

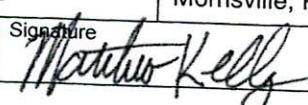
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 01/08/2026		Name of Building Owner/Operator (2) INSERRA SUPERMARKETS						
Agencies Notified		Street Address 20 RIDGE ROAD						
<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 MAHWAH, NJ 07430						
		Name of Contact ALISON WARCHOL		Telephone Number 973-317-2103				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) SHOPRITE			Type of Facility (4)					
Street Address 425 OLD HOOK 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) EMERSON			Square Feet	# of Floors				
County (6) BERGEN			Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8) RJB ENVIRONMENTAL, INC.			ASCM No. 149	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.				
Street Address PO BOX 869			Street Address 11 VREELAND AVENUE					
City, State, Zip Code LEVITTOWN, PA 19058			City, State, Zip Code TOTOWA, NJ 07512					
Project Manager for Monitoring Firm RICHARD BEACH		Telephone No. 267-991-9212	Telephone No. 973-956-8700	License No. 00494				
Start Date (10) 01/19/2026	Scheduled Completion Date (11) 02/06/2026		Name of OSHA Monitor SAME AS (9) ABOVE					
Occupancy Status During Abatement (Check Only One)			Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			City, State, Zip Code					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
						Yes	No	N/A
MENS/LADIES BREAK ROOM		X		WALL TILE ADHESIVE	1,056 SF	X		
MENS/LADIES BREAK ROOM		X		VAT/MASTIC	165 SF	X		
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING, INC.		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 20+/-	Name of Registered Landfill WASTE MANAGEMENT			
City, State TOTOWA, NJ 07512				Disposal Date 02/06/2026	City, State MORRISVILLE, PA			
Completed by ELIZABETH MLADENOVIC		Title VP OF OPERATIONS		Signature <i>Elizabeth Mladenovic</i>		Date 01/08/2026		

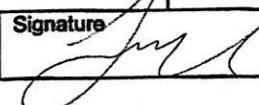
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 4294

Date of Notification (1) 1/8/26		Name of Building Owner/Operator (2) Mount Holly Township	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 23 Washington St.		JAN 15 2026	
City, State, Zip Code Mount Holly, NJ 08060			
Name of Contact Josh Brown		Telephone Number 609-845-1100	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Mount Holly Township Courthouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 10 Rancocas Rd.		Square Feet 3,227	# of Floors 1
City (5) Mount Holly		Bldg. Age 50	
County (6) Burlington		Current Use (Prior if being demolished) Courthouse	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Technical Consultants, LLC.		ASCM No. 00098	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.
Street Address Three Teri Lane		Street Address 923 Haws Ave.	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Norristown, PA 19401	
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 610-239-9920
Start Date (10) 1/12/26		Scheduled Completion Date (11) 1/20/26	
Name of OSHA Monitor Plymouth Environmental Co., 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 Other – Describe: _____		Street Address 923 Haws Ave.	
		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes	No
1st Floor - Work Area #1		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Drywall & Joint Compound	
1st Floor - Work Area #2		Amount (Specify SF or LF)	
		1,000 SF	
		Removal	Repair
		Encapsulate	Enclosure
Name of Registered Waste Hauler Horizon Disposal Services		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste 4
		Name of Registered Landfill Fairless Landfill	
City, State Trenton, NJ		Disposal Date TBD	
Completed by Matthew Kelly		Signature 	
		Date 1/8/26	

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

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Date of Notification (1) 1-6-26		Name of Building Owner/Operator (2) HADASSAH KRAMER			
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"/> Street Address 13-Newwood Hills Ave
				City, State, Zip Code 13-NEWWOOD HILLS AVE, LAKWOOD	
				Name of Contact HADASSAH	
				Telephone Number 732-503-2885	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 1509 Long Branch			Type of Facility (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 1509—LONG BEACH AVE			Square Feet 2000 # of Floors 1 Bldg. Age +50		
City (5) LAKWOOD					
County (6) OCEAN		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) MALCO ENVIRONMENT, 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. 973-491-0877	License No. 02113
Start Date (10) 1-16-26	Scheduled Completion Date (11) 1-22-26			Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Yes	No	N/A	Removal	Repair	Encapsulate
SIDING		X		TRANSITE	
FRONT HALL-BACK ROOM				POPCORN CEILING	
KITCHEN				LINOLEUM-MASTIC	
BACK ROOM				TILE	
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 04516		Amount (Specify SF or LF) 2000SF X	
Cubic Yards of Waste		Name of Registered Landfill Fairless Landfill/ Grand Central Landfill			
City, State 623-Dowd Ave. Elizabeth, NJ 07201		Disposal Date		City, State Morrisville, PA.	
Completed by JENNIFER GOMES		Title PRESIDENT		Signature 	
				Date 1-6-26	

16376

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

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JAN 15 2026

Date of Notification (1) 1/10/26		Name of Building Owner/Operator (2) Ted Fluehr Jr. Inc.				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
Street Address 6 East 65th St		City, State, Zip Code Long Beach Twp NJ 08008				
Name of Contact TJ		Telephone Number 609-494-4005				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Ted Fluehr Jr. Inc.		Type of Facility (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 6 East 65th St		Square Feet 1000+	# of Floors 2			
City (5) Long Beach Twp NJ 08008		Bldg. Age 35+				
County (6) Ocean		Current Use (Prior if being demolished) House				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.			
Street Address		Street Address PO Box 329				
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800			
Start Date (10) 1/20/26		Scheduled Completion Date (11) 1/26/26	License No. 00727			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Same				
		Street Address				
		City, State, Zip Code				
Scope of Work (Check All That Apply) <input 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
Exterior Siding		X	Exterior Siding	2000 SF	x	
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills		
City, State Elm NJ		Disposal Date 1/26/26		City, State Morrisville PA 10067		
Completed by Anthony T Perna		Title President		Signature 		Date 1/10/26

3347

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

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Check 3437

Date of Notification (1) 01/09/2026		Name of Building Owner/Operator (2) Nancy Oxfeld			
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 284 Gregory Ave			
		City, State, Zip Code West Orange, NJ 07052			
		Name of Contact Cris Garczareck, Northeast Power Dry			
		Telephone Number 888-379-7970			
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 284 Gregory Ave					
City (5) West Orange, NJ 07052		Square Feet 1,595	# of Floors 2		
County (6) Essex		Bldg. Age 1926			
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) 01/13/2026	Scheduled Completion Date (11) 01/20/2026		Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 75 Voorhis Place		
Occupancy Status During Abatement (Check Only One)			City, State, Zip Code Ringwood NJ 07456		
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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Dining Room		ceiling plaster		8 SF	x
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5	
City, State Elizabeth, NJ		Disposal Date 01/20/2026		City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner		Signature <i>Lubica Perez</i>	
				Date 01/09/2026	

3432
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED
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Date of Notification (1) 01/06/2026		Name of Building Owner/Operator (2) Mr. Steve Weinstein		JAN 13 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 245 US-202 ASBESTOS CONTROL & LICENSING City, State, Zip Code Montville, NJ 07045						
		Name of Contact Steve Weinstein, Diversified Properties		Telephone Number 908-273-2400				
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 245 US-202				Square Feet 1,388	# of Floors 1			
City (5) Montville, NJ 07045				Bldg. Age 1779				
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) VEL Construction, LLC				
Street Address				Street Address 75 Voorhis Place				
City, State, Zip Code				City, State, Zip Code Ringwood NJ 07456				
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201- 466-0166	License No. 02126			
Start Date (10) 01/15/2026	Scheduled Completion Date (11) 01/22/2026			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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type		
						Yes	No	N/A
Exterior		X		siding	1,200 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 01/22/2026	City, State Pen Argyl, PA			
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 01/06/2026		

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

3433
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 01/07/2026		Name of Building Owner/Operator (2) Joseph Malone		JAN 13 2026		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 169 Prospect St				
		City, State, Zip Code Leonia, NJ 07605				
		Name of Contact Mr. Andrew Ferretti, Kraus Restoration		Telephone Number 973-840-9028		
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 169 Prospect St						
City (5) Leonia, NJ 07605			Square Feet 1,713	# of Floors 1	Bldg. Age 1900	
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) 01/09/2026	Scheduled Completion Date (11) 01/16/2026		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
Basement		X	pipe insulation	12 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 01/16/2026	City, State Pen Argyl, PA	
Completed by Lubica Perez		Title Owner		Signature Lubica Perez	Date 01/07/2026	

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

RECEIVED
Check 3434

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Date of Notification (1) 01/07/2026		Name of Building Owner/Operator (2) Josephine Lotito				
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 109 Cedar Hill Ave				
		City, State, Zip Code Mahwah, NJ 07430				
		Name of Contact Luciano Bruni, Nouvelle, LLC	Telephone Number (973) 903-8359			
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 109 Cedar Hill Ave		Square Feet 2,028	# of Floors 1			
City (5) Mahwah, NJ 07430		Bldg. Age 1969				
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			
Start Date (10) 01/19/2026		Scheduled Completion Date (11) 01/26/2026	License No. 02126			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address	City, State, Zip Code			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
Basement		floor tile & mastic	1,350 SF	x		
Den		floor tile	264 SF	x		
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill		
City, State Elizabeth, NJ		Disposal Date 01/26/2026	City, State Pen Argyl, PA			
Completed by Lubica Perez		Title Owner	Signature Lubica Perez	Date 01/07/2026		

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

~~RECEIVED~~
Check 3443

Date of Notification (1) 01/08/2026		Name of Building Owner/Operator (2) Next Generation Ministries							
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 1048 Co Rd 521							
		City, State, Zip Code Newton, NJ 07860							
		Name of Contact Mr. Wes Shelton							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Church - Aldersgate Camp & Retreat Center		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 1048 Co Rd 521		Square Feet TBD	# of Floors 1						
City (5) Newton, NJ 07860		Bldg. Age TBD							
County (6) Sussex		County Code (7) (STATE USE ONLY) _____							
		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC						
Street Address		Street Address 75 Voorhis Place							
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 201- 466-0166	License No. 02126						
Start Date (10) 01/20/2026	Scheduled Completion Date (11) 01/27/2026		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 75 Voorhis Place							
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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type		
							Removal	Repair	Encapsulate
Second floor kitchen		X		Floor material		145 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ				Disposal Date 01/27/2026		City, State Pen Argyl, PA			
Completed by Lubica Perez		Title Owner			Signature <i>Lubica Perez</i>			Date 01/08/2026	

3442
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Check 3442

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Date of Notification (1) 01/08/2026		Name of Building Owner/Operator (2) Mr. Fitzpatrick				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6 Sylvan Rd JAN 13 2026				
		City, State, Zip Code Verona, NJ 07044				
Name of Contact Cris Garczareck, Northeast Power Dry		Telephone Number 908-331-5528				
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 6 Sylvan Rd						
City (5) Verona, NJ 07044		Square Feet 1,811	# of Floors 2	Bldg. Age 1928		
County (6) Essex		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) VEL Construction, LLC			
Street Address		Street Address 75 Voorhis Place				
City, State, Zip Code		City, State, Zip Code Ringwood NJ 07456				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-466-0166	License No. 02126		
Start Date (10) 01/13/2026	Scheduled Completion Date (11) 01/20/2026		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
Living room		X	drywall & plaster	260 SF	X	
Living room		X	crown molding	62 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 01/20/2026	City, State Pen Argyl, PA		
Completed by Lubica Perez		Title Owner		Signature Lubica Perez		Date 01/08/2026

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

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

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Date of Notification (1) 01/08/2026		Name of Building Owner/Operator (2) The College of New Jersey								
		JAN 15 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Road								
		City, State, Zip Code Ewing, NJ 08628	ASBESTOS CONTROL & LICENSING							
		Name of Contact Nicole Moskal	Telephone Number 609-771-2881							
		FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) The College of New Jersey - Green Hall		Type of Facility (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 2000 Pennington Road		Square Feet 74,000	# of Floors 4							
City (5) Ewing		Bldg. Age 85								
County (6) Mercer		Current Use (Prior if being demolished) University								
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 344 W. State Street		Street Address 623 Cutler Avenue								
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm John Duggan		Telephone No. 609-656-8101	Telephone No. 856-755-0099							
Start Date (10) 01/09/2026		Scheduled Completion Date (11) 01/12/2026								
Name of OSHA Monitor EMSL Analytical, Inc.		License No. 00842								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 200 Route 130 North								
		City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> <td style="width: 33%;">N/A</td> </tr> </table>		Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
			Yes	No	N/A					
Removal	Repair	Encapsulate	Enclosure							
Server Room	X		Pipe Insulation	3 LF	X					
Entrance Landing	X		Pipe Insulation	5 LF	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 01/12/2026	City, State Morrisville, PA						
Completed by Samantha Brown		Title Operations Coordinator		Signature 		Date 01/08/2026				

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

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

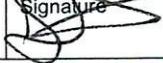
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Date of Notification (1) 01/08/2026		Name of Building Owner/Operator (2) Andrew & Cathleen Palmentieri		JAN 15 2026				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2510 Herbert Drive						
		City, State, Zip Code Northfield, NJ 08225						
		Name of Contact Drew Palmentieri		Telephone Number 609-383-9915				
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 2200 New Road			Square Feet 2,174	# of Floors 2	Bldg. Age 64			
City (5) Linwood		Current Use (Prior if being demolished) Residence						
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address PO Box 341			Street Address 623 Cutler Avenue					
City, State, Zip Code Chesterfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842			
Start Date (10) 01/10/2026	Scheduled Completion Date (11) 01/13/2026			Name of OSHA Monitor EMSL Analytical, Inc.				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				Street Address 200 Route 130 North				
				City, State, Zip Code Cinnaminson, NJ 08077				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
<u>Location of Asbestos-Containing Material (ACM)</u> <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description 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
Kitchen & Pantry Closet		X		Floor Tile		135 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 Atlantic County Landfill		
City, State Maple Shade, NJ				Disposal Date 01/13/2026		City, State Egg Harbor Township, NJ		
Completed by Samantha Brown		Title Operations Coordinator					Date 01/08/2026	

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

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Date of Notification (1) 01/12/2026		Name of Building Owner/Operator (2) Marysa Slovenz		JAN 15 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 27 Maple Lane							
		City, State, Zip Code Howell, NJ 07731							
		Name of Contact Marysa Slovenz			Telephone Number 732-589-3775				
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Slovenz 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 27 Maple Lane			Square Feet 1,134	# of Floors 1	Bldg. Age 70				
City (5) Howell		County (6) Monmouth		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341			Street Address 623 Cutler Avenue						
City, State, Zip Code Chesterfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 01/23/2026	Scheduled Completion Date (11) 01/27/2026			Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Kitchen				Floor Tile		126 SF	X		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Landfill			
City, State Freehold, NJ				Disposal Date 01/27/2026		City, State Morrisville, PA			
Completed by Samantha Brown		Title Operations Coordinator				Date 01/12/2026			

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

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10842

Date of Notification (1) 12/29/2025		Name of Building Owner/Operator (2) Newark Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 190 Muhammad Ali Avenue		JAN 15 2026	
City, State, Zip Code Newark, NJ 07108		ASBESTOS CONTROL & LICENSING	
Name of Contact Benjamin Olagadeyo		Telephone Number 973-733-7220 x 8149	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Barringer High 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 90 Parker Street		Square Feet 80,000	# of Floors 3
City (5) Newark		Bldg. Age 141	
County (6) Essex		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 856-755-0099
Start Date (10) 12/31/2025		License No. 00842	
Scheduled Completion Date (11) 01/03/2026		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input 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 <u>Asbestos-Containing Material (ACM)</u> <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	
		Yes	No
Media Room		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Pipe Fitting Insulation	
		Amount (Specify SF or LF)	Abatement Type
		6 LF	Removal
			Repair
			Encapsulate
			Enclosure
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1
City, State Freehold, NJ		Disposal Date 01/03/2026	Name of Registered Landfill Fairless Landfill
Completed by Shannon Thomson		Title Operations Manager	Signature <i>Shannon Thomson</i>
			Date 12/29/2025

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State of New Jersey

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

10841



JAN 15 2026

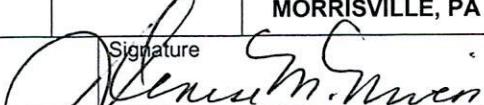
Date of Notification (1) 12/29/2025		Name of Building Owner/Operator (2) Newark Board of Education				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
	Street Address 190 Muhammad Ali Avenue City, State, Zip Code Newark, NJ 07108					
Name of Facility Where Abatement is Taking Place (3) Ann Street School		Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address 30 Ann Street		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.)				
City (5) Newark		Square Feet 100,000	# of Floors 5			
County (6) Essex		Bldg. Age 70				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Current Use (Prior if being demolished) School				
Street Address 1253 N. Church Street		Name of Abatement Contractor (9) Shade Environmental, LLC				
City, State, Zip Code Moorestown, NJ 08057		Street Address 623 Cutler Avenue				
Project Manager for Monitoring Firm Jim Guilardi		City, State, Zip Code Maple Shade, NJ 08052				
Start Date (10) 12/30/2025	Telephone No. 856-840-8800		Telephone No. 856-755-0099			
Scheduled Completion Date (11) 01/02/2026		License No. 00842				
Name of OSHA Monitor EMSL Analytical, Inc.						
Street Address 200 Route 130 North						
City, State, Zip Code Cinnaminson, NJ 08077						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Room 105	X		Pipe Insulation	8 LF	X	
Room 105	X		Plaster	20 SF	X	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 01/02/2026		City, State Morrisville, PA		
Completed by Shannon Thomson		Title Operations Manager		Signature <i>Shannon Thomson</i>		Date 12/29/2025

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

1539

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Date of Notification (1) <u>01</u> / <u>12</u> / <u>26</u>		Name of Building Owner/Operator (2) VIRTUA HEALTH							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 20 WEST STOW ROAD-STE. 3		City, State, Zip Code MARLTON, NJ 08053							
					Name of Contact JULIE HERB		Telephone Number (856) 355-0951		
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VIRTUA-OUR LADY OF LOURDES		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1600 HADDON AVENUE									
City (5) CAMDEN		Square Feet 46,000	# of Floors 6	Bldg. Age 50+/-					
County (6) CAMDEN		County Code (7)(STATE USE ONLY) HOSPITAL							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.						
Street Address 2501 SEAPORT DRIVE-SUITE BH 110		Street Address 2251 FRALEY STREET							
City, State, Zip Code CHESTER, PA 19013		City, State, Zip Code PHILADELPHIA, PA 1917							
Project Manager for Monitoring Firm DON HEIM		Telephone No. (610)787-0402	Telephone No. (215) 533-5155	License No. 01166					
Start Date (10) <u>01</u> / <u>26</u> / <u>26</u>		Scheduled Completion Date (11) <u>09</u> / <u>25</u> / <u>26</u>							
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 VERTEX COMPANIES							
		Street Address 2501 SEAPORT DRIVE-SUITE BH 110							
		City, State, Zip Code CHESTER, PA 19013							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 If <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES			NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT				
City, State TRENTON, NJ			Disposal Date	City, State MORRISVILLE, PA					
Completed By (Print or Type) DENISE M. NIVEN		Title ADMIN. ASST.		Signature 		Date 1/12/2026			

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

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

~~RECEIVED~~

Date of Notification (1) 1/09/2026		Name of Building Owner/Operator (2) Vincent Farino		JAN 15 2026				
Agencies Notified	Type Notification	Street Address 76 Newark Pl						
		City, State, Zip Code Bellville, NJ 07109						
		Name of Contact Vincent Farino		Telephone Number 973.759.6444				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 76 Newark Pl				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)				
City (5) Bellville				1,000	# of Floors 1	Bldg. Age 55+		
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.			
Street Address				Street Address 14 Willow Street				
City, State, Zip Code				City, State, Zip Code Bloomfield, NJ 07003				
Project Manager fo Monitoring Firm		Telephone No.		Telephone No. 973-333-9176	License No. 01331			
Start Date (10) 1/13/2026		Scheduled Completion Date (11) 1/13/2026		Name of OSHA Monitor Envirovision Consultants, Inc.				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am-4:30pm				Street Address 20-21 Wagaraw Rd., Bldg. 35-E				
				City, State, Zip Code Fair Lawn, NJ 07410				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
		Yes	No			N/A	Removal	Repair
Basement		X		TSI	115 LF	X		
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill			
City, State Bloomfield, New Jersey				Disposal Date TBD	City, State Morrisville, PA			
Completed by Blazhe Grozdanov		Title Project Manager		Signature		Date 1/09/2026		

001007
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 1/9/2026		Name of Building Owner/Operator (2) Saint Peter's Healthcare Systems					
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 254 Easton Avenue						
	City, State, Zip Code New Brunswick, NJ 08901						
	Name of Contact Andrew Schober		Telephone Number 732-532-4385				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Vacant Building - B		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 258 Easton Avenue		Square Feet	# of Floors				
City (5) New Brunswick		Bldg. Age					
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC				
Street Address 64 Broad Street		Street Address 41 Madison Avenue					
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Rochelle Park, NJ 07662					
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	Telephone No. 201-577-1381				
Start Date (10) 1/19/2026		Scheduled Completion Date (11) 3/29/2026					
Name of OSHA Monitor NorthEast Management LLC		License No. 02008					
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 41 Madison Avenue					
		City, State, Zip Code Rochelle Park, NJ 07662					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
GYM			TRANSITE PANELS	200SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill		
City, State Elizabeth, NJ				Disposal Date	City, State Morrisville, PA		
Completed by Sonja Dimovska		Title Owner		Signature <i>S. Dimovska</i>	Date 1/9/2026		

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

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.C. 8:60-1 and 12:120)

