Date (10) 01/05/2026	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			Removal	Repair	Encapsulate	Enclosure
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.

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) <div style="text-align: right;">JAN 12 2026</div>							
Agencies Notified	Type Notification	Street Address 3 Collins Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003							
		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 3 Collins Ave		Square Feet 1,755	# of Floors 1						
City (5) Bloomfield, NJ 07003		Bldg. Age 1937							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 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	Encapsulate	Enclosure
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			

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

Check 3429 026

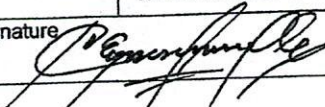
Date of Notification (1) 01/02/2026		Name of Building Owner/Operator (2) ASBESTOS CONTROL & LICENSING							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <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 5 N Longview Rd							
		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 5 N Longview Rd		Square Feet 3,329	# of Floors 2						
City (5) Howell Township, NJ 07731		Bldg. Age 1981							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201- 466-0166	License No. 02126						
Start Date (10) 01/05/2026	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			Removal	Repair	Encapsulate	Enclosure
Please see attached									
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 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			

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

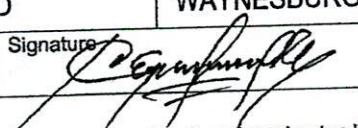
Date of Notification (1) 1/8/2026		Name of Building Owner/Operator (2) JAN 13 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <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							
		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 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) <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 ASBESTOS ANALYTICAL LAB							
		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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		Floor Tile green & Mastic	80. SF.	X			
BASEMENT		X		Pipes Insulation & debris	5. LF.	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

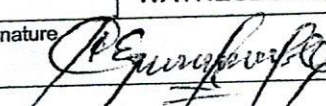
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

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 checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 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 41 Harrison Avenue,		Square Feet 1,410 SF.	# of Floors 2						
City (5) Waldwick NJ. 07463.		Bldg. Age 96							
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) 1/9/2026		Scheduled Completion Date (11) 1/9/2026	License No. 01300						
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 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		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			

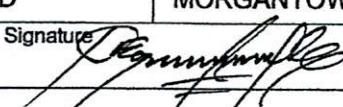
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

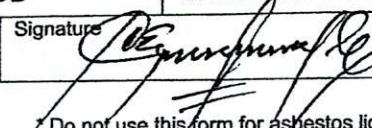
Date of Notification (1) 1/5/2026		Name of Building Owner/Operator (2) JAN 13 2026							
Agencies Notified	Type Notification	Street Address 901 Castle Point Terrace							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 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	County Code (7) (STATE USE ONLY) _____	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. 201-776-0642	License No. 01300						
Start Date (10) 1/6/2026	Scheduled Completion Date (11) 1/6/2026	Name of OSHA Monitor HILLMANN CONSULTING LAB SERVICES							
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) 150. LF.	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION		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			

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

RECEIVED

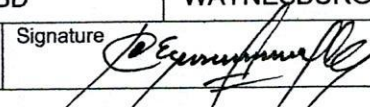
Date of Notification (1) 1/2/2026		Name of Building Owner/Operator (2) DMR Construction Services, Inc.		JAN 13 2026					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		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)					
Street Address 168 FRANKLIN 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) WYCKOFF NJ. 07481				Square Feet 2,278. SF.	# of Floors 2				
				Bldg. Age 95					
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 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)				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: _____				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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1ST. FLOOR		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			

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

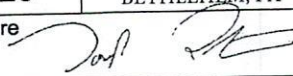
Date of Notification (1) 1/2/2026		Name of Building Owner/Operator (2) DMR Construction Services, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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	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 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) 1/12 /2026	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 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	Repair	Encapsulate	Enclosure
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

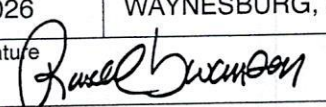
Date of Notification (1) 12/31/2025		Name of Building Owner/Operator (2) <div style="text-align: right;">JAN 13 2026</div>							
Agencies Notified	Type Notification	Street Address 7855 BOULEVARD EAST							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NORTH BERGEN NJ. 07047							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Building		Type of Facility (4)							
Street Address 7855 BOULEVARD EAST (APARTMENT 19.E.)		<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) NORTH BERGEN NJ. 07047		Square Feet 1,705. SF.	# of Floors ----- Bldg. Age 50.						
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) EMPIRE ENVIRONMENTAL LTD		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address 150 RIVER RD. 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) 1/13/2026	Scheduled Completion Date (11) 1/17/ 2026	Name of OSHA Monitor ASBESTOS ANALYTICAL LAB							
Occupancy Status During Abatement (Check Only One)		Street Address 51 GAGE ROAD,							
<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 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire 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					