JAN 15 2026

Date of Notification (1)	Name of Building Owner/Operator (2) REUTER CONSTRUCTION		
Agencies Notified	Type Notification	Street Address 959 N. BEECHAM 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 WILLIAMS TOWN N.J. 08094	
Name of Contact: JON 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 31 SPRUCE RD		Square Feet: 1500 # of Floors: 2 Bldg Age: 50+	
City (5) OCEAN CITY		Current Use / Prior if being demolished VACANT	
County (6) CAPE MAY		County Code: 7 STATE USE CODE: 7	Name of Abatement Contractor (7) KLEINCO 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: 856-729-0472 License No: E 01371	
Project Manager for Monitoring Firm	Telephone No	Name of OSHA Monitor N/A	
Start Date (10) 1-16-26	Scheduled Completion Date (11) 1-26-26	Name of Street Address	
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 ft <input checked="" type="checkbox"/> >160 sf or >260 ft			
<input type="checkbox"/> Renovator <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Non-Exempt <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) (1)		Is Location Normally Used Safety by Maintenance Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM): e. thermal systems insulation surfacing, A-7 or other miscellaneous
Siding		X	Tran Site
Name of Registered Waste Hauler KLEINCO INC		NJDEP Waste Hauler ID No 17904	Cubic Yards of Waste 4
City, State MAPLE SHADE N.J.		Disposal Date City, State Woodbine N.J.	Name of Registered Landfill CWIC MUA
Completed By MICHAEL YOUNG		Title PRES	Signature Michael Young
			Date 1-6-26

2241
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

ONLINE SUBMISSIONS ONLY

JAN 14 2026

Date of Notification (1) 1/09/2026		Name of Building Owner/Operator (2) Renelle Spencer					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelation	Street Address 2087 Lentz Avenue	RECEIVED				
		City, State, Zip Code Union, NJ 07083	RECEIVED				
		Name of Contact Renelle Spencer	Telephone Number 718.581.7192				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 2087 Lentz Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)					
City (5) Union		Square Foot 2,300	# of Floors 2				
County (6) Union		Bldg. Age 55+					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.				
Street Address		Current Use (Prior if being demolished)					
City, State, Zip Code		Street Address 14 Willow Street					
Project Manager fo Monitoring Firm		Telephone No. 973-333-9176	City, State, Zip Code Bloomfield, NJ 07003				
Telephone No.		License No. 01331					
Start Date (10) 1/12/2026	Scheduled Completion Date (11) 1/12/2026		Name of OSHA Monitor Envirovision Consultants, Inc.				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am-4:30pm		Street Address 20-21 Wagaraw Rd., Bldg. 35-E					
		City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement boiler room	X		TSI	20 LF	X		
Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill			
City, State Bloomfield, New Jersey			Disposal Date TBD	City, State Morrisville, PA			
Completed by Blazhe Grozdanov	Title Project Manager		Signature	Date 1/09/2026			

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

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JAN 20 2026

Date of Notification (1) 01/13/2026		Name of Building Owner/Operator (2) Nilo Prasad					
Agencies Notified	Type Notification	Street Address 675 Ocean Ave Apt# 9i					
<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 Long Branch NJ 07740					
Name of Facility Where Abatement is Taking Place (3) Residential Apartment		Name of Contact Radhika Vyas					
Street Address 675 Ocean Ave Apt# 9i		Telephone Number 201-706-0377					
City (5) Long Branch		FACILITY INFORMATION					
County (6) Monmouth		Type of Facility (4)					
		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	Square Feet # of Floors Bldg. Age				
Name of Monitoring Firm Hired by Building Owner (8) DSA Environmental LLC		ASCM No.	Current Use (Prior if being demolished)				
Street Address 195 Katan Ave		Name of Abatement Contractor (9) United Demo LLC					
City, State, Zip Code Staten Island NY 10308		Street Address 143 Acme St					
Project Manager for Monitoring Firm Adewale Adenuga		Telephone No. 347-440-8514	City, State, Zip Code Elizabeth NJ 07202				
Start Date (10) 01/23/2026	Scheduled Completion Date (11) 02/05/2026	Telephone No. 862-218-3930	License No. 02045				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor United Demo LLC					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 143 Acme St City, State, Zip Code Elizabeth NJ 07202					
Scope of Work (Check All That Apply)		<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
Multiple rooms in the Apartment		X	Pop corn Ceiling	1525 SF	X		
Multiple rooms in the Apartment		X	Mastic	1420 Sf	X		
Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No. 0040986	Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill			
City, State Elizabeth		Disposal Date TBD	City, State Morrisville PA				
Completed by Jose N Rosas	Title Manager		Signature <i>Jose N Rosas</i>	Date 01/13/2026			

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

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JAN 20 2026

Date of Notification (1) 01/13/2026		Name of Building Owner/Operator (2) Oscar Riba					
Agencies Notified	Type Notification	Street Address 364 Thomas St					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Philipsburg NJ 08865					
Name of Facility Where Abatement is Taking Place (3) Residential Home		Name of Contact Oscar Riba					
Street Address 364 Thomas St		Telephone Number 908-664-4882					
City (5) Phillipsburg		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
County (6) Warren		Square Feet	# of Floors				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Bldg. Age				
Street Address		Current Use (Prior if being demolished)					
City, State, Zip Code		Name of Abatement Contractor (9) United Demo LLC					
Project Manager for Monitoring Firm		Telephone No.	Street Address 143 Acme St				
Start Date (10) 01/24/2026		Scheduled Completion Date (11) 01/25/2026	City, State, Zip Code Elizabeth NJ 07202				
Occupancy Status During Abatement (Check Only One)		Telephone No. 862-218-3930					
<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: _____		License No. 02045					
Scope of Work (Check All That Apply)		Name of OSHA Monitor United Demo LLC					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement		X	Pipe Insulation	130 LF	X		
Name of Registered Waste Hauler United Demo LLC		NJDEP Waste Hauler ID No. 0040986	Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill			
City, State Elizabeth		Disposal Date TBD	City, State Morrisville PA				
Completed by Jose N Rosas	Title Manager		Signature <i>Jose N Rosas</i>	Date 01/13/2026			

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

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Date of Notification (1) 1/08/26		Name of Building Owner/Operator (2) Borough of Bound Brook					
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>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 230 Hamilton Street	JAN 15 2026				
		City, State, Zip Code Bound Brook, NJ 08805	ASBESTOS CONTROL & LICENSING				
		Name of Contact Date Leubner	Telephone Number 732-356-0833				
		FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Bound Brook Public Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 402 East High Street		Square Feet 12000	# of Floors 3				
City (5) Bound Brook		Bldg. Age 100					
County (6) Middlesex		Current Use (Prior if being demolished) Business shops, offices, ed. facilities above gr.					
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc		ASCM No. 00149	Name of Abatement Contractor (9) Teal Management				
Street Address PO Box 869		Street Address 24 Morley Drive					
City, State, Zip Code Levittown, PA 19058		City, State, Zip Code Woodland Park, NJ 07424					
Project Manager for Monitoring Firm Richard Beach		Telephone No. 267-991-9212	Telephone No. 862-243-1471	License No. 02063			
Start Date (10) 10/27/25	Scheduled Completion Date (11) 1/26/26		Name of OSHA Monitor Teal Management				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address 24 Morley Drive				
			City, State, Zip Code Woodland Park, NJ 07424				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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		
					Removal	Repair	Encapsulate
Throughout			Acoustic Ceiling Plaster	5200SF	<input checked="" type="checkbox"/>		
Multipurp. Rm/Rdng Rm&Archive Of			Sheetrock Joint Compound	1500SF	<input checked="" type="checkbox"/>		
Boiler Room/Ent. Foyer Bath Wall			Aircell Pipe Insulation	50LF	<input checked="" type="checkbox"/>		
Boiler Rm/Cust. Cist Boiler Rm			Fitting Insulation Solid Insulation	78LF 24LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Teal Management		NJDEP Waste Hauler ID No. 0040229		Cubic Yards of Waste	Name of Registered Landfill Fairless Hills Landfill		
City, State Woodland Park, NJ			Disposal Date 1/10/2026		City, State Morrisville, PA		
Completed by Tome Maslarkov		Title Project Manager		Signature <i>Tome Maslarkov</i>		Date 1/08/26	

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

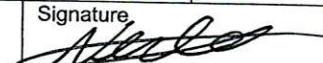
JAN 16 2026

Date of Notification (1) 01/12/26	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 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 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) Wade Administration Building	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 836 Newmans Lane	Square Feet n/a	# of Floors 1	Bldg. Age unknown				
City (5) Martinsville							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)				
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	Telephone No. 732-926-0900	License No. 01237				
Start Date (10) 01/23/26	Scheduled Completion Date (11) 02/20/26	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 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 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				
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
Windows		X	Perimeter Caulk	2800 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 Chin Bros Sanitary Landfill			
City, State Stockton, NJ		Disposal Date TBD	City, State Easton, PA				
Completed by Paul Nagy	Title VP	Signature <i>TPN</i>		Date 01/12/26			

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

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

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Date of Notification (1) 1/12/2026		Name of Building Owner/Operator (2) Carissa Taliaferro				
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2098 Gless Avenue	JAN 20 2026			
		City, State, Zip Code Union, NJ 07083	ASBESTOS CONTROL & LICENSING			
Name of Facility Where Abatement is Taking Place (3) Home		Name of Contact Carissa Taliaferro	Telephone Number (973) 374-6008			
Street Address 2098 Gless Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Union		Square Feet 3,999 SF	# of Floors 2			
County (6) Union County		Bldg. Age 1933				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) True Star Contracting			
Street Address		Street Address 54 Hedden Terrace				
City, State, Zip Code		City, State, Zip Code North Arlington, New Jersey 07031				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (201) 790-4530			
Start Date (10) 1/16/2026		Scheduled Completion Date (11) 1/19/2026				
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 True Star Contracting				
		Street Address 54 Hedden Terrace				
		City, State, Zip Code North Arlington, New Jersey 07031				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
Basement		Thermal System Insulation			39 LF	X
Name of Registered Waste Hauler True Star Contracting		NJDEP Waste Hauler ID No. 0041405		Cubic Yards of Waste 1	Name of Registered Landfill Chrin Brothers Landfill	
City, State North Arlington, New Jersey				Disposal Date TBD	City, State Easton, PA	
Completed by Nestor M. Alvez		Title Project Manager		Signature 	Date 1/12/2026	

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

RECEIVED

Date of Notification (1) 1/13/26		Name of Building Owner/Operator (2) Ziman					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 113 Laguna Lane		City, State, Zip Code Long Beach NJ 08008					
Name of Contact Joycelynn		Telephone Number 609-294-4900					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Ziman		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 113 Laguna Lane		Square Feet 1000 +					
City (5) Long Beach NJ 08008		# of Floors 1					
County (6) Ocean		Bldg. Age 35 +					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329					
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No. 856-753-9800					
Telephone No.		License No. 00727					
Start Date (10) 1/22/26	Scheduled Completion Date (11) 1/28/26		Name of OSHA Monitor Same				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address					
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		
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Exterior Siding		<input type="checkbox"/> X		Exterior Siding		2000 SF	
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 3		Name of Registered Landfill Fairless Hills	
City, State West Berlin NJ		Disposal Date 1/28/26		City, State Morrisville PA 19067			
Completed by Anthony T Perna		Title President		Signature		Date 1/13/26	

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

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Date of Notification (1) 01/14/2026		Name of Building Owner/Operator (2) WAYNE BOARD OF EDUCATION		JAN 16 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 50 NELLIS DRIVE	
				City, State, Zip Code WAYNE, NJ 07470	
				Name of Contact DEZZIE YOUNG	
				Telephone Number 973-633-3000	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) WAYNE HILLS HIGH 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 272 BERDAN AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) WAYNE					
County (6) PASSAIC		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MGMT INC.		ASCM No.		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.	
Street Address 344 WEST STATE STREET			Street Address 11 VREELAND AVENUE		
City, State, Zip Code TRENTON, NJ 08618			City, State, Zip Code TOTOWA, NJ 07512		
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone No. 609-656-8101		Telephone No. 973-956-8700	
License No. 00494					
Start Date (10) 01/23/2026		Scheduled Completion Date (11) 01/26/2026		Name of OSHA Monitor SAME AS (9) 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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure 					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
ROOM 206		X		FITTINGS	
				8 LF	X
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING, INC.		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 5+/- Name of Registered Landfill WASTE MANAGEMENT	
City, State TOTOWA, NJ 07512		Disposal Date 01/26/2026		City, State MORRISVILLE, PA	
Completed by ELIZABETH MLADENOVIC		Title VP OF OPERATIONS		Signature 	
				Date 01/14/2026	

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

CK # 1367

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

RECEIVED

Date of Notification (1) 01 / 14 / 26		Name of Building Owner/Operator (2) Hillsdale Self Storage LLC		JAN 20 2026													
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 32 Mt. Kemble Avenue		ASBESTOS CONTROL & LICENSE												
			City, State, Zip Code Morristown, NJ 07960														
			Name of Contact Marc Baumann		Telephone Number (484)-788-1126												
			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 and commercial buildings, homes, etc.)														
Street Address 93 Prospect Place			Square Feet 5,000	# of Floors 2	Bldg. Age 65 yrs.												
City (5) Hillsdale																	
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office/warehouse													
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) SafeAir Solutions														
Street Address			Street Address P.O. Box 11														
City, State, Zip Code			City, State, Zip Code Cedar Grove, NJ 07009														
Project Manager for Monitoring Firm		Telephone No. 973-868-3323	Telephone No. 973-868-3323	License No. 02115													
Start Date (10) 01 / 25 / 26	Scheduled Completion Date (11) 01 / 30 / 26		Name of OSHA Monitor Same as above														
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Street Address														
			City, State, Zip Code														
<p>Scope of Work (Check all that apply)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input type="checkbox"/> ≥3 sf or ≥3 lf</td> <td style="width: 30%;"><input type="checkbox"/> Renovation</td> <td style="width: 40%;">Full Containment with Negative Pressure</td> </tr> <tr> <td><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf</td> <td><input checked="" type="checkbox"/> Demolition</td> <td>Mini-Enclosure</td> </tr> <tr> <td></td> <td></td> <td>Glovebag Procedure</td> </tr> <tr> <td></td> <td></td> <td>Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>						<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	Full Containment with Negative Pressure	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	Mini-Enclosure			Glovebag Procedure			Non-Exempted (*) and Non-Friable Procedure
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	Full Containment with Negative Pressure															
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	Mini-Enclosure															
		Glovebag Procedure															
		Non-Exempted (*) and Non-Friable Procedure															
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type												
					Removal	Repair	Encapsulate										
Roof		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roof flashing around parapet walls	800 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"/>										
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill													
City, State Elizabeth, NJ			Disposal Date January 2026	City, State Morrisville, PA													
Completed By (Print or Type) James E Unger		Title President		Signature 		Date 1-14-26											

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

RECEIVED

Ch #4309

Date of Notification (1) <u>1</u> / <u>9</u> / <u>26</u>		Name of Building Owner/Operator (2) City of Atlantic City								
		JAN 20 2026								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			Street Address 1301 Bacharach Blvd						
				City, State, Zip Code Atlantic City NJ 08401						
				Name of Contact Facilities		Telephone Number 609-300-5000				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Chelsea Heights Rec Bldg.				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 500 North Annapolis Ave				Square Feet 1,500	# of Floors 1	Bldg. Age 50				
City (5) Atlantic City		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) recreational						
County (6) Atlantic										
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance, LLC		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.							
Street Address PO Box 167		Street Address 923 Haws Ave.								
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Norristown, PA 19401								
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609.820.9312	Telephone No. 610-239-9920		License No. 00398					
Start Date (10) <u>1</u> / <u>26</u> / <u>26</u>	Scheduled Completion Date (11) <u>2</u> / <u>16</u> / <u>26</u>			Name of OSHA Monitor Plymouth Environmental Co., Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM/</u> <u>PM-</u> <u>AM</u>				Street Address 923 Haws Ave						
				City, State, Zip Code Norristown, PA 19401						
Scope of Work (Check all that apply)										
<input type="checkbox"/> <u>>3 sf or >3 lf</u> <input checked="" type="checkbox"/> <u>>160 sf or >260 lf</u>		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			
main room		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		floor tile and mastic		1,500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management			NJDEP Waste Hauler ID No. 39126		Cubic Yards of Waste 10CY		Name of Registered Landfill G.R.O.W.S North Landfill/Fairless Landfill			
City, State Camden, NJ					Disposal Date 2/16/26		City, State Morrisville, PA			
Completed By (Print or Type) James M. Kelly		Title Vice President						Date 1/9/2026		

2044

Proj. #: 25-233

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

RECEIVED

JAN 20 2026

Date of Notification (1) 1/12/18/12/15	Name of Building Owner/Operator (2) Maureen Meade		
Agencies Notified	Type Notification	ASBESTOS ABATEMENT LICENSING	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		
Name of Contact Maureen Meade		Telephone Number 908-472-7382	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4)		
Street Address 6 Dayton Street			<input type="checkbox"/> School (K - 12)		
City (5) Elizabeth, NJ 07202			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) Union			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County Code (7) (State use only)			Square Feet 2,500 SF	# of Floors 03	Bldg. Age 98
			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) 12/09/2025		Sched. Completion Date (11) 12/10/2025	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)			<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Demolition								
Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT BOILER ROOM	Is location normally used solely by maintenance/custodial staff(12)		Description of asbestos-containing material (ACM) Pipe Insulation	Amount (Specify SF or LF) 15 LF	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No						

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1/2 CYD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
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City, State Budd Lake, NJ 07828	Disposal Date TBD	City, State TULLYTOWN, PA
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Completed by (Print or Type) Gordana Stojanovska	Title Secretary	Signature	Date 12/08/2025
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* Do not use this form for asbestos licensure exempted activities.

2842
Proj. #: 25-232State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)PAID
RECEIVED

JAN 20 2026

Date of Notification (1) 1/10/15/12/15		Name of Building Owner/Operator (2) Delores Franklin	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 299 Lafayette Street	
	Amendment #:	City, State, Zip Code Rahway, NJ 07065	
	Name of Contact Delores Franklin		Telephone Number 732-208-2632
	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 299 Lafayette Street			Square Feet 2,100 SF	# of Floors 03	Bldg. Age 88
City (5) Rahway, NJ 07065	County (6) Union	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) 12/08/2025	Sched. Completion Date (11) 12/09/2025			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

Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT BOILER ROOM	Is location normally used solely by maintenance/custodial staff (12) Yes No N/A			Description of asbestos-containing material (ACM) Pipe Insulation	Amount (Specify SF or LF) 70 LF	R e m o v e	R e p a i r	E n c a p	E n c l
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 12/05/2025

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

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

Date of Notification (1) 01/13/26		Name of Building Owner/Operator (2) Levco Associates LLC.						
Agencies Notified		Type Notification						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address One Wayne Hills Mall		City, State, Zip Code Wayne, NJ 07470						
Name of Contact David I. Steiger		Telephone Number 973-696-4400						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) K-Mart Store		Type of Facility (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 1020 Hamburg Tpk.		Square Feet # of Floors Bldg. Age 85,000 1 50+						
City (5) Wayne		Current Use (Prior if being demolished) Department Store						
County (6) Passaic		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8) N/A		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						
Telephone No.		License No. 01107						
Start Date (10) 12/29/25		Scheduled Completion Date (11) 01/27/26						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Leslaw Nalodka						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 156 Maple Ave. City, State, Zip Code Wallington, NJ 07057						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
		Yes	No			N/A	Removal	Repair
boiler room			*	boiler breeching	80 sf.	*		
boiler room			*	boiler gaskets	225 lf.	*		
Name of Registered Waste Hauler Century Waste Services LLC.			NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 10 cy.	Name of Registered Landfill GCSL			
City, State Elizabeth, NJ			Disposal Date 01/28/26	City, State Pen Argyl, PA				
Completed by Leslaw Nalodka		Title President		Signature		Date 01/13/26		

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

ASB-41 (R-06-08)
 ASBESTOS MATERIAL IN THE BOILER ROOM ADDED TO THE SCOPE OF WORK

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) US HOME, DBA Lennar					
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 2465 Kusser Road, Floor 3					
		City, State, Zip Code Hamilton, NJ 08690					
		Name of Contact Matt Fallon					
		Telephone Number 609-468-3330					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (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 3017 - 3018 Helms Drive		Square Feet	# of Floors				
City (5) Eatontown		Bldg. Age					
County (6) Monmouth		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 00117	Name of Abatement Contractor (9) NorthEast Management LLC				
Street Address PO Box 365		Street Address 41 Madison Avenue					
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Rochelle Park, NJ 07662					
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	Telephone No. 201-577-1381				
Start Date (10) 1/18/2026		License No. 02008					
Scheduled Completion Date (11) 2/2/2026		Name of OSHA Monitor NorthEast Management 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 41 Madison Avenue					
		City, State, Zip Code Rochelle Park, NJ 07662					
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
Crawl Space		X	Pipe Insulation	120LF	X		
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill		
City, State Elizabeth, NJ			Disposal Date		City, State Morrisville, PA		
Completed by Sonja Dimovska		Title Owner		Signature <i>S. Dimovska</i>		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) 1/16/2026		Name of Building Owner/Operator (2) 49 51 Morton Place PI JC LLC/ 49 51 Morton PI SC LLC JAN 20 2026				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3142 John F Kennedy Blvd				
		City, State, Zip Code Jersey City, NJ 07306-3524				
		Name of Contact Steven Caraccio		Telephone Number 201-923-0251		
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 Morton Place			Square Feet	# of Floors		
City (5) Jersey City			Bldg. Age			
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC			
Street Address			Street Address 41 Madison Avenue			
City, State, Zip Code			City, State, Zip Code Rochelle Park, NJ 07662			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-577-1381	License No. 02008		
Start Date (10) 1/28/2026	Scheduled Completion Date (11) 2/11/2026		Name of OSHA Monitor NorthEast Management 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 41 Madison Avenue			
			City, State, Zip Code Rochelle Park, NJ 07662			
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
Exterior		X	Roof Flashing (perimeter)	261LF	X	
Description of Abatement Activities						
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ			Disposal Date		City, State Morrisville, PA	
Completed by Sonja Dimovska		Title Owner		Signature <i>S. Dimovska</i>		Date 1/16/2026

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

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

RECEIVED

Date of Notification (1) 1/16/2026		Name of Building Owner/Operator (2) 49 51 Morton Place PI JC LLC/ 49 51 Morton PI SC LLC					
Agencies Notified		Type Notification					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation					
Street Address 3142 John F Kennedy Blvd		City, State, Zip Code Jersey City, NJ 07306-3524					
Name of Contact Steven Caraccio		Telephone Number 201-923-0251					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)					
Street Address 49 Morton Place		<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.)					
City (5) Jersey City		Square Feet	# of Floors				
County (6) Hudson		Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC				
Street Address		Street Address 41 Madison Avenue					
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-577-1381				
License No. 02008							
Start Date (10) 1/28/2026	Scheduled Completion Date (11) 2/11/2026		Name of OSHA Monitor NorthEast Management LLC				
Occupancy Status During Abatement (Check Only One)		Street Address 41 Madison Avenue					
<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: _____		<input type="checkbox"/> City, State, Zip Code Rochelle Park, NJ 07662					
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
2nd Floor			Pipe Insulation	35LF	<input checked="" type="checkbox"/>		
Garage			Roof Flashing	80LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill		
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA			
Completed by Sonja Dimovska		Title Owner		Signature <i>S. Dimovska</i>		Date 1/16/2026	

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10/3 1342650
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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RECEIVED
 JAN 22 2026
 NJ DEPARTMENT OF ENVIRONMENTAL PROTECTION
 CONTROL & LICENSING

Date of Notification (1) 1/16/2026		Name of Building Owner/Operator (2) 38 42 Morton Place PI JC LLC/ 38 42 Morton PI SC LLC 26					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3142 John F Kennedy Blvd	JAN 22 2026				
		City, State, Zip Code Jersey City, NJ 07306-3524	Name of Contact Steven Caraccio	Telephone Number 201-923-0251			
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 38 Morton Place		Square Feet	# of Floors				
City (5) Jersey City		Bldg. Age					
County (6) Hudson		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC				
Street Address		Street Address 41 Madison Avenue					
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-577-1381				
Start Date (10) 1/26/2026		License No. 02008					
Scheduled Completion Date (11) 2/9/2026		Name of OSHA Monitor NorthEast Management 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 41 Madison Avenue					
		City, State, Zip Code Rochelle Park, NJ 07662					
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
2nd Floor		X	Floor Tile	210SF	X		
Exterior		X	Roof Flashing	92LF	X		
Name of Registered Waste Hauler Century Waste			NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill		
City, State Elizabeth, NJ			Disposal Date	City, State Morrisville, PA			
Completed by Sonja Dimovska		Title Owner		Signature <i>S. Dimovska</i>		Date 1/16/2026	

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

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

RECEIVED

Date of Notification (1) 1/16/2026		Name of Building Owner/Operator (2) 43 45 Morton Place PI JC LLC/ 43 45 Morton PI SC LLC JAN 22 2026					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3142 John F Kennedy Blvd					
		City, State, Zip Code Jersey City, NJ 07306-3524		ASBESTOS CONTROL & LICENSING			
		Name of Contact Steven Caraccio		Telephone Number 201-923-0251			
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 43 Morton Place			Square Feet	# of Floors			
City (5) Jersey City			Bldg. Age				
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC				
Street Address			Street Address 41 Madison Avenue				
City, State, Zip Code			City, State, Zip Code Rochelle Park, NJ 07662				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-577-1381	License No. 02008			
Start Date (10) 1/27/2026	Scheduled Completion Date (11) 2/10/2026		Name of OSHA Monitor NorthEast Management 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 41 Madison Avenue				
			City, State, Zip Code Rochelle Park, NJ 07662				
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 Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Removal	Repair	Encapsulate
Exterior		X	Multiple layer roof	2,100SF	X		
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ			Disposal Date	City, State Morrisville, PA			
Completed by Sonja Dimovska		Title Owner	Signature <i>S. Dimovska</i>	Date 1/16/2026			

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

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

RECEIVED

Date of Notification (1) 1/16/2026		Name of Building Owner/Operator (2) 42 Morton Place PI JC LLC/ 38 42 Morton PI SC LLC JAN 20 2026	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	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 3142 John F Kennedy Blvd	City, State, Zip Code Jersey City, NJ 07306-3524 PERMIT NUMBER & LICENSING
		Name of Contact Steven Caraccio	

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 40-42 Morton Place		Square Feet	# of Floors
City (5) Jersey City		Bldg. Age	
County (6) Hudson		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NorthEast Management LLC	
Street Address		Street Address 41 Madison Avenue		
City, State, Zip Code		City, State, Zip Code Rochelle Park, NJ 07662		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-577-1381	License No. 02008
Start Date (10) 1/26/2026	Scheduled Completion Date (11) 2/9/2026	Name of OSHA Monitor NorthEast Management 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 41 Madison Avenue		
		City, State, Zip Code Rochelle Park, NJ 07662		

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement		X		Pipe Insulation	133LF			

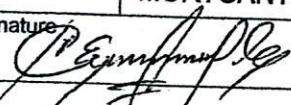
Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ	Disposal Date	City, State Morrisville, PA	
Completed by Sonja Dimovska	Title Owner	Signature <i>S. Dimovska</i>	Date 1/16/2026

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

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

RECEIVED

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Date of Notification (1) 1/9/2026		Name of Building Owner/Operator (2) 149 LAWRENCE DR. LLC					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 149 LAWRENCE DR,	JAN 22 2026				
		City, State, Zip Code PARAMUS NJ. 07652	ASBESTOS CONTROL & LICENSING				
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Name of Contact CRISTIAN TOBON					
Street Address 149 LAWRENCE DRIVE		Telephone Number 551.223.7018					
City (5) PARAMUS NJ. 07652		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
County (6) BERGEN		Square Feet 1,859. SF	# of Floors 2				
		Bldg. Age 73					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) YES					
Street Address		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC					
City, State, Zip Code		Street Address 52 FIELD ROAD.					
Project Manager for Monitoring Firm N/A		City, State, Zip Code CLIFTON NJ. 07013					
Start Date (10) 1/10/2026	Scheduled Completion Date (11) 1/12/2026	Telephone No. 201.776.0642	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 HILLMANN CONSULTING LAB					
		Street Address 1605 Vauxhall Rd #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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
BASEMENT	X		FLOOR TILE	816. SF	X		
Name of Registered Waste Hauler ROVIC TRANSPORT		NJDEP Waste Hauler ID No. 20745	Cubic Yards of Waste TBD	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 1/9/2026			

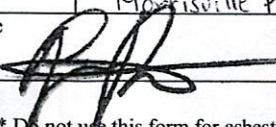
* Do not use this form for asbestos licensure exempted activities.

#531

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

PAID

RECEIVED

Date of Notification (1) 12/15/2025		Name of Building Owner/Operator (2) Scotch Plains, NJ 07076						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 1498 60th St		City, State, Zip Code Scotch Plains, NJ 07076						
		Telephone Number ASBESTOS CONTROL & LICENSING						
FACILITY INFORMATION								
Name of Facility, where is Taking Place (3) 1498 60th St		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Scotch Plains		Square Feet 2480	# of Floors 2					
County (6) Union		Bldg. Age 1959						
County Code (7) <i>STATE USE ONLY</i>		Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Abated					
Street Address		Street Address 111 Clark Place						
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07206						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-372-8375					
Start Date (10) 12/15/2025		Scheduled Completion Date (11) 12/19/2025						
Name of OSHA Monitor Ryan Passos		License No. 02019						
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 type="checkbox"/> Other – Describe: _____		Street Address 111 Clark Place						
		City, State, Zip Code Elizabeth NJ						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type	
		Yes	No	N/A	Removal		Repair	Encapsulate
Basement			X	VAT Floor tile & Mastic		1,000 SF	X	
Name of Registered Waste Hauler Abated		NJDEP Waste Hauler ID No. 0038720		Cubic Yards of Waste 8	Name of Registered Landfill Fairless Hills (W-M)			
City, State Elizabeth NJ		Disposal Date 12/19/2025		City, State Morrisville PA				
Completed by Ryan Passos		Title President		Signature 		Date 12/15/2025		

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

PAID

4342629

Date of Notification (1) 01 / 16 / 26	Name of Building Owner/Operator (2) R.F. FERNICOLA	
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 898 Bellwood Drive JAN 20 2026
		City, State, Zip Code Toms River, NJ 08753
		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 20 Madison Avenue		Square Feet 2200
City (5) Toms River		# of Floors 2
County (6) Ocean		Bldg. Age 75
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. Guardian Contracting, Inc.
Street Address		Current Use (Prior if being demolished) Residence
City, State, Zip Code		Street Address 1889 Route 9, Unit 61
Project Manager for Monitoring Firm		Telephone No. 732-349-9932
Start Date (10) 01 / 27 / 26		Scheduled Completion Date (11) 01 / 30 / 26
Name of OSHA Monitor E.M.S.L. Analytical		Telephone No. 732-349-9932
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
exterior	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	asbestos siding	2400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Toms River, New Jersey		Disposal Date 01/30/26	City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager		Signature	Date 1/16/26

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

540

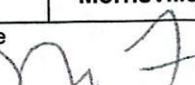
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RECEIVED

Date of Notification (1) 01/15/2026		Name of Building Owner/Operator (2) 149 N 12th St Newark NJ 07107 Name of Contact ASBESTOS TO: Telephone Number (116)				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 149 N 12th St	JAN 20 2026			
		City, State, Zip Code Newark NJ 07107				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Street Address 149 N 12th St City (5) Newark		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
County (6) ESSEX		Square Feet 1560	# of Floors 2			
		Bldg. Age 1917				
		Current Use (Prior if being demolished) N/A				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Abated			
Street Address		Street Address 33 Clark Place				
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07206				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-372-8375			
Start Date (10) 01/25/2026		Scheduled Completion Date (11) 01/28/2026	License No. 02019			
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 type="checkbox"/> Other – Describe: _____		Name of OSHA Monitor Ryan Passos				
		Street Address 33 Clark Place				
		City, State, Zip Code Elizabeth NJ 07206				
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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) Stairwell & Foyer Exterior	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) 350 SF	Abatement Type	
					Removal Repair Encapsulate	
Name of Registered Waste Hauler Abated		NJDEP Waste Hauler ID No. 0038720	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Hills (W-H)		
City, State Elizabeth NJ		Disposal Date 01/28/2026	City, State Morrisville PA			
Completed by Ryan Passos	Title President		Signature 	Date 01/15/2026		

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

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

Date of Notification (1) <u>01</u> / <u>16</u> / <u>26</u>		Name of Building Owner/Operator (2) <u>49978D</u>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1565 Route 9</u>								
		City, State, Zip Code <u>Toms River, NJ 08755</u>		JAN 20 2026						
		Name of Contact		Telephone Number <u>973-349-9932</u>						
				ROL & LICENSING						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residence Street Address <u>1393 Whitesville Road</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
City (5) <u>Toms River</u>		Square Feet <u>1350</u>	# of Floors <u>1</u>							
County (6) Ocean		Bldg. Age <u>75</u>								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Current Use (Prior if being demolished) Residence								
City, State, Zip Code		Street Address <u>1889 Route 9, Unit 61</u>								
Project Manager for Monitoring Firm		Telephone No. <u>732-349-9932</u>	License No. <u>00624</u>							
Start Date (10) <u>01</u> / <u>28</u> / <u>26</u>	Scheduled Completion Date (11) <u>01</u> / <u>30</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <u>1056 Stelton</u>								
		City, State, Zip Code <u>Piscataway, New Jersey 08854</u>								
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> <td style="width: 33%;">N/A</td> </tr> </table>	Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
			Yes	No	N/A					
Removal	Repair	Encapsulate								
exterior		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	asbestos siding		<u>1350 sf</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. <u>20223</u>		Cubic Yards of Waste <u>3</u>	Name of Registered Landfill Fairless Landfill					
City, State Toms River, New Jersey		Disposal Date <u>01/30/26</u>		City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Nicholas Fericola		Title Project Manager		Signature 		Date <u>1/16/26</u>				

1063
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 01/16/2026		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Street Address: 425 Berwick Street		
	City, State, Zip Code: Orange, NJ 07050		
	Name of Contact:		Telephone Number:
	ASBESTOS CONTROL & LICENSING		

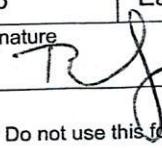
RECEIVED

JAN 20 2026

FACILITY INFORMATION								
Name of Facility: 425 Berwick Street 425 Berwick Street			Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
City/ (5) Orange	County (6): Essex	County Code (7): 07050	Square Feet: # of Floors: Bldg. Age Current Use: House					
Name of Monitoring Firm Hired by Building Owner: Apex Development, Inc.			Name of Abatement Contractor (9): Apex Development, Inc.					
Street Address: 358 Broadway			Street Address: 358 Broadway					
City, State, Zip Code: Newark, NJ 07104			City, State, Zip Code: Newark, NJ 07104					
Project Manager for Monitoring Firm: Chinyelu Oraegbunam		Telephone No.: 973-350-0101	Telephone No.: (973) 350-0101	License No.: 01215				
Start Date (10): 01/26/2026	Scheduled Completion Date (11): 01/31/2026		Name of OSHA Monitor: Metro Analytical Laboratories					
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 type="checkbox"/> Other Describe: occupied			Street Address: 255 West 36 th Street, Suite 203 City, State, Zip Code: New York, New York, 10018					
Scope of Work (Check all that apply): <input type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 260 lf			<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Abatement Type				
				Yes	No	N/A	Amount (Specify SF or LF)	Removal
BASEMENT	X		PIPE INSULATION	30 LF	*			
Name of Registered Waste Hauler: Century Waste Service			NJDEP Waste Hauler ID No.: 10254	Cubic Yards of Waste: 30	Name of Registered landfill: Fairless Landfill			
City, State: Elizabeth, NJ 07201		Disposal Date:		City, State: Morrisville, PA 19067				
Completed By: Chinyelu Oraegbunam		Title: President		Signature:		Date: 01/16/2025		

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

~~RECEIVED~~

Date of Notification (1) 1/17/26		Name of Building Owner/Operator (2) Street Address 124 Church Street														
Agencies Notified		<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA														
Type Notification		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation														
		Street Address 124 Church Street														
		City, State, Zip Code Fair Haven, New Jersey 07704														
		Name of Contact _____ Telephone Number _____														
FACILITY INFORMATION																
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)													
Street Address 124 Church 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) Fair Haven			Square Feet 1300	# of Floors 1												
County (6) Monmouth			Bldg. Age 65+													
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) 1/26/26		Scheduled Completion Date (11) 1/29/26		Name of OSHA Monitor												
Occupancy Status During Abatement (Check Only One)			Street Address City, State, Zip Code													
<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																
Scope of Work (Check All That Apply) <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/> ≥3 sf or ≥3 lf</td> <td><input checked="" type="checkbox"/> Renovation</td> <td><input type="checkbox"/> Full Containment with Negative Pressure</td> </tr> <tr> <td><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf</td> <td><input type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Mini-Enclosure</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Glovebag Procedure</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>					<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure			<input type="checkbox"/> Glovebag Procedure			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<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 type="checkbox"/> Glovebag Procedure														
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure														
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table style="margin-left: 10px; border: none;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> N/A</td> </tr> </table>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type						
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A										
<input type="checkbox"/> Removal	<input type="checkbox"/> Repair	<input type="checkbox"/> Encapsulate	<input type="checkbox"/> Enclosure													
basement		<input type="checkbox"/> X		floor tile		500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Name of Registered Waste Hauler Ace Insulation Co., Inc			NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 2		Name of Registered Landfill Chribs									
City, State Colts Neck, New Jersey					Disposal Date 1/29/26		City, State Easton, PA									
Completed by Bree McGuire		Title Secretary Treasurer			Signature 		Date 1/17/26									

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

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

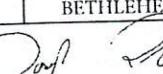
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49972

Date of Notification (1) <u>01</u> / <u>15</u> / <u>26</u>		Name of Building Owner/Operator (2) <u>102 1st Avenue</u> <u>Manasquan, NJ 08736</u>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>102 1st Avenue</u>	JAN 20 2026							
		City, State, Zip Code <u>Manasquan, NJ 08736</u>								
		ASBESTOS CONTROL & LICENSING Name of Contact _____								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residence Street Address <u>511 Summit Drive</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
City (5) Point Pleasant		Square Feet <u>1200</u>	# of Floors <u>1</u>							
County (6) Ocean		Bldg. Age <u>70</u>								
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 <u>1889 Route 9, Unit 61</u>								
City, State, Zip Code		City, State, Zip Code <u>Toms River, New Jersey 08755</u>								
Project Manager for Monitoring Firm		Telephone No. <u>732-349-9932</u>	License No. <u>00624</u>							
Start Date (10) <u>01</u> / <u>27</u> / <u>26</u>	Scheduled Completion Date (11) <u>01</u> / <u>28</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <u>1056 Stelton</u>								
		City, State, Zip Code <u>Piscataway, New Jersey 08854</u>								
Scope of Work (Check all that apply)										
<input type="checkbox"/> <u>>3 sf or >3 lf</u> <input checked="" type="checkbox"/> <u>>160 sf or >260 lf</u>		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
exterior		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		asbestos siding		<u>1200 sf</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. <u>20223</u>		Cubic Yards of Waste <u>3</u>		Name of Registered Landfill Fairless Landfill				
City, State Toms River, New Jersey				Disposal Date <u>01/28/26</u>		City, State Morrisville, Pennsylvania				
Completed By (Print or Type) Nicholas Fericola		Title Project Manager		Signature <u>Nicholas Fericola</u>		Date <u>1/15/26</u>				

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

RECEIVED

Date of Notification (1)		Name of Building Owner/Operator (2)					
01/02/2026		JAN 20 2026					
Agencies Notified	Type Notification	Street Address 136 Astor Ave					
		City, State, Zip Code Lakewood, NJ 08701					
<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					
		ASBESTOS CONTROL & LICENSING					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 136 Astor Ave		Square Feet	# of Floors				
City (5) Lakewood		Bldg. Age					
County (6) Ocean		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) 01/12/2026		Scheduled Completion Date (11) 01/12/2026		Name of OSHA Monitor AAA Lead Professionals			
Occupancy Status During Abatement (Check Only One)		Street Address 6 White Dove Court					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		<input type="checkbox"/> City, State, Zip Code Lakewood, NJ, 08701					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <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)		Abatement Type	
Exterior				Siding		1500SF	<input checked="" type="checkbox"/>
						Removal	Repair
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103		Cubic Yards of Waste 5	Name of Registered Landfill IESI		
City, State Lakewood, NJ				Disposal Date 01/12/2026	City, State BETHLEHEM, PA		
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 01/02/2026	

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

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

RECEIVED

Date of Notification (1) 1/12/2026		Name of Building Owner/Operator (2) Street Address 16 Craig Pl City, State, Zip Code Cranford NJ 07016 Name of Contact Telephone Number						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 16 CRAIG PL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) CRANFORD			Square Feet	# of Floors				
County (6) Union			Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals					
Street Address 6 White Dove Court								
City, State, Zip Code Lakewood, NJ, 08701								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649	License No. 1200				
Start Date (10) 1/21/2026	Scheduled Completion Date (11) 1/21/2026		Name of OSHA Monitor AAA Lead Professionals					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____								
Street Address 6 White Dove Court								
City, State, Zip Code Lakewood, NJ, 08701								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
						Removal	Repair	Encapsulate
Interior		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Pipe insulation	120 LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103		Cubic Yards of Waste 3	Name of Registered Landfill IESI			
City, State Lakewood, NJ				Disposal Date 1/21/2026	City, State BETHLEHEM, PA			
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature	Date 1/12/2026			

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

PAID
Chk# 1870

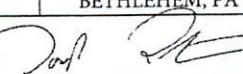
Date of Notification (1) 1/12/2026		Name of Building Owner/Operator (2) JAN 20 2026					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
		Street Address 95 Dover Road City, State, Zip Code Edison, NJ 08820					
		ASBESTOS CONTROL & LICENSING Name of Contact _____ Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 540 N Union Ave.		Square Feet 1,240	# of Floors 1				
City (5) Cranford, NJ 07016		Bldg. Age 1957					
County (6) Union		County Code (7) (STATE USE ONLY) _____					
		Current Use (Prior if being demolished) Residential Property					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. Danvic Contracting LLC					
Street Address		Street Address 240 South 5th St.					
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206					
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355				
Start Date (10) 1/22/2026	Scheduled Completion Date (11) 2/22/2026		Name of OSHA Monitor Iris Environmental Laboratories, Inc.				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 2333 Route 22 West					
		City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Yes	No	N/A
Mud Room			X	VAT/Black Mastic	150 SF	X	
Throughout			X	Joint Compound	6,000 SF	X	
Name of Registered Waste Hauler Century Waste Services LLC			NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill		
City, State Elizabeth, NJ			Disposal Date TBD	City, State Morrisville, PA			
Completed by Jeymy Donneys		Title Owner		Signature <i>Jeymy Donneys</i>		Date 1/12/2026	