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) PAIR		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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1400 Treeneedle Rd City, State, Zip Code Point Pleasant NJ 08742 Name of Contact _____					
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 1400 Treeneedle Rd			Square Feet	# of Floors	Bldg. Age				
City (5) Point Pleasant			Current Use (Prior if being demolished)						
County (6) Ocean		County Code (7) (STATE USE ONLY)							
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 <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
Interior				Tiles	240 SF	<input checked="" type="checkbox"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>			
						<input 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				

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

CHECK # 2046

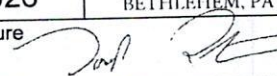
Date of Notification (1) 01/02/2026		Name of Building Owner/Operator (2) <div style="text-align: right;">RECEIVED</div>							
Agencies Notified	Type Notification	Street Address 731 SHAWNEE ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BLACKWOOD NJ 08012 <div style="text-align: right;">JAN 13 2026</div>							
		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 731 SHAWNEE ROAD		Square Feet 2012	# of Floors 2						
City (5) BLACKWOOD		Bldg. Age 61							
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GROUP INC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address PO BOX 316		Street Address 570 CLEMS RUN							
City, State, Zip Code THOROFARE NJ 08066		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm DAVID FLANNIGAN		Telephone No. 609-221-4660	Telephone No. 610-304-4676						
		License No. 01145							
Start Date (10) 01/12/2026	Scheduled Completion Date (11) 01/13/2026	Name of OSHA Monitor EMSL							
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		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) 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
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 			Date 01/02/2026		

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

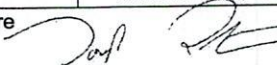
RECEIVED

JAN 12 2026

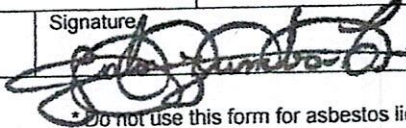
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/07/2026		Name of Building Owner/Operator (2) Radiant property Management LLC						
Agencies Notified	Type Notification	Street Address 280 Fulton St						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code New Brunswick NJ 08901						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact _____ Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 280 Fulton St		Square Feet	# of Floors					
City (5) New Brunswick		Bldg. Age						
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)	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) 01/16/2026	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 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) 610 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Interior			Pipe insulation		<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			

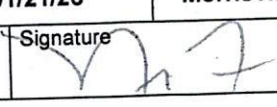
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/05/2025		Name of Building Owner/Operator (2) <div style="text-align: right;">RECEIVED</div>							
Agencies Notified	Type Notification	Street Address 73 Addicks Rd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood, NJ, 07675 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 73 Addicks Rd		Square Feet	# of Floors						
City (5) Westwood		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals						
Street Address		Street Address 6 White Dove Court							
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-719-5649	License No. 1200						
Start Date (10) 01/15/2025	Scheduled Completion Date (11) 01/15/2025	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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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	Name of Registered Landfill IESI					
City, State Lakewood, NJ			Disposal Date 01/15/2025	City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 	Date 01/05/2025					

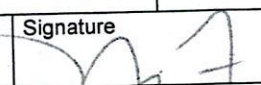
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/6/2026		Name of Building Owner/Operator (2) Private property							
Agencies Notified	Type Notification	Street Address 63 Hillside Ave							
<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	City, State, Zip Code Livingston NJ							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)							
Street Address 63 Hillside 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) Livingston NJ		Square Feet 2000 SF	# of Floors 2 floor						
County (6) Essex County		County Code (7) (STATE USE ONLY) _____	Bldg. Age +50						
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. N/A	Telephone No. 201-552-9685						
Start Date (10) 1/16/2026		Scheduled Completion Date (11) 1/25/2026	License No. 01384						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Hillman Consulting							
<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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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		