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

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Date of Notification (1) 1/13/2026		Name of Building Owner/Operator (2) 56 Congress St				
Agencies Notified	Type Notification	Street Address 56 Congress St		JAN 21 2026		
		City, State, Zip Code Lakewood, NJ 08701				
<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				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 56 Congress St			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Lakewood			Square Feet	# of Floors		
County (6) Ocean			Bldg. Age			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals			
Street Address		Street Address 6 White Dove Court				
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-719-5649	License No. 1200		
Start Date (10) 01/22/26	Scheduled Completion Date (11) 01/22/26		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 <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 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
Interio		Pipe Insulation	200LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 3	Name of Registered Landfill IESI		
City, State Lakewood, NJ			Disposal Date 01/22/26	City, State BETHLEHEM, PA		
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 1/13/2026

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

Chk#1872

Date of Notification (1) 1/13/2026		Name of Building Owner/Operator (2) <i>PARD</i>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 816 Springfield Ave.	JAN 21 2026				
		City, State, Zip Code Cranford, NJ 07016	ASBESTOS CONTROL & LICENSING Name of Contact _____ Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 816 Springfield Ave.		Square Feet 2,190	# of Floors 2				
City (5) Cranford, NJ 07016		Bldg. Age 1927					
County (6) Union		Current Use (Prior if being demolished) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. Danvic Contracting LLC	Name of Abatement Contractor (9) Danvic Contracting LLC				
Street Address		Street Address 240 South 5th St.					
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206					
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355				
Start Date (10) 1/24/2026	Scheduled Completion Date (11) 1/27/2026		Name of OSHA Monitor Iris Environmental Laboratories, Inc.				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: OCCUPIED		Street Address 2333 Route 22 West					
		City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement		X	Pipe Insulation	100 LF	X		
Name of Registered Waste Hauler Danvic Contracting LLC			NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill		
City, State Elizabeth, NJ			Disposal Date TBD		City, State Morrisville, PA		
Completed by Jeymy Donneys		Title Owner		Signature <i>Jeymy Donneys</i>		Date 1/13/2026	

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

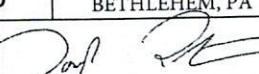
RECEIVED

Chk # 1871

Date of Notification (1) 1/13/2026		Name of Building Owner/Operator (2) JAN 21 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 21 Birchwood Ave.					
		AsBESTOS CONTROL & LICENSING City, State, Zip Code West Orange, NJ 07052					
Name of Facility Where Abatement is Taking Place (3) Residential Property		Name of Contact _____					
Street Address 21 Birchwood Ave.		Telephone Number _____					
City (5) West Orange, NJ 07052		Square Feet 1,800	# of Floors 3				
County (6) Essex		Bldg. Age 1941					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Danvic Contracting LLC				
Street Address		Street Address 240 South 5th St.					
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206					
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 908-906-4123				
Start Date (10) 1/14/2026		Scheduled Completion Date (11) 1/20/2026	Name of OSHA Monitor Iris Environmental Laboratories, Inc.				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: OCCUPIED		Street Address 2333 Route 22 West					
		City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input 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
2nd Floor Front-Bedroom		X	Popcorn Ceiling	150 SF	X		
Name of Registered Waste Hauler Danvic Contracting LLC	NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ			Disposal Date TBD	City, State Morrisville, PA			
Completed by Jeymy Donneys	Title Owner		Signature <i>Jeymy Donneys</i>	Date 1/13/2026			

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

Date of Notification (1) 1/16/2026		Name of Building Owner/Operator (2) 1 Evergreen Dr, Medford, NJ 08055					
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"/> <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
		Street Address 1 Evergreen Dr, Medford, NJ 08055		JAN 22 2026			
		City, State, Zip Code Medford, NJ 08055		ASBESTOS CONTROL & LICENSING			
		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 1 Evergreen Dr			Square Feet	# of Floors			
City (5) Medford			Bldg. Age				
County (6) Burlington		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 01/30/2026	Scheduled Completion Date (11) 02/02/2026		Name of OSHA Monitor AAA Lead Professionals				
Occupancy Status During Abatement (Check Only One)		Street Address 6 White Dove Court					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		City, State, Zip Code Lakewood, NJ, 08701					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input 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
Interior			Ceiling Tile	290SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 3	Name of Registered Landfill IESI			
City, State Lakewood, NJ		Disposal Date 02/02/2026	City, State BETHLEHEM, PA				
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature 		Date 1/16/2026	

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

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

RECEIVED

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) Posen Contracting				
Agencies Notified	Type Notification	Street Address 16 Ashford Rd		JAN 22 2026		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jackson, NJ 08527		ASBESTOS CONTROL & LICENSING		
		Name of Contact	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)				
Street Address 16 Ashford Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Jackson		Square Feet	# of Floors	Bldg. Age		
County (6) Ocean		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) 01/27/26	Scheduled Completion Date (11) 01/2726		Name of OSHA Monitor AAA Lead Professionals			
Occupancy Status During Abatement (Check Only One)		Street Address 6 White Dove Court				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		<input type="checkbox"/> City, State, Zip Code <input type="checkbox"/> Lakewood, NJ, 08701				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <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	
					Removal	Repair
Exterior	Yes	No	N/A	1500SF	<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103		Cubic Yards of Waste 5	Name of Registered Landfill IESI	
City, State Lakewood, NJ			Disposal Date 01/2726	City, State BETHLEHEM, PA		
Completed by JOSEPH PERLSTEIN	Title OWNER			Signature	Date	01/16/2026

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

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JAN 22 2020

Date of Notification (1): 12/31/2025		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification: <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #: 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address: 10 Manor Ridge Drive
			City, State, Zip Code: Princeton Junction, NJ 08550
			Name of Contact:
			Telephone Number: 609-926-5000
ASBESTOS CONTROL & LICENSING			

FACILITY INFORMATION

Name of Facility: 10 Manor Ridge Drive 10 Manor Ridge Drive			Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)
City (5): Princeton Junction	County (6): Mercer	County Code (7): 08550	Square Feet: # of Floors:
Bldg. Age Current Use: House		Name of Abatement Contractor (9): Apex Development, Inc.	
Name of Monitoring Firm Hired by Building Owner: United Testing and Consulting Group Inc.			Street Address: 358 Broadway
Street Address: 81 Herman Drive			City, State, Zip Code: Newark, NJ 07104
City, State, Zip Code: Spotwood, NJ 08884			Telephone No.: 973-229-7708
Project Manager for Monitoring Firm: Derek		Telephone No.: (973) 350-0101	License No.: 01215
Start Date (10): 01/10/2026	Scheduled Completion Date (11): 01/17/2026- 01/24/26	Name of OSHA Monitor: Metro Analytical Laboratories	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input checked="" type="checkbox"/> Other Describe: <u>UN-occupied</u>			Street Address: 255 West 36th Street, Suite 203
			City, State, Zip Code: New York, New York, 10018

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 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)	Abatement Type			
			Yes	No	N/A	Amount (Specify SF or LF)
EXTERIOR	X	TRANSITE SIDING	600 SF	*		
				*		

Name of Registered Waste Hauler: Century Waste Service		NJDEP Waste Hauler ID No.: 10254	Cubic Yards of Waste: 30	Name of Registered landfill: Fairless Landfill
City, State: Elizabeth, NJ 07201		Disposal Date:	City, State: Morrisville, PA 19067	
Completed By: Chinyelu Oragbumam		Title: President	Signature: <i>Chinyelu Oragbumam</i>	Date: 12/31/2025

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

Chk #1873
RECD

Date of Notification (1) 1/14/2026		Name of Building Owner/Operator (2)					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 16 Craig Place	JAN 22 2026				
		City, State, Zip Code Cranford, NJ 07016	ASBESTOS CONTROL & LICENSING Telephone Number				
		Name of Contact					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 16 Craig Place		Square Feet 2,000	# of Floors 2				
City (5) Cranford, NJ 07016		Bldg. Age 1930					
County (6) Union		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC				
Street Address		Street Address 240 South 5th St.					
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123				
Start Date (10) 1/18/2026		Scheduled Completion Date (11) 1/20/2026					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Name of OSHA Monitor Iris Environmental Laboratories, Inc.					
		Street Address 2333 Route 22 West					
		City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement		X	Pipe Insulation	120 LF	X		
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ			Disposal Date TBD	City, State Morrisville, PA			
Completed by Jeymy Donneys		Title Owner		Signature <i>Jeymy Donneys</i>		Date 1/14/2026	

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

CHECK # 2047

Approved by Kurt

Date of Notification (1) 01/12/2026		Name of Building Owner/Operator (2) TAMERLANE PRESERVATION ASSOCIATES LLC					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4 DENNY ROAD, SUITE 1					
		City, State, Zip Code WILMINGTON, DE 19809					
		Name of Contact _____	Telephone Number 31 & LICENSING _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) TAMERLANE APARTMENTS-BUILDING G		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 501 CHEWS LANDING ROAD		Square Feet 9600	# of Floors 2				
City (5) SICKLERVILLE		Bldg. Age 50+					
County (6) CAMDEN		Current Use (Prior if being demolished) RESIDENTIAL					
Name of Monitoring Firm Hired by Building Owner (8) SEM INC.		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.				
Street Address 1634 S DELAWARE STREET		Street Address 570 CLEMS RUN					
City, State, Zip Code PAULSBORO NJ 08066		City, State, Zip Code MULLICA HILL NJ 08062					
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	Telephone No. 610-304-4676				
Start Date (10) 01/13/2026		Scheduled Completion Date (11) 02/13/2026					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Name of OSHA Monitor EMSL					
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) BUILDING G - UNITS 216 TO 227	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 120 SF P/U	Abatement Type		
	Yes	No			N/A	Removal	Repair
X		FLOOR TILE/MASTIC					
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 40	Name of Registered Landfill MINERVA LANDFILL		
City, State MULLICA HILL NJ				Disposal Date 02/13/2026	City, State WAYNESBURG OH		
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Ron Swanson</i>	Date 01/12/2026		

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

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Date of Notification (1) 01/13/2026		Name of Building Owner/Operator (2) Edward Kloss				
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 40 Rt 46				
		City, State, Zip Code Pine Brook NJ, 07058				
		Name of Contact Edward Kloss				
		Telephone Number 973-903-1892				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) comercial		Type of Facility (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 40 Rt 46		Square Feet N/A	# of Floors N/A			
City (5) Pine Brook NJ, 07058		Bldg. Age N/A				
County (6) Morris		Current Use (Prior if being demolished) retail				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement Company LLC			
Street Address		Street Address 329 Parish Dr				
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470				
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 02097			
Start Date (10) 01/22/2026	Scheduled Completion Date (11) 01/27/2026	Name of OSHA Monitor D&S Abatement Company 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: non occupied		Street Address 329 Parish Dr				
		City, State, Zip Code Wayne, NJ 07470				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
first floor	X		VAT	35000	X	
first floor	X		VAT	35000	X	
Name of Registered Waste Hauler D&S Abatement Company LLC		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF		
City, State Wayne NJ		Disposal Date TBD		City, State Tullytown, PA		
Completed by Dejan Antic Dopsaj	Title President		Signature		Date 01/13/2026	

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

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

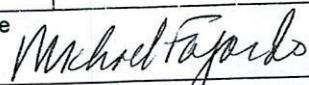
RECEIVED

Date of Notification (1) 1-12-2026		Name of Building Owner/Operator (2) FIVF-IV-NJ2, LLC			JAN 20 2026			
Agencies Notified	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 111 River Street,		ASBESTOS CONTROL & LICENSING			
			City, State, Zip Code Hoboken, New Jersey, 07030					
			Name of Contact Eloy Huamanchum		Telephone Number 201-468-250			
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) FIVF-IV-NJ2, LLC				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 2 Eastmans Road Parsippany, NJ				Square Feet 31,000		# of Floors 1	Bldg. Age 1972	
City (5) Parsippany				Current Use (Prior if being demolished) Vacant/Being Demolished				
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Name of Abatement Contractor (9) General Contracting Group				
Name of Monitoring Firm Hired by Building Owner (8) Efex Environmental Inc		ASCM No. 114208		Street Address 54 Old Chimney Road				
Street Address 955 Evergreen Avenue		City, State, Zip Code Upper Saddle River, NJ 07458						
City, State, Zip Code Bronx, NY 104								
Project Manager for Monitoring Firm Ehis Igbinosa		Telephone No. (646) 350-9079		Telephone No. 551-308-5069		License No. 02086		
Start Date (10) 1/20/2026		Scheduled Completion Date (11) 1/29/2026		Name of OSHA Monitor General Contracting Group				
Occupancy Status During Abatement (Check Only One)				Street Address 54 Old Chimney 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 Upper Saddle River, NJ 07458				
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
Office		X		Floor Tile		450 SF	<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler Century Waste			NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste		Name of Registered Landfill Grand Central	
City, State 623 Dowd Ave Elizabeth, NJ			Disposal Date		City, State Pen Argyl Pa			
Completed by Seamus Schofield		Title President		Signature		Date 1/14/26		

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

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Date of Notification (1) <u>01</u> / <u>13</u> / <u>26</u>		Name of Building Owner/Operator (2) Centra State Healthcare System								
		CHECK#4351 JAN 20 2026								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			Street Address 901 W Main Street						
				City, State, Zip Code Freehold, NJ 07728		ASBESTOS CONTROL & LICENSING				
				Name of Contact Mr. Robert Johnson		Telephone Number 908-216-9172				
				FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Centra State Healthcare System			Type of Facility (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 901 W Main Street										
City (5) Freehold			Square Feet 50,000+	# of Floors 4	Bldg. Age 50+					
County (6) Monmouth		County Code (7)(STATE USE ONLY) n/a		Current Use (Prior if being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) EA Services Corporation							
Street Address n/a			Street Address 530 Church Street- Suite 6							
City, State, Zip Code n/a			City, State, Zip Code Ridgefield, NJ 07657							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-295-1700		License No. 01074					
Start Date (10) <u>01</u> / <u>22</u> / <u>26</u>	Scheduled Completion Date (11) <u>01</u> / <u>24</u> / <u>26</u>		Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8:00AM</u> - <u>PM</u> / <u>PM</u> - <u>AM</u>			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 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
1 st Floor West Mechanical Room		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Pipe Insulation	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler EA Services Corporation			NJDEP Waste Hauler ID No. 107086		Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises				
City, State Ridgefield, NJ			Disposal Date tbd		City, State Waynesburg, OH					
Completed By (Print or Type) Michael Fajardo		Title Clerical			Signature 		Date 01/14/26			

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

Docket # 4609

Date of Notification (1) 1 / 15 / 26		Name of Building Owner/Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____		
	Street Address 420 PARK AVENUE		
	City, State, Zip Code PLAINFIELD NEW JERSEY 07060		
	Name of Contact BRIAN KINGSBURY		Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 420 PARK AVENUE			Square Feet 63000	# of Floors 5	Bldg. Age 90
City (5) PLAINFIELD		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) VERIZON COMMUNICATIONS	
County (6) UNION					
Name of Monitoring Firm Hired by Building Owner (8) RBS ENVIRONMENTAL		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC	
Street Address 24 VETERANS SQUARE			Street Address 1123 BEAVER STREET		
City, State, Zip Code MEDIA PA 19063			City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm MIKE STOKU		Telephone No. (267)261-2837		Telephone No. 215-788-6040	License No. 02121
Start Date (10) 1 / 26 / 26	Scheduled Completion Date (11) 1 / 31 / 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-2AM			Street Address 1123 BEAVER STREET		
			City, State, Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

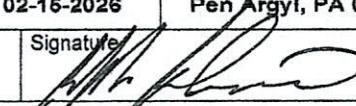
Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
3RD FLOOR MECHANICAL ROOM	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DUCT SECTIONSL SEALANT	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3RD FLOOR MECHANICAL ROOM	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COVE BASE MASTIC	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Conestoga Landfill		
City, State Freehold, NJ			Disposal Date tbd	City, State Morgantown, PA		
Completed By (Print or Type) Patrick T DeCaro	Title Estimator		Signature Pat DeCaro	Date 1/15/20		

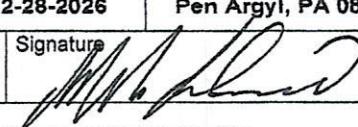
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

✓# 2072
RECEIVED

Date of Notification (1) <u>01</u> / <u>14</u> / <u>26</u>		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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <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					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (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				
County (6) Hudson			Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address			Street Address 176 Saddle River Avenue					
City, State, Zip Code			City, State, Zip Code South Hackensack, NJ 07606					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841	License No. 00156				
Start Date (10) <u>02</u> / <u>02</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>28</u> / <u>26</u>		Name of OSHA Monitor Asbestos Analytical Labs					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8:00 AM</u> - <u>PM/4:30 PM</u> - <u>AM</u>			Street Address 51 Gage Road					
			City, State, Zip Code East Brunswick, NJ 08816					
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> <u>>3 sf or >3 lf</u> <input type="checkbox"/> <u>>160 sf or >260 lf</u>		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Ground / 1 st Floor		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe Insulation		350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground / 1 st Floor		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Floor Tile		3500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <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				Date 01-14-2026		

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

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JAN 20 2023

Date of Notification (1) <u>01</u> / <u>14</u> / <u>26</u>		Name of Building Owner/Operator (2) Baker Properties						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address 4 West Oak Lane Suite 109						
		City, State, Zip Code White Plains, NY 10604						
		Name of Contact Donald Duthaler		Telephone Number 914-461-9344				
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 109 North Fifth Street								
City (5) Saddle Brook, NJ 07663			Square Feet 25000	# of Floors 2				
County (6) Bergen		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address			Street Address 176 Saddle River Avenue					
City, State, Zip Code			City, State, Zip Code South Hackensack, NJ 07606					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841	License No. 00156				
Start Date (10) <u>02</u> / <u>16</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>28</u> / <u>26</u>		Name of OSHA Monitor Asbestos Analytical Labs					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8:00 AM</u> - <u>PM/4:30 PM</u> - <u>AM</u>			Street Address 51 Gage Road					
			City, State, Zip Code East Brunswick, NJ 08816					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> <u>≥3 sf or ≥3 lf</u> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> <u>≥160 sf or ≥260 lf</u> <input type="checkbox"/> Demolition								
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
1st Floor / Ground Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	80 LF	<input checked="" 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 10 Yards	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Elizabeth, NJ		Disposal Date 02-28-2026		City, State Pen Argyl, PA 08072				
Completed By (Print or Type) Ralph Barnhardt		Title Sr. Project Manager		Signature 	Date 01-14-2026			

13541
B & G Project # 2026-12

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

Check # 13541

RECEIVED

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) Newark Symphony Hall														
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 1030 Broad Street														
		City, State, Zip Code Newark, NJ 07102														
Name of Facility Where Abatement is Taking Place (3) Newark Symphony Hall NON-Sub 8		Name of Contact Shawn Roberts		Telephone Number 973-643-4550												
FACILITY INFORMATION																
Name of Facility Where Abatement is Taking Place (3) Newark Symphony Hall NON-Sub 8		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)														
Street Address 1030 Broad		Square Feet 50,000+	# of Floors 4	Bldg. Age 50+												
City (5) Newark, NJ 07102		Current Use (Prior if being demolished) music venue														
County (6) Essex	County Code (7) (STATE USE ONLY)															
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 01/27/2026	Scheduled Completion Date (11) 02/06/2026	Name of OSHA Monitor B & G Restoration, Inc.														
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>occupied</u>		Street Address 1234 Route 23														
		City, State, Zip Code Butler, NJ 07405														
<p>Scope of Work (Check All That Apply)</p> <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/> ≥3 sf or ≥3 lf</td> <td><input checked="" type="checkbox"/> Renovation</td> <td><input type="checkbox"/> Building Demolition with asbestos in-place</td> </tr> <tr> <td><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf</td> <td><input type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Full Containment with Negative Pressure</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Mini-Enclosure</td> <td><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Glovebag Procedure</td> <td></td> </tr> </table>					<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Building Demolition with asbestos in-place	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure		<input type="checkbox"/> Mini-Enclosure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		<input type="checkbox"/> Glovebag Procedure	
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Building Demolition with asbestos in-place														
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure														
	<input type="checkbox"/> Mini-Enclosure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure														
	<input type="checkbox"/> Glovebag Procedure															
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type											
	Yes	No			N/A	Removal	Repair									
1st floor ballroom mezzanine	X		VAT	805 SF	X											
3rd floor - Room 306 - 307	X		VAT	227 SF	X											
4th floor Music area	X		VAT & mastic	3,198 SF	X											
Name of Registered Waste Hauler B&G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 45	Name of Registered Landfill Grand Central Landfill												
City, State Butler, NJ		Disposal Date 01/27/26-02/06/26	City, State Pen Argyl, PA													
Completed by Gordana Luna	Title Secretary / Treasurer	Signature Gordana Luna		Date 01/16/2026												

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

1608
Approved by
Tom Varkhees 1/14/26

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

Check # 46008

Date of Notification (1) 1/14/26		Name of Building Owner / Operator (2) Trenton Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street	
		City, State & Zip Code Trenton, NJ 08638	
		Name of Contact Mr. Dwayne Mosley	
		Telephone Number 609-656-4900	
		ASBESTOS CONTROL & LICENSING	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Grant Elementary 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 159 North Clinton Ave			Square Feet 150,000
City (5) Trenton		County (6) Mercer	# of Floors 3
County Code (7)		Bldg. Age 60+	
Current Use (Prior if being demolished) School			Name of Abatement Contractor (9) Bristol Environmental LLC
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Street Address 1123 Beaver Street
Street Address 120 North Warren Street			City, State & Zip Code Bristol, PA 19007
City, State & Zip Code Trenton, NJ 08010			Telephone Number (215)788-6040
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	License Number 02121
Scheduled Start Date (10) 1/19/26	Scheduled Completion Date (11) 1/19/26		Name of OSHA Monitor Bristol Environmental LLC
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 8AM to 4:30PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street
			City, State & Zip Code Bristol, PA 19007