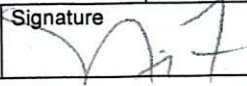
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 01 / 06 / 26		Name of Building Owner/Operator (2) RECHITV 4302							
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 83 Random Road		Square Feet 2600	# of Floors 1						
City (5) Princeton		Bldg. Age 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	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"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 		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.							
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	Telephone Number - LICENSING						
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 1001 Patterson Road		Square Feet 1200	# of Floors 1						
City (5) Point Pleasant Beach		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	License No. 00624						
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) <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) 1200 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date 01/22/26		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) RECEIVED 49901							
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						
City (5) Princeton		Bldg. Age 65							
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	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"/> ≥ 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) 400 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile		<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 			Date 1/6/26			

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

Date of Notification (1) 12/15/2025		Name of Building Owner/Operator (2) RECEIVED							
Agencies Notified	Type Notification	Street Address 70 Overbrook dr							
<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 Colonia NJ 07067 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 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	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>I Velkov</i>			Date 12/15/2025		

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) <div style="text-align: right;">JAN 12 2026</div>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 22 Mercer Ave	
		City, State & Zip Code Port Monmouth, NJ 07758	
		Name of Contact	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Vacant Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 22 Mercer Ave		Square Feet 2,600	# of Floors 2
City (5) Port Monmouth		County (6) Monmouth	Bldg. Age 70+
County Code (7)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No.	
Street Address 64 Broad Street		Name of Abatement Contractor (9) Global Abatement Services, LLC	
City, State & Zip Code Matawan, NJ 07747		Street Address P.O. Box 7620	
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	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	
Scope of Work (Check all that apply) Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM			
Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Other: Non-friable			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)
Basement	N/A	VAT	500SF
Basement	N/A	Pipe insulation	110LF
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

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

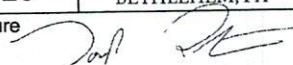
ck# 2311

Date of Notification (1) 1/5/2026		Name of Building Owner/Operator (2) Private property		RECEIVED	
Agencies Notified		Type Notification		Street Address 430 9th Street	
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Fairview NJ Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Property				Type of Facility (4)	
Street Address 430 9th Street				<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) Fairview NJ				Square Feet 2000 SF	# of Floors 2 floor
County (6) Bergen County				County Code (7) (STATE USE ONLY) _____	Bldg. Age +50
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		City, State, Zip Code N/A		Street Address 1435 51st Street	
Project Manager for Monitoring Firm N/A		Telephone No. N/A		City, State, Zip Code North Bergen NJ 07047	
Start Date (10) 1/15/2026		Scheduled Completion Date (11) 1/25/2026		Telephone No. 201-552-9685	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Hillman Consulting		License No. 01384	
<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)
	Yes	No	N/A		
Exterior			x	Transite shingles	2800 SF
Name of Registered Waste Hauler Ropvic transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste	
City, State 60 Riverdale Rd Riverdale NJ		Disposal Date		Name of Registered Landfill Blythe Township Landfill	
Completed by Galo Zumba		Title Principal		City, State 1061 Burma Rd New Philadelphia NJ	
				Signature 	
				Date 1/5/2026	

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

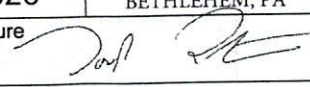
RECEIVED

JAN 13 2026

Date of Notification (1) 01/05/2026		Name of Building Owner/Operator (2) 170 Berkshire 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	Street Address 170 Berkshire Rd							
		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		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 170 Berkshire Rd		Square Feet	# of Floors						
City (5) Hasbrouck Heights		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals						
Street Address		Street Address 6 White Dove Court							
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649						
		License No. 1200							
Start Date (10) 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)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 75LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Pipe Insulation		<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 01/19/2026		City, State BETHLEHEM, PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 				Date 01/05/2026	

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)							
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 764 Queen Anne Rd							
		City, State, Zip Code Teaneck, NJ 07666							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 764 Queen Anne Rd		Square Feet	# of Floors						
City (5) Teaneck		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals						
Street Address		Street Address 6 White Dove Court							
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701							
Project Manager for Monitoring Firm		Telephone No.	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 6 White Dove Court							
		City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)									
<input 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	Encapsulate	Enclosure
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			

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

1569

PAID

Check # 11869

JAN 13 2026

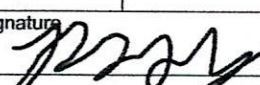
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/8/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 349 Dogwood Dr.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 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)		Name of Abatement Contractor (9) Danvic Contracting LLC							
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 1/11/2026	Scheduled Completion Date (11) 1/13/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement 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	Encapsulate	Enclosure
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 Jeymy Donneys			Date 1/8/2026		

1563

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

JAN 14 2026

Date of Notification (1) 1/8/2026		Name of Building Owner/Operator (2) PAID							
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 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) Belco 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	License No. 02124						
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 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	Enclosure
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 			Date 1/8/2026			

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

RECEIVED

Date of Notification (1) 01 / 18 / 26		Name of Building Owner/Operator (2) 4154 3 2026							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input 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 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)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	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						
Start Date (10) 01 / 19 / 26		Scheduled Completion Date (11) 01 / 22 / 26	License No. 00862						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor EMSL Analytical, Inc.							
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"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<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"/>	<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"/>	<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

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

B & G Project # 2026-11

Check # 135316

Date of Notification (1) 01/09/2026		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 6 Hillside Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cedar Grove, NJ 07009							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 6 Hillside Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cedar Grove, NJ 07009		Square Feet	# of Floors Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	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)		Street Address 1234 Route 23							
<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 Butler, NJ 07405							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crawl space			X	pipe insulation	35 LF	X			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill					
City, State Butler, NJ			Disposal Date 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) <div style="text-align: right; font-weight: bold;">RECEIVED</div>							
Agencies Notified	Type Notification	Street Address 225 Furman Place							
<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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lyndhurst, NJ 07071							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 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							
		City, State, Zip Code 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	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)**

Date of Notification (1)
DECEMBER 15, 2025

Name of Building Owner/Operator (2)

RECEIVED

Agencies Notified

☒ EPA
☐ DEP
☒ DOL

☒ DOH
☐ DCA

Type Notification

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

Street Address
51 HUNTSVILLE ROAD

City, State, Zip Code
NEWTON NJ 07860

Name of Contact

JAN 13 2026

Telephone Number **LICENSING**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
N/A

Street Address
51 HUNTSVILLE ROAD

City (5)
NEWTON/ANDOVER

County (6)
SUSSEX

County Code (7)
(STATE USE ONLY) _____

Type of Facility (4)

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

Square Feet **3500** # of Floors **2** Bldg. Age **1900s**

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.

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)

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

Street Address
54 Morgan Dr

City, State, Zip Code
Sparta NJ 07871

Scope of Work (Check All That Apply)

☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

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

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

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) <div style="text-align: right;">JAN 13 2026</div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 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	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residential							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No. _____	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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT/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 			Date 12/12/2025			

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

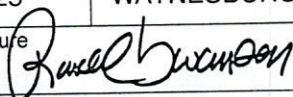
CHUCK #4604

Date of Notification (1) 1 / 7 / 26			Name of Building Owner/Operator (2) Verizon Communications						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 East Montgomery Streety City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Brian Kingsbury (Owners Rep)					
				Telephone Number 201-388-0620					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Point Pleasant Central Office				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1032 Ocean Road				Square Feet +50000	# of Floors 3				
City (5) Point Pleasant				Bldg. Age +60					
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Building					
Name of Monitoring Firm Hired by Building Owner (8) USA EMI		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC					
Street Address 344 West State Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Richard Reynolds		Telephone No. 267-261-2837		Telephone No. 215-788-6040	License No. 02121				
Start Date (10) 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
AC Room 22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile & Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile & Mastic	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Room 20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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>Dellon DeCaro</i>		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) <div style="text-align: center;">1 / 7 / 26</div>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 East Montgomery Streety						
			City, State, Zip Code Pittsburgh, PA 15212						
			Name of Contact Brian Kingsbury (Owners Rep)		Telephone Number 201-388-0620				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Point Pleasant Central Office				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1032 Ocean Road				Square Feet +50000	# of Floors 3				
City (5) Point Pleasant				Bldg. Age +60					
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Building					
Name of Monitoring Firm Hired by Building Owner (8) USA EMI		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC					
Street Address 344 West State Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Richard Reynolds		Telephone No. 267-261-2837		Telephone No. 215-788-6040	License No. 02121				
Start Date (10) <div style="text-align: center;">1 / 26 / 26</div>		Scheduled Completion Date (11) <div style="text-align: center;">2 / 11 / 26</div>		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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement 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</i>		Date 1/7/26			