Scope of Work (Check all that apply)

≥3 sf or ≥3 lf
 ≥160 sf ≥260 lf

Renovation
 Demolition

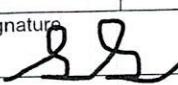
Full Containment with Negative Pressure
 Mini-Enclosure
 Glove Bag Procedures
 Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description 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
Custodians Closet AA-29						
		Pipe Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Fairless Landfill		
City, State Bristol, PA		Disposal Date 1/19/26	City, State Fairless Hills, PA			
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni/CM</i>		Date 1/14/26	

6126008

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

Date of Notification (1) 1-12-2026		Name of Building Owner/Operator (2) FIVF-IV-NJ2, LLC						
Agencies Notified	<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification				
				<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
		RECEIVED						
		JAN 15 2026						
FACILITY INFORMATION				ASBESTOS CONTROL & LICENSING				
Name of Facility Where Abatement is Taking Place (3) 2 Eastmans				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 2 Eastmans Road Parsippany, NJ				Square Feet 31,000	# of Floors 1			
City (5) Parsippany				Bldg. Age 1972				
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant/Being Demolished				
Name of Monitoring Firm Hired by Building Owner (8) Efex Environmental Inc		ASCM No. 114208		Name of Abatement Contractor (9) General Contracting Group				
Street Address 955 Evergreen Avenue				Street Address 54 Old Chimney Road				
City, State, Zip Code Bronx, NY 104				City, State, Zip Code Upper Saddle River, NJ 07458				
Project Manager for Monitoring Firm Ehis Igbinosa		Telephone No. (646) 350-9079		Telephone No. 551-308-5069	License No. 02086			
Start Date (10) 1/20/2026		Scheduled Completion Date (11) 1/29/2026		Name of OSHA Monitor General Contracting Group				
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 Old Chimney Road				
				City, State, Zip Code Upper Saddle River, NJ 07458				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
3-rooms-leftside-officespace		X		VAT/Mastic	600 SF	X		
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste	Name of Registered Landfill Grand Central			
City, State 623 Dowd Ave Elizabeth, NJ				Disposal Date	City, State Pen Argyl Pa			
Completed by Seamus Schofield		Title President				Date 3/10/25		

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

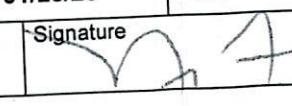
Date of Notification (1) <u>01</u> / <u>09</u> / <u>26</u>		Name of Building Owner/Operator (2) Urgola Enterprises	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		Street Address 503-509 Valley Brook Avenue	
		City, State, Zip Code Lyndhurst, NJ 07071	
		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 241 Bay Beach Way		Square Feet 1000	# of Floors 1
City (5) Lavallette		Bldg. Age 60	
County (6) Ocean		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) <u>01</u> / <u>20</u> / <u>26</u>	Scheduled Completion Date (11) <u>01</u> / <u>23</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1150 sf	<input checked="" 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 01/23/26		City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Nicholas Fericola		Title Project Manager		Signature 		Date 1/19/26

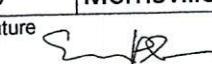
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

JAN 15 2026

Date of Notification (1) 1 / 8 / 26		Name of Building Owner/Operator (2) Street Address 192 Dolphin Rd City, State, Zip Code Manahawkin, NJ 08050									
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
		Street Address 192 Dolphin Rd City, State, Zip Code Manahawkin, NJ 08050									
		Name of Contact Telephone Number									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Street Address 192 Dolphin Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)									
City (5) Manahawkin		Square Feet 1500	# of Floors 1								
County (6) Ocean		Bldg. Age 65									
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.								
Street Address 27 Susquehanna Ave		Street Address PO Box 915									
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723									
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499								
Start Date (10) 1 / 9 / 26		Scheduled Completion Date (11) 1 / 10 / 26									
		Name of OSHA Monitor AZ Solution Consulting									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM		Street Address 27 Susquehanna Ave									
		City, State, Zip Code Rochelle Park, NJ 07662									
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 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
Kitchen		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile		160SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Brick Industries, Inc.			NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill						
City, State Brick, NJ			Disposal Date 1/12/26	City, State Morrisville, PA							
Completed By (Print or Type) Eric Plackis		Title President			Signature		Date 1/8/26				

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

Date of Notification (1) 1 / 7 / 26		Name of Building Owner/Operator (2) 1 Harfield Dr						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 1 Harfield Dr		City, State, Zip Code Jackson, NJ 08527						
Name of Contact Eric Plackis		Telephone Number 973-289-9749						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 1 Harfield Dr		Type of Facility (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 Harfield Dr		Square Feet 1605	# of Floors 1					
City (5) Jackson		Bldg. Age						
County (6) Ocean		Current Use (Prior if being demolished) Home						
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.					
Street Address 27 Susquehanna Ave		Street Address PO Box 915						
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723						
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499					
Start Date (10) 1 / 8 / 26		Scheduled Completion Date (11) 1 / 9 / 26						
Name of OSHA Monitor AZ Solution Consulting		License No. 01196						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM- PM/ PM- AM</u>		Street Address 27 Susquehanna Ave						
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Bedroom		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vermiculite	300SF	<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 Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill			
City, State Brick, NJ		Disposal Date 1/10/26		City, State Morrisville, PA				
Completed By (Print or Type) Eric Plackis		Title President		Signature 		Date 1/8/26		

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

Date of Notification (1) 1 / 6 / 26	Name of Building Owner/Operator (2)	
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Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7 Serpentine Dr City, State, Zip Code Atlantic Highlands, NJ 07716 Name of Contact Telephone Number	JAN 15 2026
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FACILITY INFORMATION

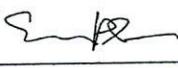
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 7 Serpentine Dr			
City (5) Atlantic Highlands		Square Feet 1	# of Floors 63
County (6) Monmouth		Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.
Street Address 27 Susquehanna Ave		Street Address PO Box 915	
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723	
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499
Start Date (10) 1 / 7 / 26	Scheduled Completion Date (11) 1 / 8 / 26	Name of OSHA Monitor AZ Solution Consulting	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM		Street Address 27 Susquehanna Ave	
		City, State, Zip Code Rochelle Park, NJ 07662	

Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<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	

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
Interior porch	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile			195SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Brick Industries, Inc.	NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill
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City, State Brick, NJ		Disposal Date 1/9/26	City, State Morrisville, PA	
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Completed By (Print or Type) Eric Plackis	Title President	Signature 	Date 1/6/26
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PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 1 / 5 / 25		Name of Building Owner/Operator (2) 308 Putnam Rd Union, NJ 07083 Name of Contact Telephone Number								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) 		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation Street Address 308 Putnam Rd City, State, Zip Code Union, NJ 07083 Name of Contact Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Street Address 308 Putnam Rd City (5) Union		Type of Facility (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.) Square Feet 2 # of Floors 90 Bldg. Age								
County (6) Union		County Code (7) (STATE USE ONLY) Home								
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No. Brick Industries, Inc.								
Street Address 27 Susquehanna Ave		Street Address PO Box 915								
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723								
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572								
Start Date (10) 1 / 6 / 26		Scheduled Completion Date (11) 1 / 7 / 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 - Describe Time of Abatement: <u>AM</u> <u>PM</u> <u>PM</u> <u>AM</u>		Telephone No. 7328997499 License No. 01196								
Name of OSHA Monitor AZ Solution Consulting		Name of Abatement Contractor (9) Brick Industries, Inc.								
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)								
		Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type		
Basement		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Pipe insulation		86SF	<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 Brick Industries, Inc.			NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste		Name of Registered Landfill Fairless Landfill			
City, State Brick, NJ			Disposal Date 1/9/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President			Signature		Date 1/5/26			

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

RECEIVED

12pm Start

Date of Notification (1) 12 / 30 / 25		Name of Building Owner/Operator (2) 118 Borden Street, Shrewsbury, NJ 07702							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 118 Borden Street, Shrewsbury, NJ 07702		City, State, Zip Code ASBESTOS CONTROL & LICENSE							
Name of Contact Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 118 Borden St		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 118 Borden St		Square Feet 2300	# of Floors 2						
City (5) Shrewsbury		Bldg. Age 75							
County (6) Monmouth		County Code (7) (STATE USE ONLY) Home							
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address 27 Susquehanna Ave		Street Address PO Box 915							
City, State, Zip Code Rochelle Park, NJ 07662		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm Aleksander Zivanov		Telephone No. 347-612-1572	Telephone No. 7328997499						
Start Date (10) 12 / 31 / 25		Scheduled Completion Date (11) 1 / 3 / 26							
Name of OSHA Monitor AZ Solution Consulting									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM-____ PM/____ PM-____ AM		Street Address 27 Susquehanna Ave							
		City, State, Zip Code Rochelle Park, NJ 07662							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)							
		Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
Basement		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Floor tile			623SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Mastic		623SF	<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"/>
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Brick, NJ		Disposal Date 1/5/26		City, State Morrisville, PA					
Completed By (Print or Type) Eric Plackis		Title President		Signature 		Date 12/30/25			

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

RECEIVED

Date of Notification (1) 05/02/2025 CHECK #0814		Name of Building Owner/Operator (2)			
		JAN 10 2025			
Agencies Notified	<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification	
				<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		Street Address 10 KENDALL DRIVE			
		City, State, Zip Code RINGWOOD NJ 07456			
		Name of Contact _____ Telephone Number _____			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 10 KENDALL DRIVE				Type of Facility (4)	
Street Address 10 KENDALL DRIVE				<input type="checkbox"/> 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) RINGWOOD NJ 07456				Square Feet 50X100	# of Floors 2FL
County (6) PASSAIC				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) UNOCCUPAID	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING	
Street Address				Street Address 24 CHURCH ST	
City, State, Zip Code				City, State, Zip Code ELMWOOD PARK NJ 07407	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 2018739418	License No. 01301
Start Date (10) 05/07/2025		Scheduled Completion Date (11) 05/08/2025		Name of OSHA Monitor ALL SOLUTIONS CONTRACTING	
Occupancy Status During Abatement (Check Only One)				Street Address 24 CHURCH ST	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>7:30 TO 4:30</u>				City, State, Zip Code ELMWOOD PARK NJ 07407	
Scope of Work (Check All That Apply)				<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
<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) <u>TO BE ABATED</u> In Facility (13) BASEMENT		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)	
				Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>	
Name of Registered Waste Hauler ALL SOLUTIONS CONTRACTING		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TDB GRAND CENTRAL	
City, State ELMWOOD PARK NJ07407		Disposal Date TDB		Name of Registered Landfill PENARGYL PA 18072	
Completed by LUIS arcila		Title PRESIDENT		Signature _____ Date 05/02/2025	

* 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)

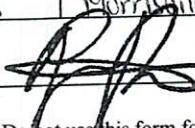
Date of Notification (1) 08/07/2025 check# 0849		Name of Building Owner/Operator (2)					
Agencies Notified	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 477 white st				
			City, State, Zip Code orange, NJ 07050				
			Name of Contact				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 477 white st			Square Feet 50x100	# of floors 2fl			
City (5) orange, NJ 07050			Bldg. Age 50+				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) debris			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) all solutions contracting inc				
Street Address			Street Address 24 church st				
City, State, Zip Code			City, State, Zip Code elmwood park NJ, 07407				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 2018739418	License No. 01301			
Start Date (10) 08-28-2025	Scheduled Completion Date (11) 08-30-2025		Name of OSHA Monitor all solutions contracting 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: 7:30am to 4:30 pm			Street Address 24 church st				
			City, State, Zip Code elmwood park NJ, 07407				
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
burn house debris		X	ACM mix whit demolition		X		
Name of Registered Waste Hauler atlantic carting		NJDEP Waste Hauler ID No.		Cubic Yards of Waste tdb	Name of Registered Landfill grand central		
City, State pen argyl pa 18072			Disposal Date tdb		City, State argyl pa 18072		
Completed by Luis arcila	Title president		Signature		Date 08/07/2025		

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

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

RECEIVED

Date of Notification (1) 12/02/2025		Name of Building Owner/Operator (2) 2 Sherwood Rd					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Sherwood Rd City, State, Zip Code Short Hills NJ 07078 Name of Contact _____ Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 2 Sherwood Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 2 Sherwood Rd City (5) Short Hills		Square Feet 2,664	# of Floors 2				
County (6) Essex		Bldg. Age 1956					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Abated				
Street Address		Street Address 311 Clark Place					
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07206					
Project Manager for Monitoring Firm		Telephone No. 908-372-8375	License No. 02019				
Start Date (10) 12/08/2025	Scheduled Completion Date (11) 12/21/2025						
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 type="checkbox"/> Other – Describe: _____							
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) Air Duct Insulation	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) thermal system insulation	Amount (Specify SF or LF) 800 SF.	Abatement Type		
	Yes	No			N/A	Removal	Repair
Name of Registered Waste Hauler Abated		NJDEP Waste Hauler ID No. 0038720	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills (W-N)			
City, State Elizabeth NJ		Disposal Date 12/21/2025	City, State Morrisville PA	Date 12/02/2025			
Completed by Ryan Passos		Title President		Signature 			

* 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) 12/02/2025		Name of Building Owner/Operator (2) 2376 South Ave		RECEIVED				
Agencies Notified	Type Notification	Street Address 2376 South Ave		JAN 16 2026				
		City, State, Zip Code Scotch Plains NJ 07076		ASBESTOS CONTROL & LICENSING Telephone Number				
<input 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact N/A				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 2049 Dogwood Dr				Square Feet 1816	# of Floors 1	Bldg. Age 1953		
City (5) Scotch Plains				Current Use (Prior if being demolished) N/A				
County (6) Union		County Code (7) STATE USE ONLY						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Abated				
Street Address				Street Address 111 Clark Place				
City, State, Zip Code				City, State, Zip Code Elizabeth NJ 07206				
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-372-8375	License No. 02019			
Start Date (10) 12/22/2025		Scheduled Completion Date (11) 12/23/2025		Name of OSHA Monitor Ryan Passos				
Occupancy Status During Abatement (Check Only One)				Street Address 111 Clark Place	City, State, Zip Code Elizabeth NJ 07206			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____								
Scope of Work (Check All That Apply)				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) Basement and Attic		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) Asbestos Vinyl Floor Tile		Amount (Specify SF or LF) 800 SF	Abatement Type Removal Repair Encapsulate	
Name of Registered Waste Hauler Abated		NJDEP Waste Hauler ID No. 0088720		Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills (W-M)			
City, State Elizabeth NJ				Disposal Date 12/23/2025	City, State Morristown, PA			
Completed by Ryan Passos		Title President		Signature 	Date 12/02/2025			

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

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

RECEIVED

Date of Notification (1) 10/06/2025 check #0855		Name of Building Owner/Operator (2) JAN 16 2026				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 CHERRY PL	ASBESTOS CONTROL & LICENSING Name of Contact _____ Telephone Number _____			
		City, State, Zip Code HILLSDALE, NJ 07642				
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 32 CHERRY PL		Square Feet 50x100	# of Floors 2FL			
City (5) HILLSDALE, NJ 07642		Bldg. Age 50+				
County (6) BERGEN		Current Use (Prior if being demolished) OCCUPAID				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRCTING INC			
Street Address		Street Address 24 CHURCH ST				
City, State, Zip Code		City, State, Zip Code ELMWOOD PARK NJ 07407				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 2018739418 License No. 01301			
Start Date (10) 10/18/2025	Scheduled Completion Date (11) 10/19/2025		Name of OSHA Monitor ALL SOLUTIONS CONTRCTING 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: 8:00 AM TO 4:30PM		Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD PARK NJ 07407				
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
BASEMENT		X	PIPE INSULATION	220LF	X	
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL		
City, State PEN ARGYL PA 18072			Disposal Date TDB	City, State PEN ARGYL PA 18072		
Completed by LUIS ARCILA	Title PRESIDENT		Signature	Date 10/06/2025		

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

Date of Notification (1) 11/13/2025 check #0877		Name of Building Owner/Operator (2) RECEIVED				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 233 LENOX AVE	JAN 16 2026			
		City, State, Zip Code PATERSON NJ 07502				
		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 233 LENOX AVE		Square Feet 50X100	# of Floors 2FL			
City (5) PATERSON NJ 07502		Bldg. Age 50+				
County (6) PASSAIC		Current Use (Prior if being demolished) UNOCCUPAID				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC			
Street Address		Street Address 24 CHURCH ST				
City, State, Zip Code		City, State, Zip Code ELMWOOD PARK NJ 07407				
Project Manager for Monitoring Firm		Telephone No. 201873 9418	License No. 01301			
Start Date (10) 11/29/2025	Scheduled Completion Date (11) 11/30/2025	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING 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: 7:00 AM TO 3:30 PM		Street Address 24 CHURCH ST				
		City, State, Zip Code ELMWOOD PARK NJ 07407				
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
BASEMENT		X	FLOOR TILE 9X9	420SF	X	
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL	
City, State PEN ARGYL PA 18072			Disposal Date TDB		City, State PEN ARGYL PA 18072	
Completed by LUIS ARCILA		Title PRESIDENT		Signature _____	Date 11/13/2024	

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

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

PAID

RECEIVED

Date of Notification (1)
08/07/2025 check# 0849

Name of Building Owner/Operator (2)

JAN 16 2026

Agencies Notified	Type Notification	Street Address 242 third ave	JAN 16 2026	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	ASBESTOS CONTROL & LICENSING		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended			
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____			
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)			
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation			
		Name of Contact	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) residential		Type of Facility (4)		
Street Address 242 third 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) Garwood, NJ 07027		Square Feet 50x100	# of Floors 2fl	Bldg. Age 50+
County (6) union		Current Use (Prior if being demolished) occupaid		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No	Name of Abatement Contractor (9) all solutions contracting inc	
Street Address		Street Address 24 church st		
City, State, Zip Code		City, State, Zip Code elmwood park NJ, 07407		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 2018739418	License No. 01301
Start Date (10) 08/15/2025	Scheduled Completion Date (11) 08/16/2025		Name of OSHA Monitor all solutions contracting inc	
Occupancy Status During Abatement (Check Only One)			Street Address 24 church st	
<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: 7:30am to 4:30 pm			City, State, Zip Code elmwood park NJ, 07407	

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

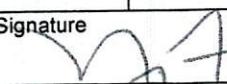
Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description 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 atlantic carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste tdb	Name of Registered Landfill grand central		
City, State pen argyl pa 18072			Disposal Date tdb	City, State argyl pa 18072		
Completed by Luis arcila		Title president	Signature <i>luis arcila</i>		Date 08/07/2025	

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

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

Date of Notification (1) <u>01</u> / <u>13</u> / <u>26</u>		Name of Building Owner/Operator (2) Blue Chip Realty & Property Management					
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 20 Court Street, Suite 200 City, State, Zip Code Freehold, NJ 07728					
		Name of Contact ASBESTOS CONTRACT & LICENSING					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Apartment 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 264 Prospect Street							
City (5) Westfield		Square Feet 40,000	# of Floors 4				
County (6) Union		Bldg. Age 100					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.				
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61					
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755					
Project Manager for Monitoring Firm Nicholas Fernaldo		Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624			
Start Date (10) <u>01</u> / <u>26</u> / <u>26</u>	Scheduled Completion Date (11) <u>02</u> / <u>03</u> / <u>26</u>		Name of OSHA Monitor E.M.S.L. Analytical				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton					
		City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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		
basement		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	asbestos pipe insulation	150 lf	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
boiler room		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	boiler & breeching insulation	900 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"/>
boiler room		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	asbestos pipe insulation	300 lf	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.			NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill		
City, State Toms River, New Jersey			Disposal Date 02/03/26	City, State Morrisville, Pennsylvania			
Completed By (Print or Type) Nicholas Fernaldo		Title Project Manager		Signature 		Date 1/13/26	

9202 16 JAN

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

Print Form

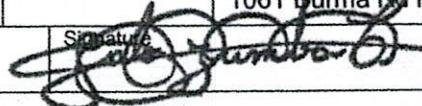
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/13/26		Name of Building Owner/Operator (2) RECEIVED					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
		Street Address 125 Prospect Ave. JAN 16 2026					
		City, State, Zip Code Edison, NJ 08817					
		Name of Contact RECEIVED Telephone Number 1234567890					
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 125 Prospect Ave.		Square Feet 1900 # of Floors 2 Bldg. Age 60 +/-					
City (5) Edison							
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		Name of Abatement Contractor (9) All Stages Abatement					
Street Address		Street Address 55 Cannonball Rd.					
City, State, Zip Code		City, State, Zip Code Pompton Lakes, NJ 07442					
Project Manager for Monitoring Firm		Telephone No. 201-600-3184 License No. 01305					
Start Date (10) 1/14/26	Scheduled Completion Date (11) 1/17/26		Name of OSHA Monitor Same As Above				
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: 8 A.M to 4 P.M		City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If							
<input 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
Dining Room	X		Plaster	173 SF	X		
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 7 YD	Name of Registered Landfill Chrin Brothers Sanitary Landfill		
City, State Pompton Lakes, NJ				Disposal Date TBD	City, State Easton, PA		
Completed by Richard Cristofol		Title President		Signature		Date 1/13/26	

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

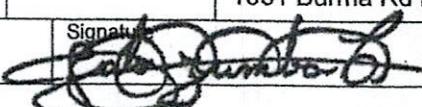
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