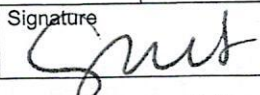
Date of Notification (1) 12/04/2025		Name of Building Owner/Operator (2) MAPLEWOOD III LLC		RECEIVED	
Agencies Notified		Type Notification		Street Address 2000 MAPLEWOOD DRIVE	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MAPLE SHADE NJ 08052 Name of Contact LAURIE BALLARD	
				Telephone Number 609-636-8365	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENTS				Type of Facility (4)	
Street Address 4 ASHWOOD CT.				<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) MAPLE SHADE				Square Feet 1250	# of Floors 2
County (6) BURLINGTON				Bldg. Age 50+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RESIDENTIAL			
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No. _____		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN			
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062			
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)				Street Address 200 RT. 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
BATHROOM FLOOR			X	MASTIC	32 SF
LAUNDRY ROOM CEILING				JOINT COMPOUND	24 SF
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 	Date 12/04/2025

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

Date of Notification (1) <u>12</u> / <u>30</u> / <u>25</u>		Name of Building Owner/Operator (2) PSEG / Job #2502-6397		Check # 17546								
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								
		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			Square Feet									
City (5) Newark			# 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		License No. 00529								
Start Date (10) <u>10</u> / <u>13</u> / <u>25</u>		Scheduled Completion Date (11) <u>12</u> / <u>31</u> / <u>25</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>9</u> PM/____PM-____AM			Street Address 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) 2,500 LF		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
Vault		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cable Sock Insulation				<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 Vecellio		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						
Print or Type) umbetti		Title Operations Coordinator		Signature <i>[Signature]</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) 12 / 29 / 25		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.						
			City, State, Zip Code Lawrence Township, NJ 08648						
			Name of Contact Scott Mayes						
			Telephone Number 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.				Square Feet	# of Floors				
City (5) Lawrenceville				Bldg. Age					
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) 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		License No. 00529				
Start Date (10) 10 / 13 / 25		Scheduled Completion Date (11) 2 / 27 / 26		Name of OSHA Monitor IATL					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/4PM-12AM				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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Veolia ES		NJDEP Waste Hauler ID No. 000151		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Flanders, NJ				Disposal Date 2/27/26	City, State Morrisville, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 12/29/25		

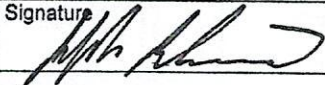
State Of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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 Address: 56 Sparta Ave	
		City, State, Zip Code Newton NJ 07860	
		Name of Contact: Alex Cable INC	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.	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) <div style="display: flex; justify-content: space-between;"> <div> > 3 sf or > 3 x xx > 160 sf or > 260 lf </div> <div> Renovation X Demolition </div> <div> x Non - Exempted (*) and Non- Friable procedure </div> </div>		x Full Containment with Negative Pressure Mini Closure Glovebag Procedure	
Location of	Is Location Normally	Description of	Abatement Type
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)	Amount (Specify SF or LF)
	Ye s	No	N/ A
Asbestos pipe insulation first floor, Floor tile mastic first floor	X	Thermal system insulation VAT/ACM	40 LF 170 SF
Exterior roofing		ACM	2,200 SF
Flashing		ACM	202 SF
Exterior waterproofing		ACM	1,200 SF
Name of registered Waste Hauler Tri- State Transfer	NJDEP Waste Huler 19954	Cubic Yards of Waste TBD	Name of Registered Landfield MINERVA ENTREPRICE INC
City, State Bronx NY		Disposal Date 02/20/26	City, WAYNESBURG OHIO
Completed by Gustavo Ordon	Title President	Signature 01/06/26	

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

✓# 2071

Date of Notification (1) 01 / 07 / 25		Name of Building Owner/Operator (2) Hopkins Group Management LLC							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 275 Magnolia Avenue City, State, Zip Code Jersey City, NJ 07306 Name of Contact Matt Weinreich							
		Telephone Number 212-661-8100							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commerical		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 165 Newark Avenue									
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)		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address		Street Address 176 Saddle River Avenue							
City, State, Zip Code		City, State, Zip Code South Hackensack, NJ 07606							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 01 / 19 / 26	Scheduled Completion Date (11) 02 / 06 / 26		Name of OSHA Monitor Asbestos Analytical Labs						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM-4:30 PM		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground / 1st 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 / 1st 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 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		Signature 		Date 01-27-2026			

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

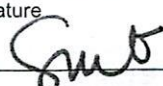
Check 8876

RECEIVED

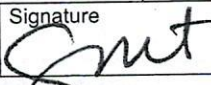
Date of Notification (1) 1/5/26 Type Notification		Name of Building Owner / Operator (2) 7-Eleven Inc.		JAN 12 2026	
Agencies Notified EPA DEP X DOL X DOH DCA	Emergency Notification X Initial Notification Amended Notification Cancellation	Street Address 1722 Routh Street, Suite 1000		ASBESTOS CONTROL & LICENSING	
		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) X Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 33 Pine Cone Lane			Square Feet 3,500	# of Floors 1	Bldg. Age 50
City (5) Sparta	County (6) Sussex	County Code (7)	Current Use (Prior if being demolished) Commercial		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address P.O. Box 7620			
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 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) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)					
X Demolition		Renovation		X Full Containment with Negative Pressure	
Large Project				Mini-Enclosure	
Quantity is \geq 3 SF or \geq 3 LF ACM				Glovebag Procedure	
X Quantity is \geq 160 SF or \geq 260 LF ACM				X Other: Non-friable	
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)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Exterior	N/A	Window caulk	60LF	Removal	
Store room/office	N/A	Joint compound	1,100 SF	Removal	
Storage room	N/A	Mastic	160SF	Removal	
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 <i>Dominick Tringali</i>		Date 1/5/26	

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

REVOLVED

Date of Notification (1) <div style="text-align: center;">12 / 30 / 25</div>		Name of Building Owner/Operator (2) PSEG / Job #2507-6468		Check #17630 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)		Street Address 284 North Park Street City, State, Zip Code East Orange, NJ J					
		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				
County (6) Essex		County Code (7) (STATE USE ONLY)		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) <div style="text-align: center;">10 / 27 / 25</div>		Scheduled Completion Date (11) <div style="text-align: center;">12 / 31 / 25</div>		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: _____AM-_____PM/ 3:30PM-12AM				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 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	Repair	Encapsulate	Enclosure
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"/>	<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"/>	<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"/>	<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"/>	<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 			Date 12-30-25		

PAID
State of New Jersey
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							
		City, State, Zip Code Madison, NJ							
		Name of Contact Tyler Merson	Telephone Number 973-593-3042						
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		Square Feet	# of Floors						
City (5) Madison		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 120 North Warren St.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jordan Reed		Telephone No. 609-392-4200	Telephone No. 609-265-2107						
		License No. 00529							
Start Date (10) 1 / 5 / 26	Scheduled Completion Date (11) 2 / 20 / 26	Name of OSHA Monitor IATL							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 9000 Commerce Parkway							
		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	Repair	Encapsulate	Enclose
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"/>			<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 			Date 12-29-25		

Scope of Work

<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
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

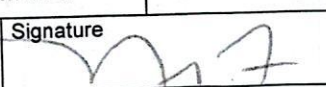
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <div style="text-align: center;">1 / 5 / 26</div>		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		Square Feet	# of Floors						
City (5) Kearny		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bridge							
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) <div style="text-align: center;">1 / 14 / 26</div>	Scheduled Completion Date (11) <div style="text-align: center;">1 / 23 / 26</div>	Name of OSHA Monitor IATL							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 9000 Commerce Parkway Suite B City, State, Zip Code Mount Laurel, NJ 08054							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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) 160 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe		<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 			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) <div style="text-align: center;">01 / 05 / 26</div>		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)	Current Use (Prior if being demolished) Former Restaurant						
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) <div style="text-align: center;">01 / 15 / 26</div>	Scheduled Completion Date (11) <div style="text-align: center;">01 / 20 / 26</div>	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"/> 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) 960 sf	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
ground floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos transite panels	<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 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 Notification of Asbestos Abatement

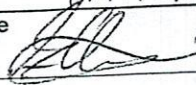
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