15 RECEIVED

Date of Notification (1) 1/12/2026		Name of Building Owner/Operator (2) Private property/Milton Pierce LLC						
Agencies Notified		Street Address 111 Magee 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 Lavallette 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 1348 Pierce 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) Rahway NJ			Square Feet 1600 SF	# of Floors 2 floor				
County (6) Union County			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.	Telephone No. 201-552-9685	License No. 01384				
Start Date (10) 1/24/2026	Scheduled Completion Date (11) 2/25/2026		Name of OSHA Monitor Hillman Consulting					
Occupancy Status During Abatement (Check Only One)			Street Address 1620 Route 22 East					
<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			City, State, Zip Code Union NJ 07803					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
					Yes	No	N/A	Removal
Crawlspace			X	12x12 floor tile	50 LF	x		
kitchen concealed in wall			X	pipe insulation	45 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				Date 1/12/2026		

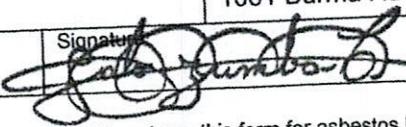
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CKH/1530

Date of Notification (1) 1/12/2026		Name of Building Owner/Operator (2) Private property/Milton Pierce LLC		JAN 15 2026				
Agencies Notified	Type Notification	Street Address 111 Magee Ave		ASBESTOS CONTROL & LICENSING				
<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 Lavallette NJ		ASBESTOS CONTROL & LICENSING				
		Name of Contact		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private Property				Type of Facility (4)				
Street Address 97 East Milton 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) Rahway NJ				Square Feet 1800 SF	# of Floors 2 floor	Bldg. Age +50		
County (6) Union County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) ACM Solutions Services LLC				
Street Address N/A				Street Address 1435 51st Street				
City, State, Zip Code N/A				City, State, Zip Code North Bergen NJ 07047				
Project Manager for Monitoring Firm N/A		Telephone No.		Telephone No. 201-552-9685	License No. 01384			
Start Date (10) 1/21/2026		Scheduled Completion Date (11) 2/25/2026		Name of OSHA Monitor Hillman Consulting				
Occupancy Status During Abatement (Check Only One)				Street Address 1620 Route 22 East				
<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				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) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Abatement Type Removal Repair Encapsulate Enclosure		
								Yes
1st floor		X		ceiling tile		100 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		
* 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)

CR#1559

Date of Notification (1) 1/12/2026		Name of Building Owner/Operator (2) Private property/Milton Pierce LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
		Street Address 111 Magee Ave	City, State, Zip Code Lavallette NJ							
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private Property		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 1334 Pierce Street		Square Feet 1600 SF	# of Floors 2 floor							
City (5) Rahway NJ		Bldg. Age +50								
County (6) Union County		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC							
Street Address N/A		Street Address 1435 51st Street								
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047								
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384							
Start Date (10) 1/23/2026	Scheduled Completion Date (11) 2/25/2026	Name of OSHA Monitor Hillman Consulting								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 7:00 AM to 4:00 PM		Street Address 1620 Route 22 East								
		City, State, Zip Code Union NJ 07803								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input 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
	1st floor closet				X	12x12 floor tile	12 SF	X		
	2nd floor bathroom				X	9x9 floor tile	35 SF	X		
main roof		X	main roof	1300 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				Date 1/12/2026				

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

13535

B & G Project # 2026-09

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

Check # 13535

Date of Notification (1) 01/12/2026		Name of Building Owner/Operator (2) RECEIVED			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
		Street Address 84 High Street City, State, Zip Code Glen Ridge, NJ 07028			
		Name of Contact Telephone Number ~L & LICENSING			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Street Address 84 High Street City (5) Glen Ridge, NJ 07028		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address		Street Address 1234 Route 23			
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-696-6869		
Start Date (10) 01/22/2026	Scheduled Completion Date (11) 01/23/2026		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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			
		Yes	No	N/A	
boiler room		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) pipe insulation			
boiler room		pipe substrate			
Name of Registered Waste Hauler B & G Restoration Inc.		NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Grand Central Landfill	
City, State Butler, NJ		Disposal Date 01/23/2026		City, State Pen Argyl, PA	
Completed by Gordana Luna		Title Secretary / Treasurer		Signature Gordana Luna	Date 01/12/2026

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

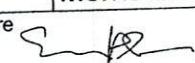
Date of Notification (1) 01/08/2026		Name of Building Owner/Operator (2) KVR Contractors					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		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 325 Walnut Street,		City, State, Zip Code Englewood, NJ 07631					
Name of Contact ASBESTOS		Telephone Number 732-777-1100					
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 325 Walnut Street,		Square Feet 4,000	# of Floors 2.5				
City (5) Englewood		Bldg. Age 120					
County (6) Bergen		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Services		ASCM No.	Name of Abatement Contractor (9) Acme Professional Services Corp				
Street Address 2333 Route 22 West		Street Address 170 Kinnelon Rd, Suite 32					
City, State, Zip Code Union NJ 07083		City, State, Zip Code Kinnelon, NJ 07405					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-938-5266				
Start Date (10) 01/19/2026		Scheduled Completion Date (11) 01/22/2026					
Name of OSHA Monitor Arsenije Adamov		License No. 02003					
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 170 Kinnelon Rd, Suite 32					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement	✓		Beige/Gray/White Insulation	230 LF	✓		
First floor- Kitchen	✓		Sheet Flooring/ Mastic	379 SF	✓		
First floor- Pantry	✓		Sheet Flooring/ Mastic	120 SF	✓		
Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill			
City, State Kinnelon, NJ		Disposal Date 01/23/2026		City, State Morrisville, PA			
Completed by Samantha Zamora	Title Project Coordinator		Signature Samantha Zamora	Date 01/08/2026			

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

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

RECEIVED

JAN 20 2026

Date of Notification (1)		Name of Building Owner/Operator (2)						
1 / 12 / 26								
Agencies Notified	Type Notification							
	<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	<input type="checkbox"/> Amended	Street Address				
<input checked="" type="checkbox"/> DOLWD	<input type="checkbox"/> Amendment #	<input checked="" type="checkbox"/> Emergency (including justification)	103 Harper Terrace					
<input type="checkbox"/> DOH		<input type="checkbox"/> Cancellation	City, State, Zip Code					
<input type="checkbox"/> DCA			Cedar Grove, NJ 07009					
(NJAC 5:23-8)		Name of Contact Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)					
Street Address		<input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
103 Harper Terrace								
City (5)		Square Feet	# of Floors					
Cedar Grove		2500	2					
County (6)		Bldg. Age						
Essex		72						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)					
AZ Solution Consulting			Brick Industries, Inc.					
Street Address		Street Address						
27 Susquehanna Ave		PO Box 915						
City, State, Zip Code		City, State, Zip Code						
Rochelle Park, NJ 07662		Brick, NJ 08723						
Project Manager for Monitoring Firm		Telephone No.	License No.					
Aleksander Zivanov		347-612-1572	01196					
Start Date (10)		Scheduled Completion Date (11)						
1 / 13 / 26		1 / 14 / 26						
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		AZ Solution Consulting						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe		Street Address						
Time of Abatement: ____ AM-____ PM/____ PM-____ AM		27 Susquehanna Ave						
City, State, Zip Code		City, State, Zip Code						
Rochelle Park, NJ 07662								
Scope of Work (Check all that apply)								
<input 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) 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		
Utility room		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Floor tile	64SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill			
Brick Industries, Inc.		21602			Fairless Landfill			
City, State		Disposal Date		City, State				
Brick, NJ		1/14/26		Morrisville, PA				
Completed By (Print or Type)		Title		Signature	Date			
Eric Plackis		President			1/12/26			

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

RECEIVED

JAN 20 2026

Date of Notification (1)		Name of Building Owner/Operator (2)							
1 / 13 / 26									
Agencies Notified	Type Notification								
	<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	<input type="checkbox"/> Amended	Street Address					
<input checked="" type="checkbox"/> DOLWD	<input type="checkbox"/> Amendment #	<input checked="" type="checkbox"/> Emergency (including justification)	10 Montgomery Ave, A1						
<input type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Name of Contact	ASBESTOS, LLC - DOLWD & LICENSING						
<input type="checkbox"/> DCA (NJAC 5:23-8)			<input type="checkbox"/> Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 73 Jackson St		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)						
City (5) Fair Haven		<input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	<input type="checkbox"/> Bldg. Age						
County (6) Monmouth		Square Feet 994	# of Floors 1						
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting		Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address 27 Susquehanna Ave		Current Use (Prior if being demolished) Home							
City, State, Zip Code Rochelle Park, NJ 07662		Street Address PO Box 915							
Project Manager for Monitoring Firm Aleksander Zivanov		City, State, Zip Code Brick, NJ 08723							
Start Date (10) 1 / 14 / 26		Telephone No. 347-612-1572							
Scheduled Completion Date (11) 1 / 17 / 26		Telephone No. 7328997499							
Occupancy Status During Abatement (Check only one)		License No. 01196							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Name of OSHA Monitor AZ Solution Consulting							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe		Street Address 27 Susquehanna Ave							
Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM		City, State, Zip Code Rochelle Park, NJ 07662							
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 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		
Kitchen		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Floor tile		150SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Mastic		150SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Flu Packing		3SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Brick Industries, Inc.				NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill		
City, State Brick, NJ				Disposal Date 1/18/26		City, State Morrisville, PA			
Completed By (Print or Type) Eric Plackis		Title President			Signature		Date 1/13/26		

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

RECEIVED 8877
CHECK 8877

Date of Notification (1) 1/14/26 Type Notification		Name of Building Owner / Operator (2) JAN 20 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		Street Address 574 Line Road City, State & Zip Code Hazlet, NJ 07730 Name of Contact ASBESTOS CONTROL & LICENSING 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 574 Line Road			Square Feet 2,500	# of Floors 2
City (5) Hazlet			Bldg. Age 70+	
County (6) Monmouth			Current Use (Prior if being demolished) Residence	
County Code (7)				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.			Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 64 Broad Street			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		License Number 00714
Scheduled Start Date (10) 1/15/26	Scheduled Completion Date (11) 1/15/26			
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:				
Name of OSHA Monitor Global Abatement Services, LLC				
Street Address P.O. Box 7620				
City, State & Zip Code Monroe Township, NJ 08831				
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Project <input checked="" type="checkbox"/> Quantity is \geq 3 SF or \geq 3 LF ACM <input checked="" type="checkbox"/> Quantity is \geq 160 SF or \geq 260 LF ACM				
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Other: Wrap/cut				
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)
Mechanical Room		N/A	Transite pipe	15LF
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 2	Name of Registered Landfill Fairless Hills
City, State Freehold, NJ			Disposal Date 1/16/26	City, State Fairless Hill, PA
Completed By (Print or Type) Dominick Tringali		Title President	Signature Dominick Tringali	Date 1/14/26

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

Date of Notification (1) <u>01</u> / <u>16</u> / <u>26</u>		Name of Building Owner/Operator (2) PAID RECEIVED			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1400 Hooper Avenue 2nd Floor City, State, Zip Code Toms River, NJ 08753			
		Name of Contact Name of Contact 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 and commercial buildings, homes, etc.)			
Street Address 106 W Cormorant Way		Square Feet 500	# of Floors 1		
City (5) Lavallette		Bldg. Age 60			
County (6) Ocean		County Code (7)(STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755			
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	Telephone No. 00624		
Start Date (10) <u>01</u> / <u>19</u> / <u>26</u>		Scheduled Completion Date (11) <u>01</u> / <u>20</u> / <u>26</u>		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ 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)	
exterior		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		asbestos siding	
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	
City, State Toms River, New Jersey		Disposal Date 01/20/26		Name of Registered Landfill Fairless Landfill	
Completed By (Print or Type) Nicholas Fericola		Title Project Manager		Signature <i>[Signature]</i>	
				Date 1/16/26	

* 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)

4342516 RECEIVED

Date of Notification (1) 01/08/2026		Name of Building Owner/Operator (2) Street Address 625 Norway Avenue					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hamilton, NJ 08629	ASBESTOS CONTROL & LICENSING				
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 625 Norway Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Hamilton		Square Feet	# of Floors				
County (6) Mercer		Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Lead Professionals				
Street Address		Street Address 6 White Dove Court					
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701					
Project Manager for Monitoring Firm		Telephone No. 732-719-5649	License No. 1200				
Start Date (10) 01/09/2026	Scheduled Completion Date (11) 01/09/2026		Name of OSHA Monitor AAA Lead Professionals				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 6 White Dove Court					
		City, State, Zip Code Lakewood, NJ, 08701					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Interior			Pipe Insulation	70LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Lead Professionals Inc			NJDEP Waste Hauler ID No. 35103	Cubic Yards of Waste 3	Name of Registered Landfill IESI		
City, State Lakewood, NJ			Disposal Date 01/09/2026	City, State BETHLEHEM, PA			
Completed by JOSEPH PERLSTEIN	Title OWNER		Signature <i>[Signature]</i>	Date 01/08/2026			

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

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

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43412519

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Date of Notification (1) 1-13-2026		Name of Building Owner/Operator (2) Street Address 914 Washington Street City, State, Zip Code Hoboken, NJ 0703 Name of Contact Telephone Number			
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			
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 914 Washington Street		Square Feet 2,835	# of Floors 3		
City (5) Hudson		Bldg. Age 1892			
County (6) Hoboken		Current Use (Prior if being demolished) Vacant/Being Demolished			
Name of Monitoring Firm Hired by Building Owner (8) Efex Environmental Inc		ASCM No. 114208	Name of Abatement Contractor (9) General Contracting Group		
Street Address 955 Evergreen Avenue		Street Address 54 Old Chimney Road			
City, State, Zip Code Bronx, NY 104		City, State, Zip Code Upper Saddle River, NJ 07458			
Project Manager for Monitoring Firm Ehis Igbinosa		Telephone No. (646) 350-9079	Telephone No. 551-308-5069		
Start Date (10) 1/12/26		Scheduled Completion Date (11) 1/12/26			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Name of OSHA Monitor General Contracting Group Street Address 54 Old Chimney Road City, State, Zip Code Upper Saddle River, NJ 07458			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			
		Yes	No	N/A	
Basement		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			
		Pipe Insulation			
Basement		30 LF			
		Floor Tile			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste	Name of Registered Landfill Grand Central	
City, State 623 Dowd Ave Elizabeth, NJ		Disposal Date	City, State Pen Argyl Pa		
Completed by Seamus Schofield		Title President	Signature		Date 1/13/26

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

0124
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification: 12/19/25		Name of Building owner			
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended # <input checked="" type="checkbox"/> Emergency (including Justification) Extended	Street Address: 112 Jackson Ave	JAN 20 2025 NAME & TITLE AS CONTRACT & LICENSING		
		City, State, Zip Code North Plainfield NJ 07060 Name of Contact PHONE.			
Name of Facility Where Abatement is Taking Place Building		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) X Residential			
Street Address		Square Feet 2000	# of Floors 02		
City North Plainfield		Bldg. Age 45			
County (6) Somerset		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC		
Street		Street Address: 269 Walker St. Apt 6			
City, State, Zip		City, State, Zip Code Fairview, NJ 07022			
Project Manager for Monitoring Fir		Telephone No. 973-641-5400	License No 02044		
Start Date 12/20/25	Scheduled completion Data 12/29/25		Name of OSHA firm Emsl Analytical inc		
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/Facility closed during the abatement after school hours		Other	Street Address 1056 Stelton Rd STE 5		
			City, State, Zip Code Piscataway, NJ 08854		
Scope of Work (Check all apply)		X Full Containment with Negative Pressure Mini Closure Glovebag Procedure <input checked="" type="checkbox"/> Non - Exempted (*) and Non- Friable procedure			
> 3 sf or > 3 x <input checked="" type="checkbox"/> > 160 sf or > 260 lf		Renovation <input checked="" type="checkbox"/> Demolition	Abatement Type		
Location of Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Description of	Amount (Specify SF or LF)	Enclosure
			Ye s		
Vinyl flooring/mastic 1 st kitchen		<input checked="" type="checkbox"/>	VAT ACM	180 SF	<input checked="" type="checkbox"/>
Vinyl flooring/mastic 1 st foyer		<input checked="" type="checkbox"/>	VAT ACM	48 SF	
Texture popcorn ceiling hall 2 nd floor		<input checked="" type="checkbox"/>	ACM	150 SF	
Waterproofing texture coating basement		<input checked="" type="checkbox"/>	ACM	800 SF	
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTREPRICE INC
City, State Bronx NY				Disposal Date 01/05/26	City, WAYNESBURG OHIO
Completed by Gustavo Ordon		Title President		Signature	12/19/25

PAID

RECEIVED

Date of Notification (1) 01/08/2026		Name of Building Owner/Operator (2) Street Address 73 Thorne Street					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07307					
		Name of Contact ASBESTOS CONTRACTOR					
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 73 Thorne Street		Square Feet 2255	# of Floors 2				
City (5) Jersey City		Bldg. Age 116					
County (6) Hudson		County Code (7) (STATE USE ONLY) _____					
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				
Start Date (10) 01/09/2026	Scheduled Completion Date (11) 01/27/2026		License No. 02119				
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 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft <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
1st Floor Livingroom & Bedroom		X	Mastic & Floor Tile	2,200SF	X		
2nd Floor Bedroom 1		X	Ceiling Plaster	250SF	X		
2nd Floor Bedroom 2		X	Ceiling Plaster	200SF	X		
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. BIC-1323	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill			
City, State Elizabeth, NJ			Disposal Date 01/28/2026	City, State Pen Argyl, PA			
Completed by Carlo Limongi		Title Owner		Signature Carlo Limongi		Date 01/08/2026	

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

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Date of Notification: 12/26/25		Name of Building owner		
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended # X Emergency (including Justification) Extended	Street Adress: 97 S Prospect St. City, State, Zip Code Verona, NJ 07044 Name of Contact: PHONE: 973-641-5400 ASBESTOS CONTROL & REMOVAL		
		JAN 20 2026		
Name of Facility Where Abatement is Taking Place Building			Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) X Residential	
Street Address 97 Prospect St.			Square Feet 2000	# of Floors 02
City Verona			Bldg. Age 45	
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC	
Street		Street Address: 269 Walker St. Apt 6		
City, State, Zip		City, State, Zip Code Fairview, NJ 07022		
Project Manager for Monitoring Fir		Telephone No. 973-641-5400	License No 02044	
Start Date 12/27/25	Scheduled completion Data 12/29/25		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		
		City, State, Zip Code Piscataway, NJ 08854		
Scope of Work (Check all apply) > 3 sf or > 3 x xx > 160 sf or > 260 lf				
Renovation x Demolition		Full Containment with Negative Pressure X Mini Closure Glovebag Procedure Non - Exempted (*) and Non- Friable procedure		
Location of Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Abatement Type
		Used Solely by Maintenance/ Custodial Staff? (12)	Amount (Specify SF or LF)	Enclosure
		Ye s	No	N/ A
Asbestos pipe insulation in basement		X	Thermal Systems Insulation 50 LF	X
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD Name of Registered Landfill MINERVA ENTREPRICE INC
City, State Bronx NY		Disposal Date 01/05/26		City, WAYNESBURG OHIO
Completed by Gustavo Ordon	Title President		Signature 12/26/25	

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

RECEIVED

Date of Notification: 12/23/25

Name of Building owner

JAN 20 2026

Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended # X Emergency (including Justification) Extended	Street Adress: 160 Clairmont Terrace City, State, Zip Code City of Orange, 07050 Name of Contact: PHONE: DIRECTOR CONTROL & INSPECTION	
Name of Facility Where Abatement is Taking Place Building Street Address 160 Clairmont Terrace City City of Orange County (6) Essex		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) X Residential	
County Code (7) (STATE USE ONLY)		Square Feet 2000 # of Floors 02 Bldg. Age 45 Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner		ASCM No. CVK Contracting LLC	
Street		Street Address: 269 Walker St. Apt 6	
City, State, Zip		City, State, Zip Code Fairview, NJ 07022	
Project Manager for Monitoring Fir		Telephone No. 973-641-5400	
Start Date 12/27/25	Scheduled completion Data 12/29/25	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 City, State, Zip Code Piscataway, NJ 08854	
Scope of Work (Check all apply) > 3 sf or > 3 x xx > 160 sf or > 260 lf		Full Containment with Negative Pressure X Mini Closure Glovebag Procedure Non - Exempted (*) and Non- Friable procedure	
Location of Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	Abatement Type Amount (Specify SF or LF) Removal Repair Encapsulate
Asbestos pipe insulation in basement	Ye s X No N/ A	Thermal Systems Insulation	60 LF X
Name of registered Waste Hauler Tri- State Transfer	NJDEP Waste Huler 19954		Cubic Yards of Waste TBD Name of Registered Landfill MINERVA ENTREPRICE INC
City, State Bronx NY	Disposal Date 01/05/26		City, WAYNESBURG OHIO
Completed by Gustavo Ordon	Signature <i>[Signature]</i>		12/23/25

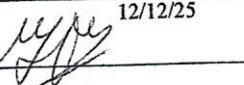
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification: 12/11/25		Name of Building owner	
Agency Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH		Type Notification Initial Amended # <input checked="" type="checkbox"/> Emergency (including Justification) Extended	
Name of Facility Where Abatement is Taking Place House Street Address 123 Linden Avenue City Westfield County (6) Union		Street Address: 123 Linden Avenue City, State, Zip Code Westfield, NJ 07090	
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC
Street City, State, Zip		Street Address: 269 Walker St. Apt 6 City, State, Zip Code Fairview, NJ 07022	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-641-5400
Start Date 12/12/25	Scheduled completion Data 12/13/25		
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/Facility closed during the abatement after school hours			
Other			
Scope of Work (Check all apply) <input checked="" type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> xx > 160 sf or > 260 lf			
Location of Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Renovation <input checked="" type="checkbox"/> Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	
Asbestos duct insulation in basement Mastic in basement		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954	Cubic Yards of Waste TBD
City, State Bronx NY		Disposal Date 12/17/25	Name of Registered Landfill MINERVA ENTREPRICE INC
Completed by Gustavo Ordon		Title President	
		Signature 	
		12/11/25	
		JAN 20 2026	
		PHONE: 973-641-5400 CONTROL & LICENSING	
		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) <input checked="" type="checkbox"/> Residential Square Feet 2000 # of Floors 02 Bldg. Age 45 Current Use (Prior if being demolished)	
		License No 02044	
		X Full Containment with Negative Pressure Mini Closure Glovebag Procedure Non - Exempted (*) and Non- Friable procedure	
		Abatement Type	
		Removal Repair Encapsulate	
		Enclosure	