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.)	
Street Address 70 Highlander Drive		Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 80 years	
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.		ASCN No. 00079	
Street Address 20-21 Wagaraw Road, Bldg # 35 E		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		Telephone Number 973-636-9145	License Number 00840
Scheduled Start Date (10) January 8, 2026		Scheduled Completion Date (11) January 8, 2026	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Vacant		Name of OSHA Monitor EMSL inc.	
		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 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure x Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Woman's Locker Room	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) 9'
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 2
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860		Disposal Date January 8, 2026	Name of Registered Landfill Fairless Landfill/Grand Central Landfill
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)

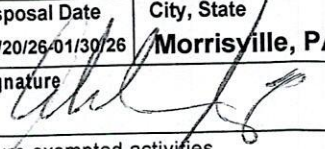
Date of Notification (1) 12/05/25		Name of Building Owner/Operator (2) RED BANK MANOR CONDOMINIUMS						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 MANOR DRIVE						
		City, State, Zip Code RED BANK, NJ, 07701						
		Name of Contact BERT SMITH	Telephone Number 732-408-2525					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RED BANK MANOR CONDOMINIUMS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1 MANOR DR.		Square Feet 20,000	# of Floors 4					
City (5) RED BANK		Bldg. Age 60						
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APARTMENTS						
Name of Monitoring Firm Hired by Building Owner (8) HSS ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) ARIAI					
Street Address PO BOX 365		Street Address 144 MILL ST						
City, State, Zip Code BERLIN, NJ, 08009		City, State, Zip Code PATERSON NJ 07501						
Project Manager for Monitoring Firm JIM PROCTOR		Telephone No. 856-452-1311	Telephone No. 201-790-0539					
Start Date (10) 12/13/25		Scheduled Completion Date (11) 12/16/25	License No. 1257					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Name of OSHA Monitor GORAN IGEV						
		Street Address 144 MILL ST						
		City, State, Zip Code PATERSON, NJ, 07501						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BOILER ROOM	<input checked="" type="checkbox"/>			TSI	80LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler ARIAI		NJDEP Waste Hauler ID No. 36031	Cubic Yards of Waste 10 Yd³	Name of Registered Landfill FAIRLESS HILLS				
City, State PATERSON, NJ		Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by GORAN IGEV		Title CGO	Signature 		Date 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 <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 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) Essex	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	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) 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) 5 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Building 28 - Parking Lot		<input checked="" type="checkbox"/>	Transite Sanitary Drain Pipe		<input checked="" type="checkbox"/>			
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			

13532

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

RECEIVED
13532

B & G Project # 2026-08

Check #

Date of Notification (1) 01/09/2026		Name of Building Owner/Operator (2) Clifton Public Schools		JAN 12 2026	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		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)	
Street Address 745 Clifton Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Clifton, NJ 07013				Square Feet	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 Butler, NJ 07405	
City, State, Zip Code Oceanville, NJ 08231		Telephone No. 609-652-1833		Telephone No. 973-696-6869	License No. 00378
Project Manager for Monitoring Firm John Smoyer		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement office area			X	pipe insulation	4 ½ LF
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste ½	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 <i>Gordana Luna</i>	Date 01/09/2026

State of New Jersey - Notification of Asbestos Abatement

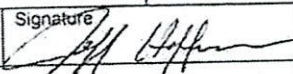
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

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 Aluotto		Telephone Number 201.447.8000	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital- Cheel Wing # 1-Microbiology		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: 80,000 # of Floors: 3 Bldg. Age: 80 years	
Street Address 223 N. Van Dien Avenue		Current Use (prior if being demolished):	
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corp		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 630 Sentry Parkway, Suite 110		Street Address 511 MAIN STREET	
City, State, Zip Code Blue Bell, PA 19422		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Jason Straut	Telephone Number 215.496.9237	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 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 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation 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) 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) 500 sf 500 sf 500 sf 800 sf
Cheel # 1-Microbiology Phase 1A Phase 1B Phase 2B Phase 3 & 4		VAT & Mastic VAT & Mastic VAT & Mastic VAT & Mastic	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40	Name of Registered Landfill Fairless Landfill/ Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Century Waste Services, LLC, 623 Dowd Avenue, Elizabeth NJ 07201 NJDEP# NJ-860		Disposal Date February 28, 2026	City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072 GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265
Completed by (Print or Type) Marin Graure	Title Sr. Project Manager	Signature Marin Graure	Date January 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							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mullica Hill NJ 08062							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		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	County Code (7) (STATE USE ONLY)	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 Procotor		Telephone No. 856-452-1311	License No. 01370						
Start Date (10) 1/22/26	Scheduled Completion Date (11) 7/15/26	Name of OSHA Monitor Highground Industrial 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 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 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	Enclosure
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		

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) Interfaith Tabernacle Church							
Agencies Notified	Type Notification	Street Address 246 N Clinton Ave							
<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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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	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) 01/08/2026	Scheduled Completion Date (11) 01/08/2026	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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Pipe Insulation	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			

**PAID**

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

Print Form

RECEIVED

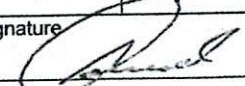
JAN 14 2026

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 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) 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							
City (5) Tinton Falls		# of Floors 2							
County (6) Monmouth		Bldg. Age 119							
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. _____							
Street Address 617 Stokes Road, Suite 4-318		Name of Abatement Contractor (9) ELCON Environmental							
City, State, Zip Code Medford, NJ 08055		Street Address 150 Glenwood Drive							
Project Manager for Monitoring Firm Mark Rubnitz		City, State, Zip Code Washington Crossing, PA 18977							
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	Enclosure
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			

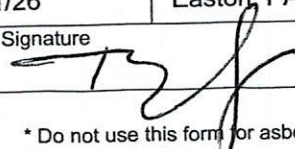
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

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 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							
City (5) Tinton Falls		# of Floors 1	Bldg. Age 47						
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental		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	License No. 02081						
Start Date (10) 01/19/2026		Scheduled Completion Date (11) 01/23/2026							
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 Same							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Office Area			x	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		

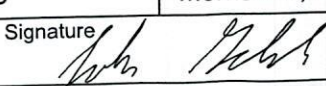
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 1/10/26		Name of Building Owner/Operator (2) VESTA LANDMARK BUILDERS LLC		JAN 14 2026					
Agencies Notified		Type Notification		Street Address					
<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		6 Oakwood Lane					
				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)					
Street Address 22 Rosalie 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) Rumson				Square Feet 1800	# of Floors 1				
County (6) Monmouth				Bldg. Age 65+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc					
Street Address				Street Address 95 Montrose Road					
City, State, Zip Code				City, State, Zip Code Colts Neck, New Jersey 07722					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 7322941757	License No. 00029				
Start Date (10) 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	siding	1800 sf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 3	Name of Registered Landfill Chrins				
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			

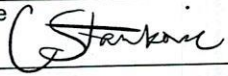
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 1/8/2026		Name of Building Owner/Operator (2) Springfield Public Schools							
Agencies Notified	Type Notification	Street Address 139 Mountain Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Springfield, NJ 07081							
		Name of Contact David Walker	Telephone Number (973) 919-4279						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) James Caldwell School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 36 Caldwell Place		Square Feet	# of Floors						
City (5) Springfield		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) 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						
License No. 01379									
Start Date (10) 1/10/2026	Scheduled Completion Date (11) 1/30/2026	Name of OSHA Monitor Same as above							
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)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 Landfill					
City, State Pompton Plains, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by John Geleski		Title Supervisor	Signature 			Date 01/08/2026			

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

3630502

Date of Notification (1) DECEMBER 30, 2025		Name of Building Owner/Operator (2) DANNY'S BRIDGE LLC							
Agencies Notified	Type Notification	Street Address 25 BRIDGE AVE, STE 150							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RED BANK NJ 07701							
		Name of Contact DAVID HEMSCHOOT	Telephone Number 732-591-1125						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER DANNY'S 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 & commercial buildings, homes, etc.)							
Street Address 11 BRIDGE AVE		Square Feet 4100	# of Floors 2						
City (5) RED BANK		Bldg. Age 1950							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8)		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) 1/12/2026	Scheduled Completion Date (11) 1/20/2026	Name of OSHA Monitor Checkmark Industrial							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr							
		City, State, Zip Code Sparta NJ 07871							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	Repair	Encapsulate	Enclosure
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 		Date 12/30/2025			

RECEIVED
CHECK # 4605

ASB-41
MAY 11

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