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

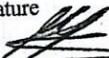
RECEIVED

Date of Notification: 12/12/25		Name of Building owner		
Agency Notified EPA DEP X DOL X DOH	Type Notification Initial Amended # X Emergency (including Justification) Extended	Street Adress: 214 Palisades Ave	JAN 20 2006	
		City, State, Zip Code Bogota NJ 07603	Name of Contact: <input type="text"/> PHONE: <input type="text"/>	
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) X Residential		
Street Address 214 Palisades Ave				
City Bogota		Square Feet 2000	# of Floors 02	Bldg. Age 45
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor (9) CVK Contracting LLC	
Street		Street Address: 269 Walker St. Apt 6		
City, State, Zip		City, State, Zip Code Fairview, NJ 07022		
Project Manager for Monitoring Fir		Telephone No. 973-641-5400	License No 02044	
Start Date 12/13/25	Scheduled completion Data 12/16/25		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		
		City, State, Zip Code Piscataway, NJ 08854		
Scope of Work (Check all apply)				
> 3 sf or > 3 x xx > 160 sf or > 260 lf		x Renovation Demolition	X Full Containment with Negative Pressure Mini Closure Glovebag Procedure Non - Exempted (*) and Non- Friable 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		Repair
Basement boiler insulation		X	Thermal Systems Insulation	Encapsulate
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD
City, State Bronx NY		Disposal Date 12/22/25		Name of Registered Landfill MINERVA ENTREPRICE INC
Completed by Gustavo Ordon		Title President		Signature  12/12/25

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

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

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Date of Notification: 12/29/25		Name of Building Owner	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH	Type Notification Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> X Emergency (including Justification) <input type="checkbox"/> Extended	Street Address: 509 1 st St. City, State, Zip Code Dunellen, NJ 08812	
		Name of Contact: _____ PHONE: _____	
Name of Facility Where Abatement is Taking Place Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> X Residential
Street Address 509 1 st St. City Dunellen County (6) Middlesex			Square Feet 2000 # of Floors 02 Bldg. Age 45
Name of Monitoring Firm Hired by Building Owner			ASCM No. CVK Contracting LLC
Street			Street Address: 269 Walker St. Apt 6
City, State, Zip			City, State, Zip Code Fairview, NJ 07022
Project Manager for Monitoring Fir		Telephone No. 973-641-5400	
Start Date 12/30/25		Scheduled completion Data 12/31/25	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> X Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> -Describe/Facility closed during the abatement after school hours		Name of OSHA firm Emsl Analytical inc	
Other		Street Address 1056 Stelton Rd STE 5	
City, State, Zip Code Piscataway, NJ 08854			
Scope of Work (Check all apply)			
<input type="checkbox"/> > 3 sf or > 3 x <input checked="" type="checkbox"/> xx > 160 sf or > 260 lf			
<input checked="" type="checkbox"/> X Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> X Mini Closure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non - Exempted (*) and Non- Friable procedure			
Location of Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally	
		Used Solely by Maintenance/ Custodial Staff? (12)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No <input type="checkbox"/> N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)	
Asbestos pipe insulation in basement		Thermal Systems Insulation 56 LF	
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954	
City, State Bronx NY		Cubic Yards of Waste TBD	
Completed by Gustavo Ordon		Name of Registered Landfill MINERVA ENTREPRICE INC	
Title President		Disposal Date 01/05/26	
		Signature 	
		12/29/25	
DS CONTROL & LICENSING			

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

RECEIVED

State of New Jersey

Date of Notification: 12/05/25

Name of Building owner

Agency Notified	Type Notification
EPA	Initial
DEP	Amended #
X DOL	<input checked="" type="checkbox"/> Emergency (including Justification)
X DOH	Extended

Street Address:
34 Elmwood Rd
City, State, Zip Code
Verona, NJ 07044
Name of Contact:

PHONE:

CONTROL & LICENSING

JAN 20 2025

Name of Facility Where Abatement is Taking Place
House

Type of Facility (4)
School (K-12)
Subchapter 8 (Other than (K-12))
 Residential

Street Address
34 Elmwood Rd

Square Feet
2000
of Floors
02
Bldg. Age
45

City
Verona

County Code (7) (STATE USE
ONLY)

Current Use (Prior if being demolished)

County (6)
Essex

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

License No
02044

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-641-5400

Start Date
12/06/25

Scheduled completion Data
12/08/25

Name of OSHA firm
Emsl Analytical inc

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
-Describe/Facility closed during the abatement after school hours

Street Address
1056 Stelton Rd STE 5

City, State, Zip Code
Piscataway, NJ 08834

Full Containment with Negative Pressure

Scope of Work (Check all apply)

> 3 sf or > 3 x
xx > 160 sf or > 260 lf

Renovation
x Demolition

X Mini Closure
Glovebag Procedure
Non - Exempted (*) and Non- Friable procedure

Location of

Is Location
Normally

Description of

Asbestos-Containing material (ACM)
TO BE ABATED
IN Facility
(13)

Used Solely by
Maintenance/
Custodial
Staff?
(12)

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

Amount
(Specify
SF or LF)

Abatement
Type

Removal
Repair
Encapsulate

Enclosure

Asbestos pipe insulation in basement
boiler room

Ye
s
No
N/
A

Thermal Systems Insulation

46 LF

X

Name of registered Waste Hauler
Tri- State Transfer

NJDEP Waste Huler
19954

Cubic Yards of
Waste TBD

Name of Registered Landfill
MINERVA ENTREPRISE INC

City, State
Bronx NY

Disposal Date
12/10/25

City, WAYNESBURG OHIO

Completed by
Gustavo Ordon

Title
President

Signature

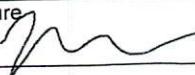

12/05/25

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

Date of Notification: 01/12/26		Name of Building owner		RECEIVED	
Agency Notified EPA DEP X DOL X DOH	Type Notification X Initial Amended # Emergency (including Justification) Extended	Street Address: 11 Gail Place			
		City, State, Zip Code Secaucus, NJ 07094			
		Name of Contact:		PHONE.	
		ASBESTOS CONTROL LICENSE			
Name of Facility Where Abatement is Taking Place House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) X Residential			
Street Address 11 Gail Place		Square Feet 2000		# of Floors 02	Bldg. Age 45
City Secaucus		Current Use (Prior if being demolished)			
County (6) Hudson		County Code (7) (STATE USE ONLY)			
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 Firm		Telephone No.	Telephone No. 973-641-5400		License No 02044
Start Date 01/21/26	Scheduled completion Data 01/24/26		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		Other	Street Address 1056 Stelton Rd STE 5 City, State, Zip Code Piscataway, NJ 08854		
Scope of Work (Check all apply) > 3 sf or > 3 x xx > 160 sf or > 260 lf					
X Renovation Demolition		x Full Containment with Negative Pressure Mini Closure Glovebag Procedure Non - Exempted (*) and Non- Friable procedure		Abatement Type	
Location of		Is Location Normally	Description of		
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)
		Ye s	No	N/ A	Removal
Bedroom Second Floor Joint Compound		X	ACM		120 SF
Living Room Joint Compound			ACM		120 SF
Living Room Joint Compound			ACM		180 SF
Lower Floor Room Joint Compound			ACM		140 SF
Name of registered Waste Hauler Tri- State Transfer		NJDEP Waste Huler 19954		Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTREPRICE INC
City, State Bronx NY				Disposal Date 01/27/26	City, WAYNESBURG OHIO
Completed by Gustavo Ordon		Title President		Signature	01/12/26

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

RECEIVED

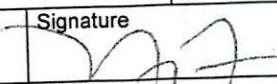
Date of Notification (1) 1/14/2026		Name of Building Owner/Operator (2) JAN 20 2026		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 47 Eisele Ave		
		City, State, Zip Code Ocean NJ		ASBESTOS CONTROL & LICENSING
		Name of Contact		Telephone Number
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Single Family Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 47 Eisele Ave		Square Feet unknown	# of Floors 2	Bldg. Age unknown
City (5) Ocean		Current Use (Prior if being demolished)		
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Asbestos Abatement LLC	
Street Address		Street Address 30 Sherman Ave		
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07307		
Project Manager for Monitoring Firm TBD		Telephone No.	Telephone No. 908-270-8556	License No. 02109
Start Date (10) 1/22/26		Scheduled Completion Date (11) 1/23/26		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Name of OSHA Monitor John Kim		
		Street Address 254 Ridgewood Ave		
		City, State, Zip Code Glen Ridge NJ 07028		
Scope of Work (Check All That Apply)				
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Abatement Type <input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
		Yes	No	
Basement		X	VAT	300 SF <input checked="" type="checkbox"/>
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ860	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central
City, State Elizabeth, NJ		Disposal Date		City, State Pen Argyl
Completed by John Kim		Title President		Signature  Date 1/14/2025

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

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

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49973
JAN 20 2020

Date of Notification (1) <u>01</u> / <u>15</u> / <u>26</u>		Name of Building Owner/Operator (2) Greg Lertch Demolition										
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation											
	Street Address 1516 Adrienne Road											
		City, State, Zip Code Wall, NJ 07719										
		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 1979 Township Road		Square Feet 1800	# of Floors 2									
City (5) Marlboro		Bldg. Age 80										
County (6) Monmouth		Current Use (Prior if being demolished) Residence										
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting		ASCM No. 732-349-9932	Name of Abatement Contractor (9) Guardian Contracting, Inc.									
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61										
City, State, Zip Code Toms River, New Jersey		City, State, Zip Code Toms River, New Jersey 08755										
Project Manager for Monitoring Firm Nicholas Fernalda		Telephone No. 732-349-9932	License No. 00624									
Start Date (10) <u>01</u> / <u>19</u> / <u>26</u>	Scheduled Completion Date (11) <u>01</u> / <u>23</u> / <u>26</u>	Name of OSHA Monitor E.M.S.L. Analytical										
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton										
		City, State, Zip Code Piscataway, New Jersey 08854										
Scope of Work (Check all that apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
1st & 2nd floors		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		asbestos pipe insulation		300 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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 01/23/26	City, State Morrisville, Pennsylvania								
Completed By (Print or Type) Nicholas Fernalda		Title Project Manager		Signature 			Date 1/13/26					

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

RECEIVED

Date of Notification (1) 1/15/26		Name of Building Owner/Operator (2) JAN 20 2026							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		Street Address 620 Ainsworth St, City, State, Zip Code Linden, NJ 07063							
		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 620 Ainsworth St		Square Feet	# of Floors						
City (5) Linden		Bldg. Age							
County (6) Union County		County Code (7) (STATE USE ONLY) _____							
		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Asbestos						
Street Address		Street Address 2208B Hamilton Blvd							
City, State, Zip Code		City, State, Zip Code South Plainfield, NJ 07080							
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.					
1/16/26		1/22/26		732-289-7360 02010					
Start Date (10) 1/16/26		Scheduled Completion Date (11) 1/22/26		Name of OSHA Monitor Chris Weber					
Occupancy Status During Abatement (Check Only One)		Street Address 2208B Hamilton Blvd							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code South Plainfield, NJ 07080							
Scope of Work (Check All That Apply)									
<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 Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type		
							Removal	Repair	Encapsulate
Basement		X		VAT		900SF	X		
		X							
		X							
		X							
Name of Registered Waste Hauler AAA Asbestos		NJDEP Waste Hauler ID No. 113709		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Landfill			
City, State Newark, NJ				Disposal Date TBD		City, State Pen Argyl, PA			
Completed by Frank Formisano		Title Owner		Signature _____		Date 1/15/26			

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

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) 01/12/2026		Name of Building Owner/Operator Residential Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended #1 <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled		FACILITY INFORMATION					
				Street Address 31 Red Road	ASBESTOS CONTROL & LICENSING City, State, Zip Code Chatham NJ 07928				
				Name of Contact	Telephone Number				
Name of Facility Where Abatement is Taking Place (3) Residential Home									
Street Address 31 Red Road									
City (5) Chatham NJ 07928	County (6) Morris	County Code (7) (State Use Only)		Type of Facility (4)x <input type="checkbox"/> School (K-12) Subchapter 8 <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: 2,200 # of Floors: 2 Bldg. Age: 98 years old Current Use (prior if being demolished):					
Name of Monitoring Firm Hired by Bldg. Owner IAQ Guru Inc			ASCM No. BL Contracting Inc.						
49 Frances Street									
Totowa, Nj 07512									
Project Manager for Monitoring Firm Mark Jovic		(973) 659-0392		Name of Contractor (9) BL Contracting Inc.	Street Address 5 Marguerite Lane				
Scheduled Start Date (10) 01/14/2026		Scheduled Completion Date (11) 01/17/2026		City State, Zip Code Towaco NJ 07082	Telephone Number 973-901-0153				
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 <input checked="" type="checkbox"/> Other - Describe: Monday- Saturday 7 am- 4pm				Name of OSHA Monitoring BL Contracting Inc					
				Street Address 5 Marguerite Lane	City, State, Zip Code Towaco NJ 07082				
Source of Work (Check all that apply) $\geq 3 \text{ sf or } \geq 3 \text{ lf}$ $\geq 160 \text{ sf or } \geq 260 \text{ lf}$									
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Wrap & Cut Procedure <input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Tent Glove-bag Procedure <input type="checkbox"/> Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)		Is Location Normally Used Solely by Main/Custodial Staff (12) YES NO NA		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)		Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclos		
Dining room & Front Entrance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Containing Plaster Material		158 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Reg. Waste Hauler BL Contracting Inc		NJDEP Waste Hauler ID # 0036784		Cubic Yards of Waste 5		Name of Registered Landfill T.R.R.F			
						Disposal Date 01/20/2026		City, State Tully town, PA	
Completed by (Print or Type) Nedo Vasilic		Title Project Manager		Signature Nedo Vasilic		Date 01/12/2026			

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

Check # 13544

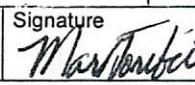
13544
B & G Project # 2026-13

Date of Notification (1) 01/16/2026		Name of Building Owner/Operator (2) Howell Township Public School					
		Street Address 67 Windeler Road					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
		ASBESTOS CONTROL & LICENSING					
		Name of Contact Kurt Grimes					
		Telephone Number 732-413-5054 x 4104					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Ardena Elementary School (NON Sub 8)		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 355 Adelphia Road		Square Feet	# of Floors				
City (5) Farmingdale, NJ 07727		Bldg. Age					
County (6) Monmouth		Current Use (Prior if being demolished) educational (NON Sub 8)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.				
Street Address		Street Address 1234 Route 23					
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-696-6869				
Start Date (10) 01/19/2026 @ 8:00 am		Scheduled Completion Date (11) 11/20/2026					
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 B & G Restoration, Inc.					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
tunnel entrance at boiler room		X	pipe insulation	9 LF	X		
Name of Registered Waste Hauler B & G Restoration Inc.			NJDEP Waste Hauler ID No. 19563	Cubic Yards of Waste ½ yard	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 01/16/2026	

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

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

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Date of Notification (1) <u>01</u> / <u>14</u> / <u>26</u>			Name of Building Owner/Operator (2) BERGEN CATHOLIC HIGH SCHOOL CHECK#4782 JAN 20 2007						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1040 Oradell Avenue							
		City, State, Zip Code Oradell, NJ 07649							
Name of Contact Mr. Daniel Kurpick			Telephone Number 201.259.7150						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bergen Catholic High 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 and commercial buildings, homes, etc.)						
Street Address 1040 Oradell Avenue			Square Feet 40,000+	# of Floors 2	Bldg. Age 50+				
City (5) Oradell		County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished) School				
County (6) BERGEN									
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address n/a			Street Address 530 Church Street- Suite 6						
City, State, Zip Code			City, State, Zip Code Ridgefield, NJ 07657						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-295-1700	License No. 01074					
Start Date (10) <u>01</u> / <u>19</u> / <u>26</u>	Scheduled Completion Date (11) <u>01</u> / <u>21</u> / <u>26</u>		Name of OSHA Monitor Same as above						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8:00AM</u> - <u>PM</u> / <u>PM</u> - <u>AM</u>			Street Address						
			City, State, Zip Code						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> <u>≥3 sf or ≥3 lf</u> <input type="checkbox"/> <u>≥160 sf or ≥260 lf</u>		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Boiler Room		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Boiler Insulation		4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Registered Waste Hauler EA Services Corporation			NJDEP Waste Hauler ID No. 107086	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises				
City, State Ridgefield, NJ			Disposal Date tbd	City, State Waynesburg, OH					
Completed By (Print or Type) Marisabel Toribio		Title Clerical		Signature 		Date 1/14/26			

3803
State of New Jersey - Notification of Asbestos Abatement
 (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check 3803

RECEIVED

GAC Project # 060-26

Date of Notification (1)

January 16, 2026

Agencies Notified

EPA
 DCA
 DOL
 DEP- No Longer REQUIRED
 DOH

Notification Type

Initial Notification
 Amended Notification #
 Emergency (including justification)
 Cancelled

Name of Building Owner/Operator (2)

RUTGERS, THE STATE UNIVERSITY OF NJ

JAN 20 2026

Street Address

ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)
74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS

ASBESTOS CONTROL & LICENSING

City, State, Zip Code

PISCATAWAY, NJ 08854

Name of Contact

MICHAEL F. SMITH, ENV.
HEALTH & SAFETY

Telephone Number
848-445-2550

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

LUCY STONE HALL, BLDG# 4153

Street Address

LIVINGSTON CAMPUS

City (5)

PISCATAWAY

County (6)

MIDDLESEX

County Code (7)

(State Use Only)

Type of Facility (4)

School (K-12)
 Subchapter 8 (other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)
 Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years

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

ATLAS TECH SERVICES

ASCM No.

0098

Name of Contractor (9)

GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address

511 MAIN STREET

City, State, Zip Code

BUTLER, NJ 07405

Telephone Number

973-492-0477 License Number
00840

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address

20-21 WARGARAW ROAD, BLDG# 35E

City, State, Zip Code
FAIRLAWN, NJ 07410

Scope of Work (Check all that apply)

≥ 3 sf or >3 If
 ≥ 160 sf or ≥ 260 If

Renovation

Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glove bag Procedure / Wrap & Cut
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
 YES NO NA

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

Amount (Specify SF or LF)
470 SF

Abatement Type
Remove Repair Encap Enclose

Room B119

VAT

Name of Reg. Waste Hauler
 See Hauler Below #1 & 2

NJDEP Waste Hauler ID #
 See Below

Cubic Yards of Waste: 10 CY

Name of Registered Landfill
Fairless Landfill / Grand Central Landfill

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
 NJDEP # 12561

Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201
 NJ DEP # NJ-860

Disposal Date
01/19/26

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

Completed by (Print or Type)
RAYMOND C. PEDALINO

Title
SENIOR PROJECT MANAGER

Signature

Raymond C. Pedalino

Date
January 16, 2026

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

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

Date of Notification (1)		Name of Building Owner/Operator (2)		RECEIVED		
1 / 9 / 26		NJ DOT / Job #2402-6221 Check #17651		JAN 15 2024		
Agencies Notified	Type Notification	Street Address PO Box 600				
		City, State, Zip Code Trenton, NJ 08625		Telephone Number ASBESTOS CONTROL & LICENSE 973-418-0643		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
		Name of Contact James Aurnack				
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 Central Ave / Pennsylvania Ave			Square Feet	# of Floors	Bldg. Age	
City (5) Kearny						
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) 1 / 15 / 26		Scheduled Completion Date (11) 1 / 23 / 26		Name of OSHA Monitor IATL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM			Street Address 9000 Commerce Parkway Suite B			
			City, State, Zip Code Mount Laurel, NJ 08054			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input 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
Exterior		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Transite Pipe	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill		
City, State Lumberton, NJ			Disposal Date 1/23/25	City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 1-9-26

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

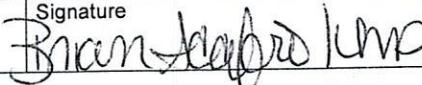
RECEIVED
CHECK #41007

Date of Notification (1) 1 / 12 / 26		Name of Building Owner/Operator (2) Princeton University Facilities Operations	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address MavMillan Bldg 200 Elm Dr		City, State, Zip Code Princeton, NJ 08544	
Name of Contact Eric Emery		ASBESTOS CONTROL & LICENSING Telephone Number 609-258-3432	

FACILITY INFORMATION

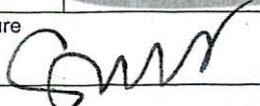
Name of Facility Where Abatement is Taking Place (3) Princeton University-Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 40 McCosh Circle		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) MERCER	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) Montrose Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, LLC
Street Address 500 Horizon Dr, Suite 540		Street Address 1123 BEAVER STREET	
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Julian Fernandez-Obregon		Telephone No. 609-890-7277	Telephone No. 215-788-6040
Start Date (10) 1 / 22 / 26		Scheduled Completion Date (11) 1 / 26 / 26	
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, LLC		License No. 02121	
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-3:00PM/ PM- AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<u>Location of Asbestos-Containing Material (ACM) TO BE ABATED</u> <u>IN Facility (13)</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Kitchen area		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Floor tile	
		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Bristol Environmental, LLC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	

Name of Registered Landfill Fairless Landfill			
City, State MORRISVILLE, PA 19067			
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature 	Date 1/12/2026

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

RECEIVED

Date of Notification (1) <u>1</u> / <u>6</u> / <u>26</u>		Name of Building Owner/Operator (2) South Jersey Transportation Authority / Job #2511-6511 Check #17656 JAN 15 2006									
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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 351									
		City, State, Zip Code Hammonton, NJ 08037									
		Name of Contact Dan Corrigan		Telephone Number 609-965-6060							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Toll Zone 17			Type of Facility (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 17 Atlantic City Expressway											
City (5) Mays Landing			Square Feet	# of Floors							
County (6) Atlantic			Bldg. Age								
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.								
Street Address			Street Address 30 Maple Ave. PO Box 25								
City, State, Zip Code			City, State, Zip Code Lumberton, NJ 08048								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-265-2107	License No. 00529							
Start Date (10) <u>1</u> / <u>5</u> / <u>26</u>	Scheduled Completion Date (11) <u>1</u> / <u>16</u> / <u>26</u>		Name of OSHA Monitor IATL								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM			Street Address 9000 Commerce Parkway Suite B								
			City, State, Zip Code Mount Laurel, NJ 08054								
Scope of Work (Check all that apply)											
<input type="checkbox"/> <u>≥3 sf or ≥3 lf</u> <input checked="" type="checkbox"/> <u>>160 sf or >260 lf</u>		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Tar		200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Counter Tops		110 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill ACUA Landfill							
City, State Lumberton, NJ			Disposal Date 1/16/26	City, State Egg Harbor Twp., NJ							
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 1-6-26					

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

ASBESTOS CONTROL & LICENSING

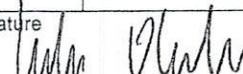
Date of Notification (1) 1 / 7 / 26		Name of Building Owner/Operator (2) City of Orange	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		
	Street Address 29 N Day Street		
	City, State, Zip Code Orange, NJ 07050		
Name of Contact Rep. Don McDaniel (Eng.)		Telephone Number 973-228-0999	

RECEIVED

JAN 15 2026

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Train Station - Vacant		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Scotland Road & Highland Avenue		City (5) Orange	
County (6) Essex		Square Feet 2,000	# of Floors 1
		Bldg. Age 50 +	Current Use (Prior if being demolished) Pre-Renovation - Vacant
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc./LCG		ASCM No. 00012	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.
Street Address 560 Sylvan Ave., Suite 3065		Street Address 494 East 41st Street	
City, State, Zip Code Englewood Cliffs, New Jersey		City, State, Zip Code Paterson, NJ 07504	
Project Manager for Monitoring Firm Clive Williams		Telephone No. 973-494-0133	Telephone No. 973-345-0022
Start Date (10) 01/06/26		Scheduled Completion Date (11) 01/14/26	
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 - Describe Time of Abatement: 7:00AM-03:30PM/ PM- AM		Name of OSHA Monitor Same as above	
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
Main Station Level - Ground Floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	White Thermal Insulation - Heat Shield			160sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste Services, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 5	Name of Registered Landfill Waste Mgmt. - Fairless Hills		
City, State Elizabeth, NJ 07201		Disposal Date 01-14-2026	City, State Morrisville, PA			
Completed By (Print or Type) Leslie Olszewski	Title Sr. Project Mgr.		Signature 	Date 1/7/2026		

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

RECEIVED

Date of Notification (1) <u>1</u> / <u>6</u> / <u>26</u>		Name of Building Owner/Operator (2) South Jersey Transportation Authority / Job #2511-6511 Check #17657	
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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 351	
		City, State, Zip Code Hammonton, NJ 08037	
		Name of Contact Dan Corrigan	
		Telephone Number 609-965-6060	

FACILITY INFORMATION

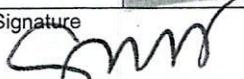
Name of Facility Where Abatement is Taking Place (3) Toll Zone 4		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Pleasantville Toll Plaza Atlantic City Expressway		Square Feet	# of Floors
City (5) Pleasantville		Bldg. Age	
County (6) Atlantic		Current Use (Prior if being demolished) Toll Plaza	
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm		Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>1</u> / <u>12</u> / <u>26</u>	Scheduled Completion Date (11) <u>1</u> / <u>23</u> / <u>26</u>	Name of OSHA Monitor IATL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM</u> / <u>PM</u> - <u>AM</u>		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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)	Abatement Type		
		Yes	No	N/A		Removal	Repair	Encapsulate
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Tar	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coping/gutter caulk	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Counter tops	90 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"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill ACUA Landfill			
---	--	---	-----------------------------------	---	--	--	--

City, State Lumberton, NJ			Disposal Date 1/23/26	City, State Egg Harbor Twp., NJ			
-------------------------------------	--	--	---------------------------------	---	--	--	--

Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 1-6-26
--	--	---	-----------------------

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

Approved by
James Harris 1/9/26

Check # 4600
RECEIVED

Date of Notification (1) 1/9/26		Name of Building Owner / Operator (2) Foundation Academies	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 22 Grand Street	JAN 16 2026
		City, State & Zip Code Trenton, NJ 08611	
		Name of Contact Mr. Jeffrey Castagne	ASBESTOS CONTROL Telephone Number 609-920-9200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Foundation Academies			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address 22 Grand Street			Square Feet 70,000
City (5) Trenton		County (6) Mercer	# of Floors 3
		County Code (7)	Bldg. Age 60+
Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, LLC
Street Address 120 North Warren Street			Street Address 1123 Beaver Street
City, State & Zip Code Trenton, NJ 08010			City, State & Zip Code Bristol, PA 19007
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040
Scheduled Start Date (10) 1/12/26		Scheduled Completion Date (11) 1/12/26	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 Hours – 7am to 3pm Describe: 3:00 PM to 11:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street
			City, State & Zip Code Bristol, PA 19007

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf ≥ 260 lf

Renovation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glove Bag Procedures
 Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
Kitchen Dishwasher Area	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Fairless Landfill		
City, State Bristol, PA		Disposal Date 1/12/26	City, State Morrisville, PA			
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 1/9/26		

6126005

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

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JAN 15 2006

Date of Notification (1) 1 / 9 / 26		Name of Building Owner/Operator (2) Atlantic City Electric / Job #2601-6531 Check #17704				
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 5100 Harding Highway			
			City, State, Zip Code Mays Landing, NJ 08330			
			Name of Contact Roger Ward		Telephone Number 609-742-2086	
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) ACE Asbestos Riser			Type of Facility (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 700 East 8th Street & Atlantic Avenue			Square Feet	# of Floors		
City (5) Ocean City, NJ			Bldg. Age			
County (6) Cape May		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Riser		
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.			
Street Address			Street Address 30 Maple Ave. PO Box 25			
City, State, Zip Code			City, State, Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-265-2107	License No. 00529		
Start Date (10) 1 / 19 / 26	Scheduled Completion Date (11) 1 / 19 / 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 Pkwy B			
			City, State, Zip Code Mount Laurel, NJ 08054			
Scope of Work (Check all that apply)						
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
					Removal	Repair
Exterior Pole #W27750		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Asbestos Risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill Fairless Landfill		
City, State Lumberton, NJ			Disposal Date 1/19/26	City, State Morrisville, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature <i>Gwen</i>		Date 1-9-26

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

RECEIVED

Date of Notification (1) <u>1</u> / <u>9</u> / <u>26</u>			Name of Building Owner/Operator (2) PSE&G Southern Electrical Headquarter Job#2601-6530 Check #17703		
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 300 New Albany Road City, State, Zip Code Moorestown, NJ 08057 Name of Contact Nadia Holzer Telephone Number 732-570-7897			
		ASBESTOS CONTROL & LICENSING			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSE&G Camden Switch Yard			Type of Facility (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 7272 North Crescent Blvd.					
City (5) Pennsauken			Square Feet	# of Floors	Bldg. Age
County (6) Camden		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Switch Yard	
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No.		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 Matthew Sheldon		Telephone No. 732-670-4492		Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>1</u> / <u>22</u> / <u>26</u>	Scheduled Completion Date (11) <u>2</u> / <u>13</u> / <u>26</u>		Name of OSHA Monitor IATL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 9000 Commerce 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 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)	
1 st Floor Circuit Rack		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Cable sock insulation 300 LF	
		<input type="checkbox"/> <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	
City, State Flanders, NJ			Disposal Date 2/13/26		City, State Morrisville, PA
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn</i>	
				Date 1-9-20	

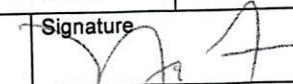
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 113537

B & G Project # 2025-210 CO1

Date of Notification (1) 01/12/2026		Name of Building Owner/Operator (2) YMCA Street Address 1035 Fairview Lake Road City, State, Zip Code Newton, NJ 07860				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
		ASBESTOS CONTROL & LICENSING Name of Contact Steve Tseemberlis				
		Telephone Number 908-873-0022				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) YMCA - Fairview Lake Dining Hall		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 1035 Fairview Lake Road		Square Feet 50,000+	# of Floors 2			
City (5) Newton, NJ 07860		Bldg. Age 50+				
County (6) Sussex		County Code (7) (STATE USE ONLY) YMCA				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.			
Street Address		Street Address 1234 Route 23				
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-696-6869			
Start Date (10) 01/22/2026		Scheduled Completion Date (11) 01/23/2026	License No. 00378			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Name of OSHA Monitor B & G Restoration, Inc.				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Building Demolition with asbestos in-place <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			N/A	Removal
1st floor kitchen	X		wall transite panels	80 SF	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 01/24/2026		City, State Pen Argyl, PA		
Completed by Gordana Luna	Title Secretary / Treasurer	Signature Gordana Luna		Date 01/12/2026		

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

Date of Notification (1) <u>01</u> / <u>12</u> / <u>26</u>		Name of Building Owner/Operator (2) Mo Floors					
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 1745 50th Street					
		City, State, Zip Code Brooklyn, NY 11204					
		Name of Contact Mendel Ostreicher					
		RECEIVED <u>JAN 15 2016</u>					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Shop Rite Store							
Street Address 1153 Valley Road							
City (5) Stirling							
County (6) Morris		Type of Facility (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.)					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No. 732-349-9932					
Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932					
Telephone No. 732-349-9932		License No. 00624					
Start Date (10) <u>01</u> / <u>25</u> / <u>26</u>		Scheduled Completion Date (11) <u>03</u> / <u>16</u> / <u>26</u>					
Name of OSHA Monitor E.M.S.L. Analytical							
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 <u>(13)</u>		Is Location Normally Used Solely by Maintenance/ Custodial Staff? <u>(12)</u>					
		Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal Repair Encapsulate Enclosure
interior		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Name of Registered Waste Hauler Guardian Contracting, Inc.			NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 60	Name of Registered Landfill Fairless Landfill		
City, State Toms River, New Jersey			Disposal Date 03/16/26		City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 1/12/26	

10/22
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-26

PAID

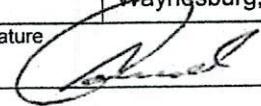
RECEIVED

Date of Notification (1) January 10, 2026		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ 2026		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 1 – New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		
		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854		
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550	
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) CARR LIBRARY, BLDG# 4147		Type of Facility (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: N/A # of Floors: 2 Bldg. Age: 60+ years		
Street Address LIVINGSTON CAMPUS		Current Use (prior if being demolished): ACADEMIC		
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLAS		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET		
City, State, Zip Code BURLINGTON, NJ 08016		City State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm JOHN LUTZ	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840	
Scheduled Start Date (10) 01/16/2026	Scheduled Completion Date (11) 01/19/2026	Name of OSHA Monitor ENVIROVISION, INC.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Facility Occupied During Abatement <input checked="" type="checkbox"/> Other- Describe: Shift Schedule: 8AM SAT– 5AM MON (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E		
		City, State, Zip Code FAIRLAWN, NJ 07410		
Scope of Work (Check all that apply)				
<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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
009 MER	<input checked="" type="checkbox"/>	TSI	<9 LF	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill Fairless Landfill / Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561			Disposal Date 01/19/25	City, State FL - 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 GCL- 1963 Pen Argyl Rd. Pan Argyl, Pa 18072
Hauler #2) Century Waste Services LLC, Elizabeth, NJ 07201 NJ DEP # NJ-860				
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature Raymond C. Pedalino	Date January 10, 2026	

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

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

RECEIVED

Date of Notification (1) 01/08/2026		Name of Building Owner/Operator (2) AR at Parsippany Urban Renewal, LLC					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1430 US-206, Suite 100					
		City, State, Zip Code Bedminster, NJ 07921					
		Name of Contact Samuel J Kucia					
				JAN 15 2026 ASBESTOS CONTROL & LICENSE			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Vacant Industrial 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 249 Pomeroy Road, Block 737, Lot 3			Square Feet 92,000	# of Floors 1			
City (5) Parsippany-Troy Hills Township			Bldg. Age 50 yrs				
County (6) Morris County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant (Prior: Industrial)			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental				
Street Address 2002 Renaissance Blvd, Suite 110			Street Address 150 Glenwood Drive				
City, State, Zip Code King of Prussia, PA 19406			City, State, Zip Code Washington Crossing, PA 189877				
Project Manager for Monitoring Firm Samuel J Kucia		Telephone No. 610-279-7070	Telephone No. 215-313-7427	License No. 02081			
Start Date (10) 12/26/2025	Scheduled Completion Date (11) 01/20/2026		Name of OSHA Monitor same				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____			Street Address City, State, Zip Code				
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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
*Please refer to the attachment for a full list of ACM.				*Please refer to the attachment for a full list of ACM.			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill		
City, State New Castle, DE				Disposal Date TBD	City, State Waynesburg, OH		
Completed by Andre Gosek		Title Project Manager		Signature 		Date 01/08/2026	

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

RECEIVED

Check# 1223

Date of Notification (1) 01/09/2026		Name of Building Owner/Operator (2) "Pillar Elementary School"					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 51 Old Road	JAN 15 2026				
		City, State, Zip Code Livingston, NJ 07039	ASBESTOS CONTROL & LICENSING				
Name of Facility Where Abatement is Taking Place (3) Private school Street Address 51 Old Road		Name of Contact Teresa Hatch	Telephone Number 571-919-7177				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private school Street Address 51 Old Road		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.)					
City (5) Livingston, NJ 07039		Square Feet	# of Floors	Bldg. Age			
County (6) Essex		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC				
Street Address		Street Address 576 Valley Road#283					
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-356-3511	License No. 01127			
Start Date (10) 01/10/2026	Scheduled Completion Date (11) 01/11/2026		Name of OSHA Monitor Envirovision Consultants, 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 20-21 Wagaraw Road, Bldg.# 35 E					
		City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Crawl space		x	Elbows clean up-9 each	15 LF	x		
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA				
Completed by G.Ristanovic	Title Owner		Signature Gradimir Ristanovic		Date 01/09/2025		

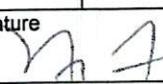
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) Jan 16, 2026		Name of Building Owner/Operator (2) Street Address 346 Bellevue Avenue, Haddonfield, NJ 08033							
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 City, State, Zip Code Haddonfield, NJ 08033							
		Name of Contact _____							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (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 346 Bellevue Avenue, Haddonfield, NJ.		Square Feet 2737							
City (5) Haddonfield, NJ.		# of Floors 2							
County (6) Camden County		Bldg. Age 60							
Name of Monitoring Firm Hired by Building Owner (8) FINOG ENVIRONMENTAL INC.		ASCM No. _____							
		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC							
Street Address 617 Stokes Road, Suite 4-318		Street Address 958 Jackson Rd.							
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Mays Landing, NJ 08330							
Project Manager for Monitoring Firm		Telephone No. 1888-715-2211							
Telephone No. 609-547-5198		License No. 01158							
Start Date (10) 01/26/2026		Scheduled Completion Date (11) 02/28/2026							
Name of OSHA Monitor Graham-Tech Environmental Service, LLC									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 958 Jackson Rd.							
		City, State, Zip Code Mays Landing, NJ 08330							
Scope of Work (Check All That Apply) <input 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 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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type <input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
First Floor Troughtout		<input type="checkbox"/> X		Joint Compound		1368Sqft		<input type="checkbox"/> X <input type="checkbox"/> X	
Second Floor Throughout		<input type="checkbox"/> X		Joint Compound		1368Sqft		<input type="checkbox"/> X <input type="checkbox"/> X	
First Floor Hallway		<input type="checkbox"/> X		Linoleum and mastic		85Sqft		<input type="checkbox"/> X <input type="checkbox"/> X	
First Floor Laundry Rm		<input type="checkbox"/> X		Linoleum and mastic		50Sqft		<input type="checkbox"/> X <input type="checkbox"/> X	
Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034500		Cubic Yards of Waste 20		Name of Registered Landfill Fairless Hills Landfill			
City, State Mays Landing, NJ 08330				Disposal Date		City, State Morrisville, PA 19067			
Completed by Vernice Graham		Title Spouse		Signature				Date 01/16/2026	

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

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

Date of Notification (1) <u>01</u> / <u>19</u> / <u>26</u>		Name of Building Owner/Operator (2) <u>Collinson Home Improvement</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
		Street Address <u>479 Euclid Avenue</u> City, State, Zip Code <u>Manasquan, NJ 08736</u>					
		Name of Contact <u>ASBE</u> TELEPHONE & LICENSING					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence Street Address <u>70 Pearce Avenue</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
City (5) <u>Manasquan</u>		Square Feet <u>1100</u>	# of Floors <u>1</u>				
County (6) <u>Monmouth</u>		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>Guardian Contracting, Inc.</u>				
Street Address		Street Address <u>1889 Route 9, Unit 61</u>					
City, State, Zip Code		City, State, Zip Code <u>Toms River, New Jersey 08755</u>					
Project Manager for Monitoring Firm		Telephone No. <u>732-349-9932</u>	License No. <u>00624</u>				
Start Date (10) <u>01</u> / <u>29</u> / <u>26</u>	Scheduled Completion Date (11) <u>01</u> / <u>30</u> / <u>26</u>		Name of OSHA Monitor <u>E.M.S.L. Analytical</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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <u>1056 Stelton</u> City, State, Zip Code <u>Piscataway, New Jersey 08854</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> <u>IN Facility</u> <u>(13)</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>1100 sf</u>	Abatement Type Removal Repair Encapsulate		
<u>exterior</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<u>asbestos siding</u>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler <u>Guardian Contracting, Inc.</u>		NJDEP Waste Hauler ID No. <u>20223</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>Fairless Landfill</u>			
City, State <u>Toms River, New Jersey</u>			Disposal Date <u>01/30/26</u>	City, State <u>Morrisville, Pennsylvania</u>			
Completed By (Print or Type) <u>Nicholas Fernalda</u>		Title <u>Project Manager</u>		Signature 		Date <u>1/19/26</u>	

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

~~RECEIVED~~

Date of Notification (1) 1/19/2026		Name of Building Owner/Operator (2) MCEF Construction									
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 496 East County line rd			JAN 23 2026						
		City, State, Zip Code Lakewood NJ 08701			ASBESTOS CONTROL & LICENSING						
		Name of Contact		Telephone Number							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 13 Clover St			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Lakewood			Square Feet	# of Floors	Bldg. Age						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA Lead Professionals							
Street Address		Street Address 6 White Dove Court									
City, State, Zip Code		City, State, Zip Code Lakewood, NJ, 08701									
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-719-5649	License No. 1200						
Start Date (10) 1/29/2026		Scheduled Completion Date (11) 1/29/2026		Name of OSHA Monitor AAA Lead Professionals							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____				Street Address 6 White Dove Court							
				City, State, Zip Code Lakewood, NJ, 08701							
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <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) <table border="1" style="width: 100%;"><tr><td>Yes</td><td>No</td><td>N/A</td></tr></table>		Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Yes	No	N/A					
Removal	Repair	Encapsulate									
Exterior				Siding	1500 SF	<input checked="" type="checkbox"/>					
Name of Registered Waste Hauler Lead Professionals Inc		NJDEP Waste Hauler ID No. 35103		Cubic Yards of Waste 5	Name of Registered Landfill IESI						
City, State Lakewood, NJ		Disposal Date 1/29/2026		City, State BETHLEHEM, PA							
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature	Date			1/19/2026			

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

Date of Notification (1) 1/21/26		Name of Building Owner/Operator (2) 3 De Young Dr							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3 De Young Dr City, State, Zip Code Little Falls Township, NJ 07424 Name of Contact <small>ASBESTOS CONTROL & LICENSING</small> Telephone Number						
			JAN 23 2026						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Street Address 3 De Young Dr		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Little Falls Township		Square Feet	# of Floors						
County (6) Passaic County		Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA Asbestos						
Street Address		Street Address 2208B Hamilton Blvd							
City, State, Zip Code		City, State, Zip Code South Plainfield, NJ 07080							
Project Manager for Monitoring Firm		Telephone No. 732-289-7360		License No. 02010					
Start Date (10) 1/22/26	Scheduled Completion Date (11) 1/28/26		Name of OSHA Monitor Chris Weber						
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 2208B Hamilton Blvd City, State, Zip Code South Plainfield, NJ 07080						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure 									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 48SF	Abatement Type		
							<input type="checkbox"/> Removal	<input type="checkbox"/> Repair	<input type="checkbox"/> Encapsulate
Laundry Room		<input type="checkbox"/> X		VAT		48SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> X		<input type="checkbox"/> X		<input type="checkbox"/> X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> X		<input type="checkbox"/> X		<input type="checkbox"/> X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> X		<input type="checkbox"/> X		<input type="checkbox"/> X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler AAA Asbestos		NJDEP Waste Hauler ID No. 113709		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Landfill			
City, State Newark, NJ				Disposal Date TBD		City, State Pen Argyl, PA			
Completed by Frank Formisano		Title Owner		Signature		Date 1/21/26			